



Heart *of the* Matter

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

President's Message *A.J. Conrad Smith,* *MD, FACC*

In putting together this, my first article as President of the PA Chapter of the ACC, I am struck by the many challenges that we face in Pennsylvania cardiology, and encouraged by the new team members, the CCAs that have joined us to face these challenges. I have recently returned from this year's legislative conference which did an excellent job of highlighting many of these issues, as well as providing us with some insight as to how we might best face them.

The legislative conference this year was outstanding. Many thanks to Dr. Steven Ettinger, VP PaACC and Eastern Governor, Maria Elias Chapter Executive Director, Joanna Ward, and Megan Bowers for their fine work. They put together a well organized and an informative conference with a timely agenda. Please see Dr. Ettinger's article in this newsletter for details.

Hearing from State Senator Hal Mowery, Representative Pat Vance, and Scot Chadwick from the PA Medical Society on medical liability reform showed us how far we have come and how far we have yet to go. The "Hot Topics in Cardiology" were informative, and thought provoking. In

addition we were fortunate to be joined by Dr. Michael Wolk, the President of the ACC, for an update on the current issues facing the college. For those of you who were unable to attend, I would encourage you to make an effort to attend next year's conference on April 5th. It is a valuable opportunity to have access to state law makers to better understand where we stand with the state legislature, and an important venue where you may have your voice heard. In order for next year's conference to be as pertinent and timely, we again rely on your input as members as to which issues are the most important to you. Please contact your district councilors to make suggestions.

A word about a significant challenge that we continue to face — medical liability reform. As you know, we have made some progress on this front. This year the state Senate passed SB9. This is a first step in developing limits for non-economic damages. While this is important



A.J. Conrad Smith, MD, FACC

Welcome to our Newest Members

I would also like to take the opportunity to welcome the newest members to the Chapter. The Clinical Care Associates (CCA). As you know last year, the ACC wisely recognized the invaluable contributions of the CRNPs, clinical nurse specialists, physician assistants, and nurses, and added this new membership category. We are excited to have these new members who will, no doubt, add additional enthusiasm, expertise and energy to the chapter. We are in the process of rewriting the chapter bylaws to incorporate the CCAs into the chapter committees, and executive council so that they will be immediately integrated into the chapter. Please encourage any CCA with whom you are acquainted to join. There are a number of benefits for them, ranging from reduced fees for all ACC programs to online access to JACC and Clinical Journal Review. We look forward to working with the CCAs as closely and productively in the chapter as we have in the clinics and on the wards.

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The Pennsylvania Chapter of the American College of Cardiology

Executive Council

President

A.J. Conrad Smith, MD, FACC
Pittsburgh
(412) 647-6136

Vice-President

Steven M. Ettinger, MD, FACC
Hershey
(717) 531-7457

Secretary/Treasurer

Michael D. Ezekowitz, MD, FACC
Philadelphia
(215) 762-8397

Past Governor—East

Howard C. Herrmann, MD, FACC
Philadelphia
(215) 662-2180

Past Governor—West

Joseph G. Cacchione, MD, FACC
Erie
(814) 453-7767

President's Message

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progress, there is still a long way to go, and the next important step is that the House must now pass the bill in its current form. This is a process that in the best case scenario will take at least two years before it will fully come to fruition. It is therefore important that we continue to work from a grass roots level to get this bill through the next stage of the process. We encourage you to contact your local representative and urge them to vote yes on the bill in its current form. Please visit the Chapter website at www.pcacc.org and look under the links for Pennsylvania Legislative issues to find out more about SB9, and to find the easiest way to contact your state representative. Only through these efforts and efforts that will make the legislators aware of the crisis that we face, will we be able to ultimately achieve some significant reform.

On a national level, we have also made progress. Last year at this time we faced a potentially devastating cut in Medicare reimbursement. But through the efforts of many, including the ACC PAC, we were able to not only avoid a 4% cut, but achieve a 1.5% increase. National ACC states that this means an additional \$19,000 on average for each cardiologist in the commonwealth of Pennsylvania. The battle is not yet over, however, as there are new cuts on the horizon, and we need continued support in Washington to maintain a fair level of reimbursement. For this and other national issues that are important to members of the college we rely heavily on the ACC PAC. This group is important to gain access to key politicians

so that our concerns can be heard. We have been challenged as a chapter to meet a goal of an average of \$20.00 per member- a small figure in light of the above mentioned benefits already received. While many of us have contributed, we are far short of this goal. It is as easy to contribute via check or credit card, and I would encourage you to do so today so that we can continue to be well represented and positioned to face the next series of legislative challenges.

In conclusion, this is an exciting time with many challenges, and with new members that promise to be vital to the chapter in facing these challenges. We encourage you as members to weigh in. The purpose of the chapter is to serve you the members. In order to best do this we need your input on topics ranging from, what is the best way to get this newsletter to you, to what are the most important issues to discuss at the Legislative conference. To that end, get to know your district councilors, communicate your concerns to them and use them as your representative on the executive council. In addition, we encourage you to join in. Your active participation by attending the yearly legislative conference and business meeting give you the chance to have your voice heard directly, and provides a valuable opportunity for you to interact with state legislators and your elected ACC representatives. I look forward to working with you this year and hearing your input.

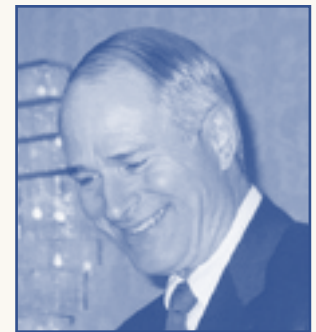
Chapter Recognition Awards

At the recent Chapter Meeting, the chapter recognized Dr. Howard C. Herrmann for his service, dedication and leadership during his term as Eastern Governor and Chapter President, 2002-2004.

Dr. John W. Hirshfeld, Jr., received an award for his many years of dedication to the ACC not only at the national level, but also to the Pennsylvania Chapter.



Dr. Herrmann



Dr. Hirshfeld

Cardiac Care Associates Well Represented at Recent PA Chapter Meeting

John U. Doherty, MD, FACC, PaACC District I Counselor, Philadelphia

Caroline Lloyd Doherty, MSN, CRNP, Cardiac Care Associate

As most of our membership is aware, the American College of Cardiology recently endorsed the new category of Cardiac Care Associates (CCA) who became eligible for membership in the College this year. The ACC recognized that many healthcare professionals share the same concerns including: advocacy, patient access and quality of healthcare delivery.

Registered nurses, Physician Assistants, Nurse Practitioners and Clinical Nurse Specialists became eligible for membership this year. This improves our lobbying power by increasing ACC membership. In addition, it acknowledges the important role that these healthcare professionals play in the delivery of high-quality cardiovascular care.

These professionals are critical to the running of our Coronary Care Units, Clinical Research, Catheterization Laboratories, Heart Failure, Lipid

and Anticoagulation programs. Their efforts are complimentary to those of physicians and they impart a perspective which is different than physicians.

One driver to this change in the delivery of cardiovascular care has been the overwhelming manpower needs in cardiology that will only worsen as our population ages.

At our recent Chapter Meeting there were 10 Cardiac Care Associates who attended and participated in the dialogue over a variety of topics. The addition of these team members adds value to our relationship with our patients and enhances the quality of care that we deliver. You should encourage individuals within your own practice setting or hospital to join.

For more information on ACC CCA membership, visit www.acc.org.

Vice-President's Report

Steven M. Ettinger, MD, FACC

For several years I have been involved in the Pennsylvania Chapter of the ACC serving on various committees and in various roles. Today, as the Vice-President, I have the honor of working closely with my colleagues and the current President of the Chapter, Dr. A.J. Conrad Smith. Together, we hope to create a vision and direction that will result in the continued success of this organization. I have also had the rewarding opportunity of working with the past chapter Presidents, Dr. Joseph Cacchione and Dr. Howard Herrmann, who have dedicated a great deal of their time and efforts in advancing the position of this Chapter in our state. Dr. Cacchione and Dr. Herrmann have guided us through difficult and challenging times and have proven to be incredibly insightful and successful leaders. Dr. Smith already has shown that he will be a leader equal to the task and I encourage all members to support the organization and its leadership so that it will continue to be the principle representative

of all cardiologists in the state. This year offers a unique and incredibly positive challenge to the Chapter as a new membership category has been established — Cardiac Care Associate. The Chapter recognizes the critical role that RNs, NPs, CNSs and PAs play in the delivery of cardiovascular care to the citizens of our state. The PaACC executive council eagerly invites all CCAs in the state to become not only members but active participants in the Chapter and to add their expertise and insight to the organization. We encourage all members to become involved in the various subcommittees of the Chapter, for every member plays a critical role in influencing the direction and future of the PaACC. I greatly appreciate your support throughout the years and look forward to serving you as the Vice-President. If there are any issues or concerns please do not hesitate to contact me directly, through your District Councilor, or the Chapter Administrator. Together, we can and we will make a difference.

The Pennsylvania Chapter of the American College of Cardiology

Councilors

District I

John U. Doherty, MD, FACC
Philadelphia
(215) 955-5050

District II

Paul N. Casale, MD, FACC
Lancaster
(717) 397-5484

District III

Jack E. Smith, MD, FACC
Erie
(814) 453-7767

District IV

David W. Lasorda, DO, FACC
Sewickley
(412) 321-0680

Medicare Carrier Advisory Committee

Donald C. Durbeck, MD, FACC, Primary
Harrisburg
(717) 782-5737

David L. Scher, MD, FACC, Alternate
Harrisburg
(717) 920-4458

Chapter Meeting/Legislative Conference Recap

Steven M. Ettinger, MD, FACC, Program Chair



Representative Pat Vance and Senator Hal Mowery

On May, 4th the Pennsylvania Chapter of the ACC convened for its annual meeting in Harrisburg at the Wyndham Harrisburg-Hershey hotel. It was extremely rewarding to see over fifty participants attend this year's event. In an effort to comply with suggestions from Chapter members, the format of the meeting was changed from two days to a half day. Without sacrificing the ACC goals of advocacy, quality and education, the meeting was divided into three sessions.

The early morning featured legislative updates from PA Medical Society Director of Governmental Affairs, Mr. Scot Chadwick and our ACC PAC Representative, Dr. Ancil Jones. In addition, Senator Harold F. Mowery Jr. and Representative Patricia Vance provided the attendees with a legislator's perspective of the current medical liability crisis in the state.

The afternoon session focused on *Hot Topics* including the current debate over the performance of PCIs in centers without on-site surgical back-up. Mr. Richard H. Lee, the Deputy Secretary for Quality Assurance from the Department of Health provided an educational and insightful update of the current status of this ongoing clinical practice. The session was followed by a review of the financial impact of new technologies in cardiology. Physicians and industry representatives presented an outstanding overview of the potential cost effectiveness and financial strategies for hospitals and practices involving the use of drug-eluting stents and cardiac resynchronization therapies.

Panel discussion on cardiology "hot topics."



The session concluded with an in-depth look at the Pennsylvania Health Care Cost Containment Council (PHC4). While CT surgeons have been the focus of recent reports by the Council, the evaluation and review of interventional cardiologists in the state may be on the horizon.

One of the highlights of the meeting was the address by the current President of the ACC, Dr. Michael J. Wolk who provided an overview of the challenges that face the ACC on a state and national level. A *"Look Towards the Future"* provided an encouraging overview of the achievements of the ACC, but still a great deal of work needs to be done. The meeting also featured an educational lecture by the current SCA&I President, Dr. Michael J. Cowley regarding the pharmacological armamentarium available to cardiologists.



ACC President, Michael J. Wolk, MD, FACC



Panel discussion on cardiology "hot topics."



Michael J. Cowley, MD, FACC

Conclusion

The day concluded with the annual business meeting and an overview of the directions and plans for the future of our Chapter under the Presidency of Dr. A.J. Conrad Smith. It is important that all members of the Chapter make every effort possible to attend the annual meeting – or at least to have a representative from each practice attend the session in 2005. While advocacy is clearly a critical issue facing the ACC today, quality of care and education are two fundamental concerns that will always be essential for the continued success of the organization. While there may not be time for every member in the Chapter to be active in the daily affairs of the organization, it is critical that we hear your concerns. The issues facing a cardiology practice in the Eastern part of the state may not be the same as those facing a practice in the Western section of the state. If the PaACC is to truly be the primary representative organization of all practicing cardiologists in the state of Pennsylvania, then we need to be made aware of the critical issues facing you and your practice. I encourage you to attend the next Chapter Meeting on Tuesday, April 5, 2005. Together we can and we will make a difference.

HGSA Carrier Advisory Committee Meeting Reports

Donald C. Durbeck, MD, FACC, CAC Representative

December 2003

Comprehensive Error Rate Testing (CERT)

It was my privilege to attend the December 2003 HGSA Carrier Advisory Committee meeting at Highmark Blue Shield. There were no individual policy reviews, which would be of concern to the cardiology community. However, Dr. Bloschichak did speak at some length concerning “CERT” which stands for Comprehensive Error Rate Testing. This testing has been around for some time; perhaps ten years, but it has only recently been applied to Medicare. Its goal is to “pay the claim correctly”. With this goal one might think that this testing would concern our Medicare carrier, and not us. However, it also will involve a punitive assessment of “Provider Compliance Errors”. The providers would be our offices and us. The process is as follows:

An outside company will review 200 random Medicare payments per month, per state. This is only a very small percentage of the 150,000 to 175,000 claims they process daily. However, if one of these 200 claims per week happens to come from your office, this contractor, AdvancedMed, will send your office a letter. Someone in your office will open the letter, see the request, and, hopefully, provide the documents requested. So far, only 54% of offices actually respond, and an additional “insufficient documentation” determination is made on another 23%.

Of these claims, Medicare, by law, has to request that your office refund the payment they just sent you in full! Of the 23% or so who do submit information deemed to be correct, AdvancedMed will review the data provided and make a determination if the service has been incorrectly coded – either overcoded OR undercoded. If either is found, or if the claim is felt to be Not Medically Necessary, Medicare will, again, demand a full refund, even if you undercoded your claim and they actually owe you more!

The most frequent claims reviewed include subsequent hospital visits, consultations, and office visits for established patients.

The best ways to avoid a repayment include making your staff aware that, if they receive one of these innocuous appearing letters, that they be sure and respond promptly with all the documents

requested. If a denial is made, you do have the right to appeal. Finally, Medicare suggested that we try to code correctly in the first place!

Another level of bureaucracy has arrived!

To view sample AdvanceMed request letters, go to: <http://www.hgsa.com/professionals/mr/cert.shtml>

March, 2004

At the HGSA Carrier Advisory Committee (CAC) meeting held on March 11th, 2004, a number of issues were discussed which are of interest to our Cardiology community.

Federal legislation passed in the year 2000 has reached the point of implementation. The Local Medical Review Policies (LMRP) are now called Local Coverage Determinations (LCD). The subject matter of these determinations will be limited to what services are “Reasonable and Necessary” for Medicare to cover. The LCD’s will not include any coding guidelines, and these LCD’s will be both discoverable and subject to appeal at the administrative law judge level. Coding and documentation issues will be handled separately, are still quite important, and will not be subject to appeal.

Natrecor Administration —HGSA will be re-evaluating their LCD to include out-patient administration of Natrecor.

Real-time Outpatient Monitoring —HGSA will be bundling payments for each 21 day period of monitoring, with need for documentation of any additional monitoring beyond the 21 days.

Concomitant Arteriography/Venography —For the specific instance of additional studies at the time of a diagnostic cath, selective renal arteriography will be paid for as such. A flush abdominal injection to non-selectively see the renals will be paid for as an abdominal aortogram. The General CPT codes, G0275 and G0278 will be eliminated. Please bill for what you actually do.

Ultrafast CT —Medicare will cover traditional uses for Ultrafast CT studies of the heart. Coronary Calcification Scores will not be covered. Coronary Arteriograms performed with Ultrafast CT equipment may be considered in the future.



The Pennsylvania Chapter of the American College of Cardiology

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Vice-Chair, Philadelphia

James C. Blankenship, MD, FACC
Danville

Ancil A. Jones, MD, FACC
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Gary S. Ledley, MD, FACC
Philadelphia

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Philadelphia

Gary S. Ledley, MD, FACC
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Leroy C. Moore, MD, FACC
Pittsburgh

D. Lynn Morris, MD, FACC
Allentown

Leslie H. Poor, MD, FACC
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Pittsburgh

John S. Wilson, MD
Pittsburgh

PaACC Payor Relations Committee Report

David L. Scher, MD, FACC, Chair

Last year was a busy year for the Payor Relations Committee. Working with the Managed Care Committee, the national ACC, and the Pennsylvania Medical Society, we have addressed many issues regarding unfair reimbursement practices by insurance companies towards cardiologists. The bundling of reimbursement for stress tests and Thallium tests spearheaded the effort. We uncovered other practices such as varying reimbursements to the same cardiologist for the same procedures.

Aetna and Independence Blue Cross are the primary culprits. We have organized with the above organizations a strategy whereby the directors of these organizations have been made aware of our investigation into these matters. National ACC has met with Aetna to discuss other concerns, and have delivered a written summary of the PA problems

We have been successful in convincing Medicare in PA to formulate G code policies for renal angiography at the same time as a cardiac cath, and these policies are in process now.

I would like members to know that the PaACC Payor Relations Committee is an active one and should be utilized. The fact that a pattern of reimbursement problems with a specific carrier is seen in a single practice may signal a widespread problem in the Commonwealth.

It has been a busy year for this committee, and I would like to thank all the members for their efforts. I would like to have this committee be a model for other states' committees and look forward to seeing it mature and be recognized as a force to be reckoned with by the insurance companies. I would emphasize that this committee should not be a resource for complaints regarding single claims, but one to be utilized for patterns of illegal or inappropriate reimbursement behavior by companies.

This committee has seen the benefit of various cardiology practices in common geographical areas sharing reimbursement concerns regarding specific problems. I encourage all practices to be open to having their billing directors

get to know one another and communicate with each other so that patterns of reimbursement problems can be identified. After this is accomplished, if it is brought to this committee, we will be better prepared to then address the issues with the carrier.

I look forward to another year as Payor Relations Committee Chair and want to say that it is the stimulating and educational experience I hoped it would be.

Payor Issues

If you have a specific reimbursement issue with a payor, please contact the PaACC Payor Relations Committee Chair, Dr. David Scher.

Email: dlsmd@comcast.net

ACC Political Action Committee Update

Ancil A. Jones, MD, FACC

As your representative to the ACC Political Action Committee (ACC PAC), I presented an update on ACC PAC activities at the Pa ACC Chapter Meeting in Harrisburg on May 4. I want to summarize the important points for those who could not attend.

The ACC PAC is an essential part of the advocacy efforts of the ACC. Two years ago, in response to a changing health care environment and the need to more effectively serve the membership, the Trustees restructured the ACC by creating a separate 501(c)(6) organization under federal tax law. This change permits the ACC to engage in a wider range of efforts to represent vital interests of members and our patients by vigorously working to shape and influence decisions affecting cardiovascular care made in the legislative, regulatory, and private sector arenas. The ACC PAC is one component of the ACC Advocacy effort and is the most important ACC presence in the federal legislative arena.

The ACC PAC functions openly and in a carefully defined manner. The ACC PAC was established in 2001 as a federal PAC and as such the manner of solicitation, collection, and distributions of funds is a matter of public record and is carefully overseen by the Federal Election Commission. In addition, the By Laws of the ACC PAC spell out precisely the criteria and the method of decision making for PAC distributions. To be considered for an ACC PAC distribution, a candidate (incumbent or non-incumbent) for federal elected office must demonstrate support for legislation that improves cardiovascular health, facilitates delivery of cardiovascular services by practicing physicians, and/or provides funds for cardiovascular research and prevention. These general criteria are given additional focus by specific advocacy goals set by the ACC Trustees. The ACC PAC Board of Directors, which contains senior leadership of the ACC and one physician Director from each state, meets annually at the ACC Scientific Sessions to make decisions about contributions to specific candidates after considering recommendations made by the ACC PAC staff. Political party affiliation is not a consideration. The decision to financially support a specific candidate requires the affirmative vote of the Director from the candidate's home state.

The ACC PAC effectively participated in the 2001-2002 and 2003-2004 federal election cycles. Using the focused criteria of demonstrated

support on the issues of medical malpractice tort reform and Medicare physician fee update, the ACC PAC made 18 disbursements in 2001-2002 and 45 disbursements in 2003-2004 to candidates for election or re-election to the US House of Representatives and the US Senate. Six Pennsylvania federal legislators received support 2001-2004, including both Senators and four Representatives. In addition to making financial disbursements to specific candidates, the ACC PAC worked closely with PACs of other medical care provider organizations in pursuit of common goals. There is no doubt that the efforts of your ACC PAC helped to secure the real progress made at the federal level on the issue of tort reform and the success in avoiding large Medicare physician fee cuts previously scheduled to take effect this year.

The ACC PAC needs your help, and it is in your interest to support the ACC PAC. To date only about 350 ACC members, representing 1-2% of the total domestic membership, have joined the ACC PAC by making a contribution. Sadly, Pennsylvania membership participation at 1.3% mirrors the national rate. The ACC PAC has a goal of \$500,000 by December, 2005, and widespread support is absolutely critical to achieving this goal and to maintain the ACC's ability to help shape crucial federal legislation affecting healthcare delivery. The need to represent the interests of ACC membership and those of our patients never stops (for example, Medicare physician fees are scheduled for several consecutive annual 5% reductions starting in 2006 unless legislative action is taken).

The political process can be slow and frustrating, but real progress is being made. Invest in the future of your practice: write a check to the ACC PAC today. You can request electronic delivery of a contribution form by emailing pac@acc.org, or call the ACC Advocacy Division 1-800-435-9203 for more information.

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Committees

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Media

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Richboro

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Howard C. Herrmann, MD, FACC
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Reading

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Washington

Update on the Pennsylvania Medical Society

Paul N. Casale, MD, FACC, Specialty Representative to PA Medical Society

Board of Trustees

At the House of Delegates meeting in October of 2003, the composition of the Board of Trustees of the Pennsylvania Medical Society was amended so that thirteen specialty seats were added to the Board. The new Board of Trustees includes an equal number of seats for those elected from the geographical districts and for those elected by the specialty cabinet to serve on the board as specialty representatives. This change was part of the Vision 2004 plan for restructuring the Pennsylvania Medical Society so that there would be more input from the Pennsylvania specialty societies. I have been elected as one of the two specialty representatives to the Board of Trustees representing medical specialists.

One of the major topics at the subsequent meeting of the Board of Trustees in January was the liability crisis in Pennsylvania. The Pennsylvania Medical Society continues to support legislation allowing a vote on a state constitutional amendment on caps for pain and suffering.

The specialty societies continue to play an integral role in this debate. In order to expedite communication between the specialty

representatives on the Board of Trustees and the various specialty societies, a web-based communication system has been developed by the Pennsylvania Medical Society. Effective communication with all of the specialty societies in Pennsylvania is crucial as the debate continues and action plans develop for addressing the liability crisis in Pennsylvania.

The participation of every individual physician in this debate is critical. The importance and value of this grassroots effort cannot be underestimated. It is important that every physician write to their senator and congressman with their opinion on allowing a vote on a constitutional amendment on caps on pain and suffering. I would also encourage you to meet with your representatives either in Harrisburg or in your home district when the legislature is in recess. As one of the specialty representatives on the Board of Trustees, I welcome your input and encourage you to either call me or send an e-mail with your comments and suggestions at (717) 397-5484 or pasjkc@aol.com

Doctors for Medical Liability Reform (DMLR)

DMLR is a coalition of 230,000 practicing medical specialists, including the ACC, dedicated to protecting patients' access to health care by promoting the passage of federal legislation that would cap non-economic damages awarded in medical liability cases. Log on for information concerning medical liability in Pennsylvania and tools that can help you educate your patients.

www.protectpatientsnow.org

Cardiologist for a Day

Gaining the attention of policy makers is often a very difficult task. However, over the last two years, the ACC "Cardiologist for a Day" (CFD) program has captured the attention of policy makers. This program brings state legislators, CMS Carriers, private payers and physicians together to discuss health care policy. During a CFD program, policy makers are invited to visit a cardiology practice and spend time observing the health care delivery process. As with traditional training, the participants are allowed to directly observe and learn from the interactions among the patient, the cardiologist, and the facility personnel. The goal of this interaction is to foster a better understanding of the health care challenges and realities in today's policy-driven environment. It is also a step toward developing relationships that can prove beneficial to cardiology policy in the future.

CFD has been a success indeed; in fact, ACC was recently named the 2004 recipient the Public Affairs Council's (PAC) Grassroots Innovation Award. The PAC's Grassroots Innovation award recognizes the nation's best grassroots programs and campaigns and is announced every year at the Council's National Grassroots Conference. To learn more about hosting a CFD at your practice, contact either Adam Nelson anelson@acc.org or Denise Garris dgarris@acc.org for more information.





PA Chapter Supports *The Heart Truth* