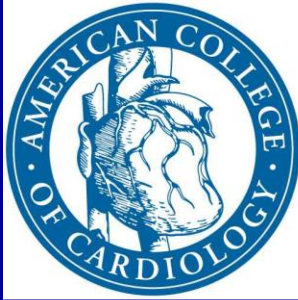

NC Chapter of the American College of Cardiology

Fall Newsletter **November 2010**

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NC Chapter is Active in Advocacy During September

Oscar Jenkins, MD, FACC
Chapter Governor
Asheville Cardiology

In January 2010, the NC Chapter designated the month of September to be an active month in the area of state and federal advocacy as one of our Chapter goals. To achieve this goal, the Chapter has held a "Cardiology Week in NC" program, met with Senators and Members of the House from North Carolina and worked to increase PAC support by Chapter members.

During the first week of September, the NC Chapter held a "Cardiology Week in NC" and sponsored a series of meetings using the ACC's program: *Cardiologist for a Day.* The *Cardiologist for a Day* program gives policy makers a rare chance to experience the health care system from the physician's perspective. Members of our state and federal government were able to visit practices across North Carolina and experience some of what we do every day in clinical medicine.

Chapter Councilor Lee Jobe, MD and Representatives Bob Etheridge and Brad Miller

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NCCACC

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"Cardiology Week in NC" began on Monday at Winston-Salem Cardiology, followed by a tour of Eastern Cardiology and the East Carolina Heart Institute on Tuesday and Wednesday was spent in Gastonia at Mid-Carolina Cardiology. On Thursday, legislators met in Raleigh at Wake Heart Associates and toured The Heart Center Inn and WakeMed Heart Center where they witnessed a coronary interventional procedure with stent placement. "Cardiology Week in NC" wrapped up on Friday at Asheville Cardiology Associates.

WakeMed

In each location, members of the legislature were exposed to cardiac catheterizations, stress testing, echo procedures and office encounters as well as cardiology care in the hospital setting. Legislators were taken on tours by ACC NC Chapter Councilors **David Bohle, MD, FACC, Eric Carlson, MD, FACC, Lee Jobe, MD, FACC, Dustin Letts, MD, FACC, and Oscar Jenkins MD, FACC. Beth Denny ,Chapter Executive** attended several sessions and Justin Beland, Associate Director, State Affairs & Grassroots from ACC National was present for all of the sessions.

The week was quite a success as 22 members of the legislature as well as various staff members and campaign directors were able to experience the health care system from our perspective. Legislators were quite impressed by the flow of patients through the practice setting and were especially interested in the various technologies. Many of the politicians took time to talk to office staff and patients and ask prudent questions about the care they were receiving. These meetings allowed us to educate these political leaders about what we do in practice every day for our patients. This was also a great way to establish relationships and lines of communication that will be valuable as we strive to work with

our members of Congress in the evolution of health care delivery.

In mid-September (13-14th) five of your chapter members attended the **2010 ACC Legislative Conference** in Washington, DC. I was accompanied by **Beth Denny, Jamie Jollis, MD, FACC, Todd Hansen, MD, FACC, and David Bohle, MD, FACC** as we spent two days visiting with our Senators and Members of the House from North Carolina.

NCCACC met with Senator Richard Burr

It was a very productive visit as we met with these members to discuss issues critical to our profession, such as the SGR, the Health Care Reform bill and a major piece of legislature that the ACC is supporting by Rep. Gonzalez for the 2010 CMS Final Rule. One of the highlights of the trip was riding the underground train system from the Senate office building to the Capitol to meet with Senator Richard Burr right before he went in to the Senate for a vote. This program is a very educational and literally fascinating experience in seeing from the inside how our government works and the processes needed to set or change policy. I would encourage every member to consider attending one of these sessions in the future.

And finally - let me put in another word about the PAC. Through the efforts of the members of our council we have made a dramatic impact on PAC donation in our state. With the drive we put on this year to increase PAC donations our state now leads most of the other states - but even in our state only about 10% of our members donate. Nationally the ACC will cross the $1 million mark in PAC donations this

year for the first time ever.

However, we are approaching Election Day and in the past three months alone the ACC PAC has fulfilled over 60 requests for members to deliver PAC checks at in-district meetings. This coupled with our regularly scheduled disbursements has us in a predicament - we're running out of money!

