Evening Session, Pediatric Electrophysiology Society Meeting Hilton Riverside 2 Poydras Street, New Orleans Versailles Ballroom, 3rd Floor, 6:30 PM

Agenda items

1. Coronation of the Treasurer,

The new treasurer of the society, elected after a run-off election using our website, is Phil Saul.

2. Report on Member Survey

George gave a report of the recent survey of the membership. The presentation is included with these minutes as a PowerPoint file. 75 regular members responded top the survey. The bottom line is that as a group, we are intensely loyal to the Heart Rhythm Society, as evidenced by our high rate of membership (90%, compared with 30% of Board Certified Adult Electrophysiologists), our regular attendance at the Annual HRS meeting (average attendance 4.2 times in last 5 years) and our activity in service to the society (>30% of members are active on committees, grading abstracts, etc.) This profile of our society will be useful as we go forward with initiatives to better represent our interests within the HRS and other organizations.

3. Discussion: Results of Certifying Exam voting

As announced via the e-mail listserver several months ago, the proposal to further explore the possibility of board certification in pediatric electrophysiology, as a sub-board of pediatric cardiology and in cooperation with the adult board, went down to very narrow defeat, in our web-based election. Only those who were board-certified or board-eligible by the American Board of Pediatrics Sub-board in pediatric Cardiology participated in the voting. As a strong consensus was needed from our membership to further advance the issue with the sub-board, the issue will be dropped for the near future. Paul Gillette rose to comment on the eventual need for board certification, and cited the recent issues surrounding ICD accreditation as an example of why we need this certification.

4. Report of ICD credentialing discussions with HRS Executive Committee

As reported by e-mail several weeks ago, the Executive Committee of our society responded to the recent HRS letter which was sent to all hospital credentialing committees. This letter, over the signature of Stephen Hammill, noted that CMS now strongly encourages credentialing and certification of physicians who insert ICDs and CRT devices. He noted that HRS and ACC have previously published a document on training pathways, and went on to detail an "Alternate Training Pathway" for those who are not board certified in Adult Electrophysiology, which basically involved proctored implants and NASPExAM. Our letter, posted to our website, pointed out the different needs of children, lower volumes in pediatric centers, and possible unintended consequences for pediatric programs and patients. George and the Executive Committee will continue to work with the Education Committee of HRS, and this will likely involve insertion of special language into the Training Pathways document and on the HRS website, as well as the appointment of a task force to develop parallel guidelines for pediatric implanters.

5. GVH on Board of Trustees of HRS

George Van Hare was elected to the Board of Trustees of the HRS, and is the only pediatric member. He went to the first meeting the day before this meeting (8 hours) and had a few good moments. He officially becomes a Trustee with the passing of the gavel from Steve Hammill to Anne Curtis on Saturday, 5/7/05 and will serve 3 years. The PEPS hopes that

this representation on the ruling body of HRS will give us the opportunity to better contribute to the activities of the HRS and to get earlier warning of policy issues which will affect us

6. Ablation Registry update (funding, forms, cryo, f/u expectations)

The Pediatric Catheter Ablation Registry is still alive, and lives on with carryover funding from the original NIH grant, as a final year no-cost extension. Registry operations are funded through April 2006, after which time it will be necessary to have additional funding to carry on, or alternatively to close the Data coordinating Center at SRI International. To continue operations, we have developed a budget of about \$75,000 total costs per year to run the Registry. As PAPCA will not be renewed for various reasons (see minutes off last meeting at AHA 2004) we will need to seek industry support.

7. Treasurer's Report.

Richard Friedman, outgoing treasurer of the society, reported that the bank balance is about \$18,000. Expenses for the meeting were covered by educational grants received from several companies, to be named later.

8. Fall meeting venue plans.

Jim Perry reviewed the short history of our idea of meeting at the annual AAP meeting rather than the AHA. A closer relationship with the AAP is likely to be useful to us, as they have a track record in advocacy for children's issues at the Federal level, and this may give us another avenue for promoting pediatric EP issues, in addition to HRS. However, there is certainly too little time for us to make this happen for AAP 2005, and so we will set our sites on AAP 2006.

9. Incoming Presidential Address.

The incoming President, John Triedman, closed the meeting with a few comments on the year to come. I stole his notes, and here is what he covered:

- i. The entire membership of the PEPS deserves congratulations for their active participation in the day's events. The turnout at the evening business meeting is nearly 100 which is a record attendance, and the attendance at our first-ever cosponsored session at HRS was also excellent.
- ii. The pediatric representatives to the Program Committee, namely Barbara Deal and Ron Kanter, deserve congratulations and thanks for an excellent scientific program this year.
- iii. George deserves thanks for rapidly evaluating and potentially solving the ICD credentialing issue which came up 2 months ago.
- iv. The Pediatric EP Society has now grown large enough, with enough activities, that it will be necessary for us to develop a more formal business plan. This may well involve relationships with industry and with a foundation.