



Heart of the Matter

A Publication of the Pennsylvania Chapter of the American College of Cardiology

President's Message *Paul N. Casale, MD, FACC*



Paul N. Casale, MD, FACC

At the recent ACC Legislative Conference held in Washington, D.C., from Sept. 13-15, much discussion ensued about how the proposed cuts in Medicare reimbursement will devastate the practice of cardiology and cause

major problems with access to care for our patients.

One of our challenges is to educate legislators about the value of a cardiologist. The idea that we need to prove our value is not new. I remember during the 1990s when managed care and capitation were the payment reform themes of the decade and the annual ACC conference was scattered with abstracts about the benefits of specialty care for cardiovascular patients.

One such abstract showed improved outcomes for acute myocardial infarction patients who were treated by a cardiologist. To cardiologists this is self-evident; on a daily basis we witness the improved quality of life and extended longevity that our patients enjoy under our care. But, in fact, as health care reform efforts progress, we find ourselves explaining to others, in particular our state and federal legislative representatives, our intrinsic value.

There is a great deal of discussion about expanding insurance coverage and bending the cost curve, both of which are important elements to improve and sustain the health care system, but there must be more discussion about quality, an area that we as cardiologists have been leading for a long time.

We need to explain to our legislative representatives how we have used timely coronary intervention and aggressive risk factor modification

to reduce cardiovascular mortality and morbidity by more than 30 percent in the past seven years.

We are accused of excessive use of imaging studies, but all of us have encountered a patient who came to the office with acute symptoms in which an urgent imaging study has led to life-saving care. Our representatives need to understand how *appropriate* use of in-office imaging provides our patients critical assess to timely and proper management.

Many cardiologists tell me that they don't think an individual practitioner can have a meaningful impact on the health care reform debate. As busy clinicians, we often view a trip to Washington to visit our representative or a local "Cardiologist for a Day" program as a low priority. But these discussions are critical.

I encourage every cardiologist in Pennsylvania to meet with their state and federal legislative representative to educate them about their practice. Invite your representative to visit your practice and your hospital as part of the ACC "Cardiologist for a Day" program. Bring them into the cardiac catheterization or electrophysiology laboratory. Allow them to see the sophisticated treatments you provide for your patients. Educate them on the tremendous advances that have occurred in cardiovascular care. Begin a dialogue about the importance of quality in the value equation.

Having recently attended the Pennsylvania ACC Chapter meeting at the Skytop Resort from Oct. 2-4, I am optimistic about the future of cardiology. There were 30 enthusiastic Fellows-in-Training in attendance and many of them presented impressive scientific abstracts as part of a research poster competition. It is clear that cardiology continues to attract many of the best and brightest in medicine.

We are encouraged by the expanded participation of our Fellows-in-Training in Pennsylvania Chapter activities. Furthermore, the number of Cardiology Care Associate members continues to grow and the Pennsylvania Chapter currently has the largest number of CCAs in the country. We

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CAC Report

David Lee Scher, MD, FACP, FACC, FHRS



David Lee Scher, MD, FACP, FACC, FHRS

Here are cardiovascular highlights from the CAC meeting Oct. 16, 2009 in Baltimore:

