



NC Chapter ACC Leadership

Officers:

Paul G. Colavita, MD, FACC

Governor/President

Oscar R. Jenkins, Jr., MD, FACC

Secretary/Treasurer

Joseph D. Babb, MD, FACC

Immediate Past President

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Christopher C. Barber, MD, FACC - Southeastern District

Jonathan J. Berry, MD, FACC - Triad District

David J. Bohle, MD, FACC - Triad District

Christopher B. Granger, MD, FACC - Triangle District

David W. Hannon, MD, FACC - Eastern District

Robert A. Harrington, MD, FACC - Triangle District

William R. Hathaway, MD, FACC - Western District

Oscar R. Jenkins, Jr., MD, FACC - Western District

Mark E. Leithe, MD, FACC - Triangle District

Philip J. Nasher, Jr., MD, FACC - Triad District

Jack N. Newman, Jr., MD, FACC - Triangle District

President's Message

Paul G. Colavita, MD, FACC
The Sanger Clinic,
Charlotte, NC

Before I begin, I would like to take the time to thank Joe Babb for his demonstrated leadership the past few years. His interest in quality care and ischemic heart disease strategies has led to our Chapter's strong support of Chris Granger's RACE protocol (see article below). He has also been active in advocacy issues such as liability reform and Medicare payment. Our Chapter has been fortunate to have had leaders such as Joe Babb and Robert Jones. I hope to continue their excellent work.

There have been other changes at the North Carolina Chapter of the American College of Cardiology this year. Beth Denny has replaced Mary Alice Dilday as the Chapter Administrator. Mary Alice has been associated with our Chapter for many years. She continues to work at Olson Management, but is now focusing her attention solely on the American Society of Echocardiography. Please join me in welcoming Beth to our chapter and wishing Mary Alice the best in her new role.

I have been involved with the Chapter since 1992 both as a councilor and secretary treasurer. I also chaired the practice management committee for several years. At the conclusion of the ACC meeting in March, I assumed the roles of Governor and President of the chapter. Oscar Jenkins has agreed to continue as our secretary treasurer. Our Chapter had a leadership retreat in early April, and our focus was on quality of care, education and advocacy. These issues will be important to our future and will be the focus of this newsletter and our activities for the foreseeable future.

Quality of care has become a buzzword since the Institute of Medicine's report on medical errors. In this issue we will review the ACC's collaboration with various insurance plans to "pay for performance" and the RACE study that hopes to improve reperfusion strategy across North Carolina.

Continuing Medical Education will be the main focus of our annual meeting, which will be held at the **Grandover Resort in Greensboro, NC, September 23-25**. Tom Stuckey and Bruce Brodie have put together an incredible program with timely topics and excellent speakers. I hope that you will all be able to join us in Greensboro for an exciting weekend.

Advocacy has become an important part of the ACC both at the federal level in Washington and the state level in Raleigh. Major issues facing us include Medicare fee cuts, liability reform and an attack on in office cardiac imaging. These are issues that can disrupt patient's access to care and our practices' ability to survive. We need your support. Please consider supporting the ACC-PAC so that your voice can

F. M. Simmons Patterson, Jr., MD, FACC - Southeastern

District

Charles A. Simonton, MD, FACC - Southwestern District

Larry A. Stroud, MD, FACC - Eastern District

Thomas F. Trahey, III, MD, FACC - Southwestern District

Leigh H. Younce, MD, FACC - Southwestern District

Find your State Legislators

To find North Carolina Legislators, you can visit ACC's website at <http://www.acc.org/advocacy/advocacy.htm>.

ACC Practice Opportunity Line

The NC Chapter of ACC is participating in an on-line job bank network. Applied Recruitment Technologies is an internet-based career recruitment and research resource. It allows candidates FREE access to upload resumes on the job bank and/or to review all available positions, receive alerts of positions that match criteria, respond to on-line positions, include a resume and cover letter, and indicate attendance at upcoming conferences and set up interviews. For more information visit our website at www.nccacc.org.

Cardiac Care Associates - Important Part of ACC

The ACC's newest membership category, Cardiac Care Associates, is now accepting applications. Registered nurses, physician assistants, clinical nurse specialists, and nurse practitioners can download an ACC membership application. Questions? Call 800.253.4636, ext. 697.

Beth Denny is the new Chapter Administrator of NCCACC
919-861-5581(phone)
919-787-4916 (fax)
bdenny@nccacc.org

We appreciate your feedback. Please let us know if you have any comments about this newsletter or if you have

be heard on these issues.

Our other chapter goals include 100% membership of the cardiologists in the state. We want this to be your chapter. We want to support your practice and all the cardiology practices in the state. We need to work together to achieve our goals. Please support the ACC and your state chapter. Also let any of the councilors or officers know if you wish to become more involved.

Please respond to me at (president@nccacc.org). I look forward to hearing from you.

Intro to RACE –Christopher Granger, MD, FACC Reperfusion of Acute Myocardial Infarction in Carolina Emergency Departments (RACE)

The RACE program is an American College of Cardiology supported program intended to save lives in North Carolina through improving care of heart attack patients. The program is based on the knowledge that the number one cause of death and disability in the United States is coronary heart disease, the acute phase of which is acute myocardial infarction, and that timely reperfusion saves lives. Our goal is to improve application of reperfusion therapy for acute myocardial infarction primarily through improving systems of care. Key collaborators in this project include the counselors of the NC Chapter, and in particular Drs. Colavita, Babb, Bohle, and Hathaway; Dr. James Jollis who is co-director of the project; Mayme Lou Roettig who is executive director; and cardiology and emergency care leaders from the five regions.

Despite strong supporting clinical evidence and widespread availability of treatments to open blocked arteries, North Carolina lags behind the nation in the treatment of heart attacks. Data suggest that up to 1 in 3 North Carolinians presenting to the emergency medical service with a heart attack do not receive artery opening therapy. The reasons for under-treatment are complex, and include challenges in diagnosis, uncertainty about the proper treatment, and logistical barriers in providing fibrinolytic therapy or emergent angioplasty. Recent guidelines from the American Heart Association and American College of Cardiology identified development of systems to assure timely reperfusion of patients with heart attacks as a high national priority.

In preliminary work in the central North Carolina region, we have identified systematic interventions at the hospital and emergency service level that appear to improve the application of reperfusion therapy. In collaboration with Blue Cross Blue Shield of North Carolina, the NC Chapter of the American College of Cardiology, five regional systems of hospitals, and emergency departments and emergency medical services throughout the state, we propose to improve systems for the recognition and rapid effective treatment of acute myocardial infarction in North Carolina.

Our specific objectives include:

1. Increase the rate of reperfusion for acute myocardial infarction in North Carolina by 20%.
2. Increase the speed of reperfusion toward national benchmarks of 30 minutes for fibrinolytic therapy and 90 minutes for emergent angioplasty.
3. Establish regional systems for treating acute myocardial infarctions.
4. Train hospital and emergency medical personnel in the national guidelines for acute myocardial infarction reperfusion therapy.

The program will include assessing current status, interventions, and measuring impact across the state over the next two years.

Pay for Performance

As health care costs in the US continue their upward spiral, most experts believe we are not getting an adequate return on our new investments. Government-sponsored reports, scientific study findings, and medical record reviews document troubling patient safety breaches and a lack of adherence to evidence-based practice guidelines. Other studies make a business case for reforming the nation's health care system by measuring quality and rewarding providers based upon performance.

information that you would like to see included in future issues. Thank you!

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Payers are now convinced improving quality and lowering cost are complementary missions. And, as they reach the limits of cost-shifting strategies, there is a growing willingness to apply standard business principles to purchasing healthcare. Many now believe that measuring quality, rewarding the best providers and paying for improved health outcomes is the best long-term approach for addressing the nation's health cost problem.

This movement, often referred to as Pay-for-Performance (P4P), is sweeping in its attempt to reengineer current reimbursement approaches. With improving quality as its goal and the availability of standardized performance measures as its foundation, public and private purchasers are launching Pay-for-Performance strategies.

The ACC has been very active in their collaboration with payers to launch this strategy. Blue Cross Blue Shield Association has met with our Medical Director's Institute and has identified 4 pilot projects. These include (1) Specialty Physician Recognition Program, which rewards practices that pursue excellence by applying evidence-based standards and management tools designed to improve quality and safety; (2) Appropriateness Criteria for nuclear imaging; (3) National Cardiovascular Data Registry which will allow hospitals to identify gaps in quality care and equip them with the information and tools to implement continuous quality improvement; and (4) Anthem's Quality-in-Sights-Hospital Incentive Program. Other plans such as Cigna and Aetna will be developing similar programs with the ACC.

In NC, Dr. Joseph Babb and the ACC initiated meetings with payers to discuss quality care and pay for performance. Additional meetings will be scheduled to discuss these pilots and others as the concept of pay for performance becomes a reality.

ACC Advocacy: Working for You
A Letter from the Board of Governors

There are times when our profession must band together to fight for or against a critical issue. This is one of those times. Office-based diagnostic imaging is under attack, and if we don't act now, then we may lose access to this important technology forever.

As you may have heard or read, radiologists have taken an outspoken and often incendiary approach to advancing their restrictive provider proposals. Visit www.acc.org/advocacy/advocacy.htm to learn more about these activities. If the radiology community succeeds in their campaign, cardiologists will be barred from providing imaging services for years to come.

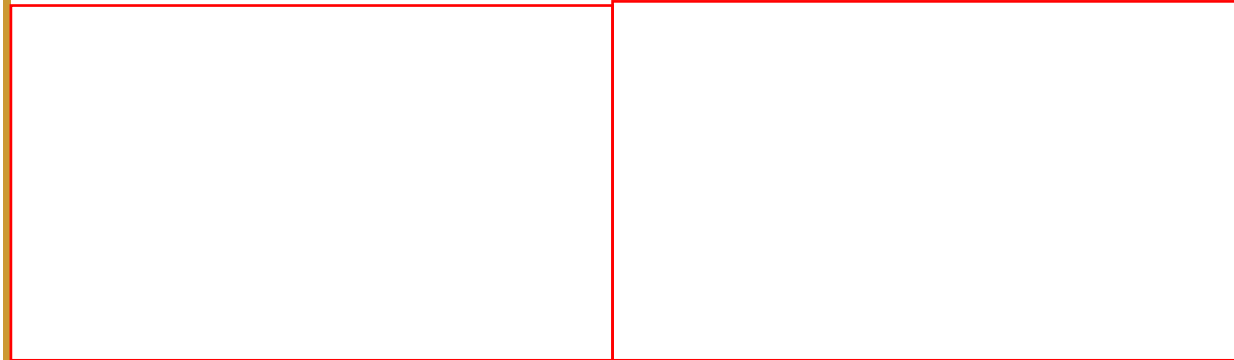
You and I know that this is an unfair portrayal of clinical realities. Imaging services are an essential part of quality cardiovascular care. Diagnostic imaging tests performed by a qualified provider, regardless of specialty and site of service, benefit patients. Period.

Radiology has waged a carefully planned, well-financed campaign to protect their financial turf. The American College of Radiology has amassed a \$1 million Political Action Committee (PAC) to support their legislative and regulatory agenda.

- More than 50 bills have surfaced in 16 state legislatures from coast to coast
- ACC has issued legislative alerts about imaging bills in Indiana, Mississippi, Missouri, Rhode Island and Tennessee
- Highmark BlueCross BlueShield has implemented privileging criteria for imaging services in Pennsylvania
- UnitedHealth Group has adopted ACR appropriateness criteria for diagnostic imaging services
- The Medicare Payment Advisory Commission (MedPAC) submitted imaging recommendations to Congress, which state that Congress should require CMS to develop standards for imaging providers
- ACR is searching for congressional sponsors for a bill that creates "designated physician imagers," a proposal ACR says could save Medicare billions of dollars per year

The ACC, working with the broader cardiovascular and healthcare community, is employing every available resource to fight these threats to cardiovascular imaging and to actively promote the value of office-based imaging, but the College needs your help. If every individual reading this letter makes a contribution to the ACC PAC, we can turn the tide of this debate. This is too important an issue for us to sit idly by. I urge you to immediately contact a member of the Advocacy staff or visit www.epacweb.com/acc and lend your support to the ACC's imaging efforts. Your practice depends upon it.

NC & SC Chapters of ACC 12th Annual Joint Meeting



The 12th Annual Joint Meeting of the North and South Carolina Chapters of the American College of Cardiology will be held at **The Grandover Resort, Greensboro, NC, September 23 – 25, 2005**. Thomas Stuckey, MD and Bruce Brodie, MD from the LeBauer Clinic in Greensboro are co-chairs for the meeting.

An excellent academic program has been planned featuring nationally known speakers, and the Greensboro AHEC has granted **6.75 hours continuing medical education credit** for meeting attendance.

The Grandover Resort's features golf, tennis, racquetball and spa.

The golf course has received a ****½ star rating from Golf Digest as one of "America's Best Places to Play." The Spa features Spa Services, Sauna, Steam Room, Racquetball, Indoor/Outdoor Pool and Fitness Room. Watch for your registration information in the mail to reserve your spot for golf or tennis!

Saturday evening promises to be an evening of fun and entertainment including a delicious BBQ buffet, Keynote Speaker, **Robert M. Califf, MD, FACC** and the music by the **100% Band**. A children's program is planned for Saturday evening from 7:00 – 8:30pm.

Along with your family, invite your colleagues and office staff to join you. All are welcome to share in this event-filled weekend

Watch your mail for the meeting brochure and register as soon as possible for this wonderful weekend. You may make your hotel reservations with The Grandover Resort by calling reservations at (800) 472-6301. Be sure to mention that you are with the NC/SC Joint Meeting of the American College of Cardiology to receive the special rate in our block of rooms. These rooms are being held until August 23rd, so book early. Mark you calendars and plan your schedules to allow time for this very worthwhile and enjoyable event.

Cardiology Case of the Year Presentations

We are soliciting applications for **Cardiology Case of the Year Presentations** – both interventional and non-interventional cases. Judging will be based on uniqueness of the clinical presentation or treatment, quality of the graphics/visuals and/or the ability of the case to provide teaching points. **Applications are due by July 31st and the winners will be announced by August 31st.** The winning interventional and non-interventional cases will be presented Saturday and Sunday morning. To apply, please send your case summaries with graphics/visuals to:

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NC Chapter Membership Meeting

The NC Chapter of the ACC will hold its Annual Chapter Membership Meeting on Sunday, September 25, 2005 at 11:00 am at the Grandover Resort in Greensboro. Councilor nominations will take place at this time. The Chapter is seeking thirteen total nominations from each of these regions: Triad, Triangle, Eastern, Southeastern, Southwestern, and Western. A slate of candidates will be brought by the nominating committee. Nominations from the floor will also be heard. First term councilors may be nominated for a second term. In order to achieve balanced representation on the council, nomination of a cardiovascular surgeon and pediatric cardiologist is sought.

Advanced Reimbursement & Coding Workshop for Cardiology

McVey Associates, Inc. is offering a full day of coding for physicians and staff in conjunction with the 12th Annual Meeting
Given by: Kathleen Mueller, RN, CMSCS, CPC, CCS-P
Healthcare Consultant
Friday, September 23, 9:00am – 4:30pm
Grandover Resort, Greensboro, NC
Register through McVey Associates, Inc. at <http://www.mcveyseminars.com/> or call 800-227-7888. Watch for the flyer in your mailbox!

Mark your calendars now for September 23-25, 2005!