We need your help at this time to further the advocacy efforts of the American College of Cardiology. Our assistance to campaigns at this critical time for the candidates is valuable in cementing relationships that will allow our views on the SGR and cardiology's initiatives to be heard in both the lame duck session in 2010 and during the opening deliberations of the new Congress in 2011. If you have already contributed this year, please consider making another donation of any amount at this time. If you have not yet donated, I personally urge you to join your colleagues who have understood the value of our advocacy efforts. Please consider reaching out to your practice and chapter colleagues via email or phone and asking for any spare change they have to help the PAC support those in need of help before the election. It is quick and easy to contribute online at www.accpacweb.org.

Those of us involved in cardiovascular care over the past year understand more than most about the inability to operate a business in the red. Please be a part of the 2010 political process and help YOUR ACC by contributing or assisting us in getting others to contribute to the ACC PAC at this critical time for cardiology and our patients. Your help and leadership in this final stretch are greatly appreciated.

NC/SC Chapters of the ACC
17th Annual Joint Meeting Wrap-Up

The North Carolina/South Carolina Chapters of the ACC 17th Annual Joint Meeting was held at the Wild Dunes Resort on the Isle of Palms in South Carolina on October 1-3. The meeting kicked-off with a series of talks on the impact of current health care reform on cardiology practices.

The remainder of the conference used a novel interactive case-based format to explore a variety of common clinical conditions. Short clinical case scenarios were presented to the attendees. Attendees were then given an opportunity to answer a series of clinical questions electronically directed at the key issues of the case. Following this, nationally recognized experts gave short reviews highlighting the key issues generated by each case.

General topics included management of atrial fibrillation, management of valvular heart disease, diastolic heart failure, noninvasive evaluation and treatment of coronary disease and the invasive management of coronary disease.

We gratefully acknowledge the financial support of:

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The **18th Annual Meeting will be held September 23-25, 2011** at The Grove Park Inn in Asheville, NC. Topics will include: Cardiovascular Genomics, Percutaneous Aortic

Valves, Optical Coherence Tomography, Cardiac MR, Best Cardiology Practices, Radial Catheterization, 3D Echo , Percutaneous and Destination LV Assist Devices, an Update on Health Care Reform and the ACC, & Case of the Year presentations in Imaging and Interventional.

We look forward to seeing you next year!

A Bit Burnt Out After Boards

Linda Calhoun, MD, FACC
Councilor, Southeastern Region
Wilmington Cardiology

After completing my second recertification round for General Cardiology (yes, I am one of the unlucky who just missed being "grandfathered" out of this process), I decided to assemble a few reflections before allowing protective amnesia to set in. Yes, I learned that it has finally come to the ABIM's attention that the redundancy of our Cardiology subspecialty recertifications (Nuclear Cardiology, Echocardiography, Interventional, and Electrophysiology, etc) is both costly and unsustainable. I learned that the American College of Cardiology is making efforts to allow points from recertification requirements of the other subspecialties count in some way toward General Cardiology Maintenance of Certification requirements. I am wondering how the average cardiologist will be able to afford to remain certified as reimbursements dwindle and with all the costs for education involved with the process.

From indulging in the week long Board Review course I ventured to in Rochestor, Minnesota, I also came to reappreciate good classroom education from great professors, and the need to take time from our out-of-control schedules to get updated on the numerous changes that have come forth in our profession. Yes, sitting in a large, air-conditioned room watching slide show after slide show 8 hours/day, totally praying for osmosis, was a bit better than sitting on my couch after a full day's work, struggling to keep my eyes open to read the same material. I must admit that some of the clinical concepts that I learned made me rethink certain patient care cases, and change my management when I returned to practice.

From reviewing questions and recommended answers for the Boards, I am reminded that there are multiple choices and decisions that we concomitantly make in delivering patient care. So many of those decisions come from what

patients perceive they need taken care of, rather than same programmed guideline for all patients. Yet, we need to be cognizant of the expected answer, and choose that answer if we expect to pass the Board Exam. Just a fact of life I suppose.

From watching television in between board review study sessions, I am reminded how we must be more cost effective, and how really understanding all the facets of the various studies we order or perform can help us order less studies. We need to be more cost-effective if Medicare is to survive to help take care of us as we age. Yet we still need to continue to do what we believe is right if we are to continue to give good care. I just hope that we will not be told "what that right decision is" by someone who has not even taken or given a Board Review course.

Palmetto GBA to Serve as Medicare Administrative Contractor(MAC) for North Carolina

Robert Rothbart MD, FACC
Medicare CAC Representative
Councilor, Triad Region
LeBauer Healthcare

The Medicare Modernization Act of 2003, a bill best known for instituting pharmaceutical coverage under Part D, also provided for the reorganization of administrative services furnished to the Centers for Medicare and Medicaid Services (CMS). Medicare's original structure as laid out in the 1960s, established for each state both fiscal intermediaries, contractors managing Part A coverage, and carriers, usually different companies administering Part B. Additional contracts provided administrative services for durable medical equipment, home health and hospice programs. A total of approximately 10 corporations divided all of this work into overlapping jurisdictions where healthcare organizations providing care to the Medicare population were served by multiple contracting entities, each with its own set of administrative demands.

Now, seven years after passage of the Act, CMS is nearing realization of its plan to transition management to 15 regions or jurisdictions, each controlling both Part A and Part B services, and, in some areas, DME, Home Health and Hospice as well. Assuming all goes as anticipated, the result will be a simplified structure organized into geographically contiguous units.

Region 11 includes North Carolina as well as South Carolina, West Virginia and Virginia. In our jurisdiction, one of the last to seek bids and to award contracts, Palmetto GBA was selected in January 2009 as the MAC for Parts A and B. Within the month, a protest was filed by another bidder that derailed the process for more than a year. Palmetto was once again selected in May of 2010, but CIGNA immediately contested that award. This final protest was denied last month, and it now appears that no additional objections will be forthcoming. In other jurisdictions, the transition from one contractor to the next has required 6-12 months; so, by mid to late 2011, we should be dealing with Palmetto exclusively.

Since final approval has been so recently granted, there is not much information concerning the process to be followed by our new MAC. All states within a region must ultimately have identical regulations; accordingly, there will be a period of transition during which existing policies in NC will be abandoned, combined with those of our neighboring states or replaced by them. The extent to which our current Local Coverage Determinations, or LCDs, on which we have labored for the past 15 years, will survive is anyone's guess.

Our old friends, CIGNA, have prevailed in region 15 and will assume responsibility for Ohio and Kentucky. We wish them well. By circa 2016 further amalgamation is planned to reduce the number of jurisdictions to 10. Our region is not among those slated for consolidation in this second phase.

One unfortunate outcome of this process is the likely loss of Dr. Boyd Honeycutt as our state's Medical Director. Boyd has served with distinction, with intelligence and with grace, frequently under fire. He as been as physician-friendly as is possible when one serves both The Fed and a mega-monster insurance company.

For all of you who have not had enough change in your medical lives, there is more to come. Will Palmetto administer the program from their offices in South Carolina? Who knows? Will the Carrier Advisory Committee for North Carolina be disbanded? It's possible. Will changes in policy modify the manner in which we practice medicine?

For example, I'm told that Palmetto has not been inclined to pay for anticoagulation management services in South Carolina. Approximately 2000 patients are currently enrolled in my practice's anticoagulation clinic. We would have a hard time continuing to support that endeavor in the absence of reimbursement. That and a bevy of new Medicare rules and requirements may be headed our way. Stay tuned to

this space in coming months for more information as it becomes available.

Practice Administrator Membership

The Practice Administrator membership category of the ACC was established to address the business aspects of practice management. This is an initiative set forth by Dr. Dove to address concerns unique to non-physician members of the cardiac care team involved in managing practices. The membership category is supported by the Board of Governors and approved by the Board of Trustees.

Practice Administrators are important to ACC Physician Members as they are non-clinical cardiovascular care management team members who administer workplace and healthcare practice success for the majority of ACC members in private practice settings. Practice administrators impact the efficiency and success of cardiology practices. They are the link the between the private practice cardiovascular care management team and the ACC.

Goals of the member category are:

- To engage all participants of the cardiovascular care team in ACC initiatives.
- To provide Practice Administrators with key advocacy, clinical, and other practice-related news that affects how doctors practice medicine.
- To provide Practice Administrators with a forum to discuss issues and solutions with other colleagues.

Benefits of Practice Administrator Membership are:

- Cardiovascular medicine's news and developments through online Cardiosource- the premier clinical resource in the field, the online version of Journal of the American College of Cardiology, Cardiology magazine, and a dedicated practice management website.
- Cardiology Careers online in partnership with HealtheCareers, the one-stop solution for a practice's job recruitment needs.
- Practice guidelines and quality standards for cardiovascular medicine.
- Professional meetings, including the ACC practice management programs; and the Advanced Cardiology Leadership Workshop in partnership with MedAxiom.
- Workforce information on physician supply and demand, and team-based care.
- Advocacy and reimbursement news directly affecting

cardiology practices.

- Leadership opportunities to bring practice administrator perspectives to ACC initiatives.

New initiatives are in the developing stages include:

- Practice Administrator online member-only community with discussion board, document library, and message board
- Practice Administrator Advisory Committee
- Practice Administrator Town Hall Meetings
- Practice Administrator Online Community

Click here to join online.