- BNP for diagnosis of CHF
 1. Was approved for reimbursement for indications listed in latest AHA guidelines.
 2. Not to be reimbursed for chronic management of CHF.
 3. This test is widely being used with increasing frequency for indications of AFib and hypertension, which are non-reimbursed.
- Pacemaker TTM and in-office pacemaker and ICD follow-up (remote Internet follow-up is presently covered under another LCD)
 1. I requested that the historical 30-second ECG recording strips for pacemaker TTMs be eliminated as there is no clinically useful rationale for it. A few beats suffices. This was done to eliminate paper for practices with electronic recording systems.
 2. No changes in recommended frequencies of TTM.
 3. I recommended that changing reimbursed frequency for routine in-office ICD interrogation be expanded to twice within the first three months to allow for reimbursed interrogation at the post implant wound check to evaluate for any possible lead dislodgment as well as the first reprogramming session, in addition to every three months thereafter. Clinical reasons for subsequent follow-up require documentation for the reason.
- After consultation with members of the executive council, I recommended that Multifunction Cardiology for the diagnosis of insignificant versus significant CAD not be reimbursed. This procedure, if performed, would make treadmill testing, stress echo, or any type of nuclear stress test non-reimbursable if performed within six months. There were no publications in significant cardiac journals or controlled trials of this technology.
- Hospital inpatient/outpatient designations are closely being scrutinized. Coronary interventions should not, according to Medicare, be performed as staged procedures during the same hospitalization if started as an outpatient (don't shoot the messenger).
- RACs (Recovery Audit Contractors) are going to become more and more intrusive. "Complex" audits requiring medical records will begin in April 2010. These private contractors are paid by CMS. There is no money given to them by CMS, so their operating expenses come from monies collected. They will collect based on inappropriate billing, both for overbilling as well as underbilling! They are predicting (almost quota-like) 25,000 recoveries per year.
- ICD-9 codes are going to be replaced by ICD-10 codes in October 2013. No grace or run-in periods. This is going to greatly affect every aspect of inpatient and outpatient care—billing, paperwork, etc. "Will dwarf the Y2K phenomenon."
- Some physicians may receive a Medicare Reactivation Form. If you do not return it within 90 days, you will automatically have your Medicare privileges revoked for one year. This is sometimes occurs if, for example, you haven't billed a Medicare patient for nine to 12 months, moved practice locations or have a new physician in the practice and didn't report it. To find out if you definitely are or aren't on a list to receive this notice, you may call (866) 488-0549.
- CMS will soon be issuing a statement on signature requirements. Many chart audits and claims denials are due to illegible signatures on progress notes, consults, H and Ps. There is no definition of legible, but electronic signatures are acceptable. However, no signature stamps are acceptable!! The claim will be denied. This alone has led to a 40 percent increase in denied claims!
- Our Medicare Carrier Committee now has jurisdiction over New Jersey, Pennsylvania, Maryland, Washington, D.C. and Delaware. Ohio and Kentucky jurisdictional committee is in dispute and may be added.

No more good news.

Quality/Advocacy Committee Report

William Combs, MD, FACC

The Quality/Advocacy Committee is responsible for all quality initiatives as well as the four “Ps” of advocacy activity—Patient, Political, Payer, and Practice. The current economic and political climate has led to a number of committee endeavors to insure access to quality cardiovascular care for our patients and fair reimbursement for our Pennsylvania cardiology practices.

In this *Year of the Patient*, the Committee has plans for a number of patient-centered educational activities. The first of these was the “Update in Cardiac Health” co-sponsored by the PA Chapter of the ACC and the Jameson Health System which took place October 20, 2009; special thanks to Donna Cochran, RN, CCA, for arranging this event.

On the political/payer front, successful “Mini-Cardiologist for a Day” meetings have been held with U. S. Representatives Charles Dent and Joseph Pitts. Individual meetings have been held with staff members of Senator Arlen Specter and Representative Jim Gerlach.

These events and meetings are vitally important to educate the members of Congress and the Senate about the impact that the proposed CMS cuts will have on our patients’ access to quality cardiovascular care as well as the economic survival of our practices. With the November congressional recess almost upon us, we need to have more of these events, and we need to target the representatives who have not yet indicated support to stop the proposed CMS cuts.

The Committee urges all members of the PaACC to contact their U.S. congressional representative, find out their stance on the CMS cuts and educate them to make the right decision.

There have been some positive results on the legislative front, with the withdrawal of the proposal to curtail payment for imaging studies performed in physician offices, as well as the introduction of Senate Bill 1776 to eliminate the proposed CMS cuts as well as the Sustained Growth Rate (SGR) formula. Unfortunately, as you know, this bill has been defeated. Hopefully another version will be reintroduced that will eliminate the SGR and the cuts. It is vitally important that we contribute to the ACC-PAC fund to insure that our voices will continue to be heard in Washington.

Providing high quality, evidence-based care to our patients remains a priority for all of our cardiovascular practices. It is clear that health care reform will bring with it physician/practice performance measures as well as some component of public reporting.

Participation in the Improving Continuous Cardiac Care Program, the Home to Hospital Initiative and the Door to Balloon Registry will help us position our practices for these changes and improve the quality of care we provide to our patients. The Quality/Advocacy will continue to work to achieve these goals, and we welcome the participation of any interested chapter member.

The Pennsylvania Chapter of the American College of Cardiology

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President’s Message

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hope to increase the number of pharmacist and practice administrator members of the Chapter over the next year, so please encourage those members in your community to join the Pennsylvania Chapter.

Challenged by the proposed cuts in Medicare reimbursement and health care reform initiatives in Washington, the ACC will continue to be a strong

voice for cardiology, but this requires the participation of every cardiologist at both the local and national level. Visit our website (www.pcacc.org) and become a member of one of our committees.

Please join the Pennsylvania Chapter’s efforts to ensure that all of our patients have access to timely, high quality cardiovascular care.

Education Committee Report

Vincent M. Figueredo, MD, FACC



Vincent M. Figueredo, MD, FACC

The education committee would like to welcome Garima Sharma, MD, an FIT from Temple, and William Barrington, MD, FACC, from Pittsburgh.

At our recent meeting, we had a wrap-up discussion regarding

the Pennsylvania ACC Chapter Meeting at Skytop Lodge. While we are awaiting formal feedback, it was felt that the attached FIT conference, chaired by Dr. Lynn Morris, was a great success. Thirty FITs attended, many of whom stayed for the chapter meeting.

At the chapter meeting, we had 18 excellent clinical and basic research posters presented by FIT's, with the winning poster automatically accepted to the national ACC Scientific Sessions.

Victor Ferrari, MD, FACC, discussed plans for the 2010 Annual Chapter Meeting at Nemaocolin Woodlands Resort and Spa on Oct. 15-17, 2010. Denise Rhodes, CRNP, updated us on our scheduled 2010 CCA Educational Conference to be held in Harrisburg on April 30, 2010.

We also discussed the future 2010 FIT Educational Conference to be held in conjunction with the Annual Chapter Meeting. We reviewed potential topics with cardiac CT/MRI as the likely venue.

Dennis Morris, MD, FACC, updated us on how we could help the Advocacy Committee. Darshak Karia, MD, FACC, will continue to work on the potential use of Facebook and Twitter as a way to reach the FITs and FACCs in Pennsylvania.

CCA News

Tina Davis, MSN, FN-BC, Eastern CCA Liaison



Tina Davis, MSN, FN-BC

I enjoy being a part of a national team that continues to look forward and strives to improve in ways to stay current and relevant. Our national CCA team is a great example of a community driven to continue the advancement of the interests of CCAs through the ACC.

In 2010, you will notice that our CCA community will adopt the title "the Cardiovascular Care Team," which will include a CV Care Team Council and Section. All CCAs in 2010 will receive complimentary membership in the CV Care Team Section.

The Team Council and Section will continue to represent the interests of CCAs in the areas of education, research, promotion and career development. We will have a voice in health care reform and quality of care through the CV Care

Team. Please go to <http://www.acc.org/membership/community/index.htm> for more information.

Our 2009 national CCA membership grew to 4,113 CCAs, not including CCAs who are joining this fall. Proudly, Pennsylvania has 295 members, the greatest number of CCAs statewide in comparison to all other states.

Our breakdown includes 126 NPs, 63 PAs, five CNSs, 92 RNs, five Pharmacists and four unlisted professionals. Although we are very grateful for our current members, we would like to have a more balanced representation of PAs and Pharmacists. You can help in this area by encouraging CCA membership to colleagues in those groups especially.

While we are on the subject of encouraging CCA membership, I believe it would be constructive to review the benefits of recruiting new members. National ACC is offering incentives for recruiting your colleagues through the "Member get a Member" campaign.

You will receive \$20 discounts towards ACCF educational products and programs for every one CCA recruited. If you recruit at least five

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The Pennsylvania Chapter of the American College of Cardiology

Committees

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Fellows Corner: PaACC Offers Fellows a Great Way to Network

Anne Mani, MD



Welcome to all of the new fellows! As you make the transition from residency to fellowship, I invite you to take advantage of the programs that the Pennsylvania ACC has to offer.

Fellows have a number of goals during their training: obtaining an education, finding a job after fellowship and becoming a part of the cardiology community. The PaACC can help with all of these goals.

The yearly PaACC meeting is a great place to meet fellows from other programs around the state, as well as to enjoy educational conferences specifically tailored to fellows' needs. This past October, the PaACC meeting was held at Skytop Lodge in the Poconos, and the fellows who attended enjoyed a full day of lectures focused on interventional cardiology.

Topics that were covered included hemodynamics in the cath lab, the treatment of multivessel coronary artery disease, and adjunctive pharmacology in the cath lab. In addition to these educational lectures, there were also presentations given about how to choose a job after fellowship, and how to negotiate a contract. A research poster competition with submissions from all over the state showcased the academic achievements of fellows.

This fall, the PaACC has organized a job fair on Nov. 19 in Philadelphia that will include fellows making the transition from training to practice. This will be a great opportunity for fellows, regardless of year of training, to meet with potential employers to discuss the types of positions available currently and identify the specific skills employers are looking for.

I hope that all of the new fellows have a chance to take advantage of these exciting events. If you have any suggestions or questions about FIT-related issues, please feel free to contact me at annemani@hotmail.com.

ACC Chapter Affairs Staff

If you have a question for the College and aren't sure where to direct it, feel free to email one of the helpful members of the Chapter Affairs staff in Washington, DC.

Taryn Gold: tgold@acc.org
Jayne Jordan: jjordan@acc.org
Kristin Try: ktry@acc.org

Specialty Leadership Cabinet Report

David L. Scher, MD, FACP, FACC, FHRS

Here are pertinent highlights from the Pennsylvania Medical Society's Specialty Leadership Cabinet Meeting on Sept. 16, 2009 in Philadelphia:

H1N1 Flu Vaccine

It is recommended that all health care workers be vaccinated. The vaccine should be available in early October. If a health care worker has tested positive for this flu, it is mandated that, as per CDC guidelines, that they stay home from work for seven days or the resolution of all symptoms.

Health System Reform Guiding Principles of the PA Medical Society

1. Health care coverage should be available and affordable to all American citizens and legal residents.
2. Patient care should be based on either demonstrated evidence of, or expert consensus on safety, efficacy and effectiveness.
3. Health care business transactions and administrative processes should be transparent and use available technology to facilitate information sharing, reduce costs and improve efficiency.

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Pennsylvania Chapter Staff

For questions specifically related to the Pennsylvania Chapter, contact the Harrisburg office via email at paacc@pamedsoc.org. The chapter staff includes:

Maria Elias:
Chapter Executive
Jeff Wirick:
Chapter Assistant Executive
Jill Senior:
Chapter Meeting Manager
Marlene Frazier:
Chapter Admin. Secretary

The Pennsylvania Chapter of the American College of Cardiology

Committee contacts

Education Committee

Responsible for planning all educational events including the Annual Chapter Meeting, CCA Conferences and FIT Conferences.

Vince Figueredo, MD, FACC, Chair
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(215) 456-8819

Quality/Advocacy Committee

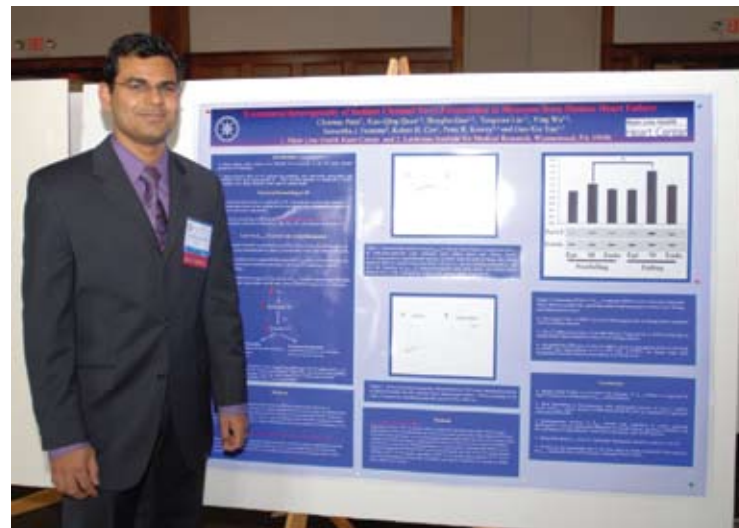
Responsible for all Quality Initiatives as well as the 4 "Ps" of Advocacy activity – Patient, Political, Payer, and Practice.
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Membership/Communication Committee

Responsible for the increased member involvement and member communication with a focus on needs and relevancy
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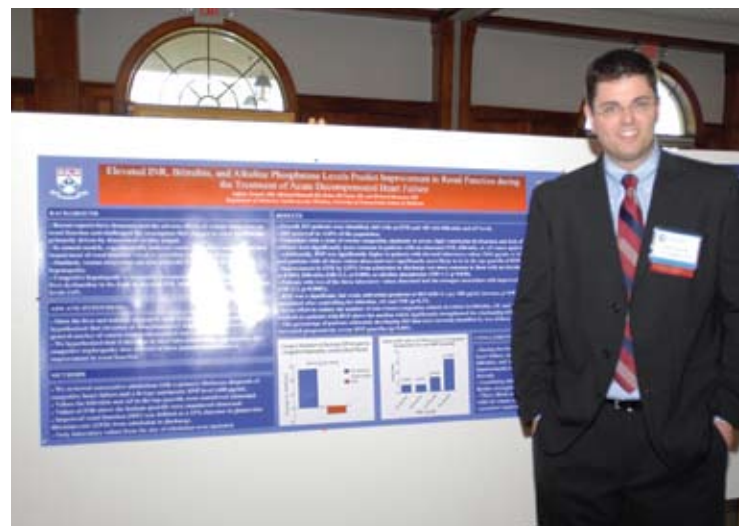
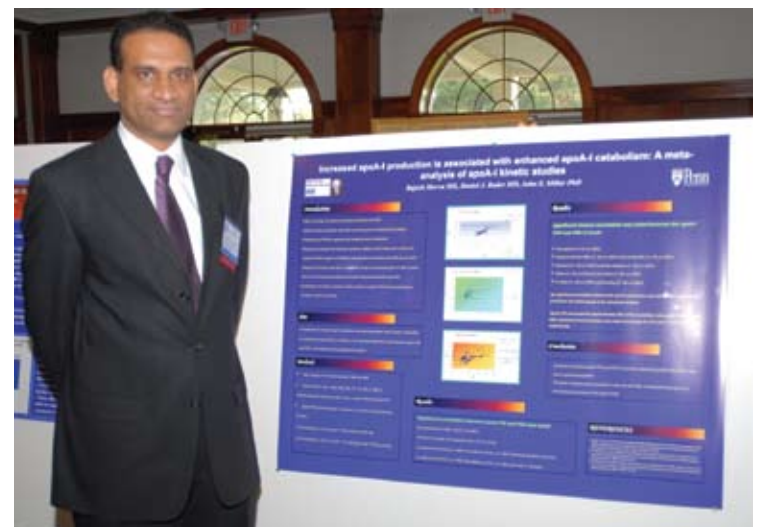
2009 FIT Poster Winners

The top finishers are recognized for their original clinical or basic research that is presented at the chapter meeting.



1st Place: Chinmay Patel
(Mainline Health Heart Center)
Title: Transmural Heterogeneity of Sodium Channel Nav1.5 Expression in Myocytes from Human Heart Failure

2nd Place: Rajesh Movva
(Albert Einstein Medical Center)
Title: Increased apoA-I Production is Associated with Enhanced apoA-I Catabolism: A Meta-Analysis of apoA-I Kinetic Studies.



3rd Place: Jeffrey Testani
(University of Pennsylvania)
Title: Elevated International Normalized Ratio, Bilirubin and Alkaline Phosphatase Levels Predict Improvement in Renal Function During the Treatment of Acute Decompensated Heart Failure.

Reflections on the ACC Legislative Conference and CMS Rule

John U. Doherty, MD, FACC

I would like to underscore many of the comments that Paul Casale made in his President's Message.

I attended the ACC Legislative Conference in Washington from Sept. 13-15 for the first time and I was impressed with the organization of the event, the very pointed informational lectures prior to our ascent on Capitol Hill and the amount of support from Congress that we were able to generate as a result.

It is also timely that on Oct. 30 the Centers for Medicare/Medicaid Services (CMS) released the final rule of the 2010 Medicare Physician Fee Schedule.

As you are aware, much of the effort in the Legislative Conference this year was to try to convince members of Congress to support a roll back of the CMS Rule to be implemented in January of 2010. This is based on a survey of practice expenses. It had last been revised in 2005.

The methodology and transparency of the survey have been appropriately maligned, and the CMS Rule, had it gone through

unaltered, would have resulted in up to 40 percent reduction in echo services, up to 50 percent reduction in cardiac catheterization services and an overall practice impact of about 27 percent.

Suffice it to say, the survey received only 55 respondents from the more than 3,700 sent out. There were a number of practices with zero overhead in the survey, which should have been rejected, yet they were analyzed.

The survey had demanded a number of respondents to be a minimum of 100, yet the survey was accepted with only these 55 respondents. For these reasons, we consider the survey invalid.

Needless to say, these changes would be devastating to private practice cardiology and academic practices alike.

As a result of lobbying that began during the Legislative Conference and followed through since that time and the efforts of ACC staff, the CMS final ruling describes a four-year phase-in of these cuts so that the practice impact for this coming year is estimated at 5

to 7 percent. ACC does not consider this a satisfactory state of affairs and the goal is to have the cuts completely overturned.

In spite of this somewhat pyrric victory, it is obvious that this has given us enough breathing room to be able to address this more fully.

Unfortunately, this year, CMS has employed bundled codes for SPECT MPI. They consider this a new service and, therefore, have not applied the phase-in formula. This will result in a 36 percent payment cut for nuclear imaging services. Obviously, ACC is aggressively trying to have this overturned.

As another important service officered by many cardiology practices, Medicare will no longer pay for consultation codes. These have been downgraded to new patient or established patient visit codes for both in-patient and out-patient.

ACC is approaching this legislatively through continued dialogue with CMS and

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Highlights from the 2009 Chapter Meeting



Event Educates Patients on Latest in Cardiac Care

A program that educated patients on new forms of cardiac care drew 225 attendees. The second annual Cardiac Fair, held Oct. 20 at Challenges Options on Aging, was sponsored by Jameson Health System and Pennsylvania Chapter of the American College of Cardiology.

Paul Wawrzynski, MD, who served as the keynote speaker, discussed four updates

in the care of the cardiac patient. Among the topics:

- the importance of early intervention of people suffering from a heart attack or unstable angina thru the use of cath and stents.
- The introduction of several new medications for patients who need anticoagulation and antilipemics.

- the advantages of the new antilipemics, which will have fewer side effects and will not require frequent blood testing.
 - a new procedure for treatment of those who suffer from valvular heart disease that will not require surgical procedures.
- Dr. Wawrzynski and Judy James, NP, who also spoke at this event, are both PaACC members.

CCA News

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new members by the December 31, 2009 deadline, you will be eligible to win an Apple iPod Touch 16G, a domestic round-trip ticket on United or American Airlines, or a \$100 gift card. The prizes are the College's way of showing its appreciation!

Speaking of recruiting members, we are hoping that you have renewed your membership for National ACC and the PA chapter of ACC. The cost of PaACC membership is \$25 in addition to the national membership fee.

Becoming a member of the Pennsylvania chapter provides many benefits, including the ability to be involved as a district or national CCA liaison, discounted rates to Pennsylvania educational meetings, updated information on local health care issues and networking opportunities. Please contact us if you have not received a membership renewal form and/or you desire more involvement on a local level.

Another new development this year is the AACC designation for CCAs. Associate of the American College of Cardiology, AACC, is a new professional designation for CCAs mirroring the FACC designation. Qualifications for this designation include:

- CCA membership for at least two years
- Membership on the Cardiovascular Team Section
- National board certification and licensure in your profession
- Employed for at least five years in a Cardiovascular practice

- 75 percent of your time employed in Cardiovascular practice
 - 12 educational credits yearly
 - Three sponsorship letters from FACCs
- You may obtain more information on this designation at national ACC's website. I will caution you that applying for designation now may bring a slow response because there have been an overwhelming number of applicants thus far.

In addition to the AACC designation, it is now possible for a CCA member to obtain FACC designation thanks to the Board of Trustees' approval. In Orlando this year, Eileen Handberg, PhD, FACC, was the first CCA member to be awarded the designation.

The qualifications to obtain the FACC designation include: holding a doctoral degree, having a career as a professor or researcher in Cardiology, and having extensive scholarly and research publication. More specific details and the application can be found on the ACC website. We have passed the Oct. 1 deadline for this year, but you can get a jumpstart on 2010 application process.

Today, health care reform is on the mind of every health care provider. ACC can assist in this area by providing several ways to get involved and influence health care reform.

First, ACC sponsors an annual Legislative Conference each fall. This year more than 350 ACC members, including CCAs, attended the annual Legislative Conference held in Washington, D.C., in September. Ten of the CCAs attendees received a Cardiovascular

Care Team travel award that they applied for through the College.

Education concerning health care issues and the opportunity to speak with legislators was provided. Pencil in next year's Legislative Conference on your calendar for the weekend of Sept. 12-14 and plan to be get involved!

The CardioAdvocacy Network is another way that the ACC is helping by providing patient materials on subjects like payment reform, including patient flyers and posters and sample letters for both patients and providers to send to their congressmen.

Finally, you can contribute to the Political Action Committee (PAC). The PAC supports and helps to elect candidates who understand the importance of cardiovascular care in regard to healthcare reform. I encourage you to stay informed and be involved in the ACC's efforts to influence our government to make the best choices for our health care system.

I will leave you with future dates to remember and hope that you will take the opportunity to become more involved on a local and national level.

March 14-16: ACC 2010 in Atlanta

April 30: The 2nd Annual PaACC CCA Conference at the Sheraton Harrisburg-Hershey Hotel

Hope to see you there! Please don't hesitate to contact us if you need further information.



Pennsylvania CHAPTER

PaACC Career Center: Another tool for your Job Search

The Pennsylvania Chapter of the American College of Cardiology has launched the **Pennsylvania ACC Career Center**, a web site that connects cardiology employers and job seekers.

For job seekers: Whether you're looking for a new job or are ready to take the next step in your career, we'll help you find the opportunity that's right for you. The site contains job openings for physicians, surgeons, physician assistants, advanced practice nurses, clinical nurse specialists, clinical research investigators, and many more.

For employers: Target your recruiting and reach qualified candidates quickly and easily.



For more information or to get started, visit
<http://www.pcacc.org/information/information13.html>

Reflections on the ACC Legislative Conference and CMS Rule

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Health and Human Services and will be initiating a grassroots campaign to try to get our patients on board because this does represent an access issue.

In addition, if imaging services are transferred to hospitals, it increases costs for Medicare.

At no other time has it been more important for our membership to be involved. To this end, we have identified members of the Pennsylvania Chapter that will serve as liaisons in all of the congressional districts so that we can have a direct line to the policymakers.

The natural reaction in a situation like this is one of negativity and revolt. However, this is likely to prove counter-productive at this point in time.

CMS has claimed that it wants to “help us.” We should give CMS the benefit of the doubt until it becomes clear whether or not this is the case.

Also, a practice calculator is a resource available to members in which the impact of these CMS cuts can be estimated in practices.

As recently as two weeks ago, it appeared that the CMS rule was going to go forward with full implementation. Therefore, our efforts to have legislators write letters to Health and Human Services Director Kathleen Sebelius have definitely had an impact. At last count, more than 112 members of Congress had weighed in on this issue.

The battle is far from over and the most immediate threat to our practice viability is the cuts in nuclear imaging, which at the very least will need to be phased in over a four-year period. This change alone would lessen the impact on our practices from an estimated 10 percent to an estimated 6 percent.

It is also a time that contributions to the ACC-PAC are critical. This is a “cost of doing business” that certain groups, most specifically trial attorneys, recognize. The ability to

support reelection campaigns in individuals that are supportive of our cause is critical.

Many of you have also seen the op-ed piece in the Wall Street Journal from a few weeks ago, which has had an impact, and the full-page ads that were placed in major U.S. newspapers last week that again have helped moderate the CMS rule as it ultimately came down.

We must also recognize strategic alliances with other groups in the house of medicine and recognize areas of common ground so that they can support our cause as we support theirs.

By the time you read this article, there may already be significant modifications in the CMS rule as it will be implemented. And, as mentioned, it is an important time for us to maintain engagement in these issues that threaten the ability of us to be there for our patients.

Specialty Leadership Cabinet Report

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4. Health care expenditures should be adequate to improve population-based outcomes, sustain research and innovation, and support workforce training needs.
5. Health care delivery markets should be constructed to be competitive, thus increasing efficiency, innovation and quality as well as reinforcing a physician's ability to compete.
6. Comprehensive medical liability reform is essential.
7. The health care system must ensure the choice of provider and health plan or care system.
8. The health care system must promote the patient/physician relationship.

Lifeguard Program Update

This is a program under the Pennsylvania Medical Society Foundation that is a resource for physicians who have been out of practice for a while, who otherwise feel they need to update their clinical skills, or who are mandated by the Pennsylvania State Board

of Medicine to do so. It has been extremely successful.

MCare Advocacy Update

Due to the recently ended Commonwealth budget crisis that involves intricately the future of the MCare fund, there was nothing to be communicated with regard to a definite future plan by the Legislature for the fund. Stay tuned.

Self-Referral Legislation

There are different legislative proposals regarding the future of self-referral for diagnostic tests and treatment. This involves one that reconsiders the need for Certificates of Need (CON) of future facilities. It may also involve referral of diagnostic imaging.

There will be more specific clarification of preexisting statute that mandates the disclosure to patients of a physician's financial interest in an entity to which a patient is referred (separate imaging facility, output surgical facility, etc).

The Pennsylvania Medical Society has drafts and is finalizing its recommendations

of endorsed guidelines with reference to this issue. It should be the position of the PaACC that office-based routine cardiology procedures (ECGs, echoes, all stress test modalities) be exempt from such legislation.

Medicare Audit Process Reform

Medicare audits conducted by third party companies that have a financial interest in recovering claim refunds are now widespread.

Medical Liability Reform

In his health care speech to the joint session of Congress, President Obama gave some lip service to the Republicans that alluded to his willingness to explore and implement “pilot projects” for tort reform. It was the opinion of the Pennsylvania Medical Society's Specialty Leadership Cabinet to submit a proposal to the President and the PA Legislature simultaneously to raise the burden of proof for malpractice from a “preponderance of evidence” to “clear and convincing evidence.”



Pennsylvania

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Cardiology Briefs

ACC launches PINNACLE Network™

In an effort to help practices thrive in today's challenging health care environment, the ACC launched the new PINNACLE Network™. This registry-based cardiovascular network is designed to provide practices with the tools they need to promote practice innovations and achieve clinical excellence, linking thousands of practices to each other and to the ACC's National Cardiovascular Data Registry® (NCDR).

For more information on the ACC's PINNACLE Network visit www.pinnaclenetwork.org.

PaACC Patient/Community Outreach

Donna Cochran, RN, BSN, and District Cardiac Care Associate for the Chapter, was recently interviewed on WKST and Titan Radio/Westminster College on a number of cardiology-related topics.

The interviews reached audiences in Lawrence and Mercer counties. Among other things, she addressed incidence, S&S of heart disease, calling for emergency care 911, risk factors and women and heart disease.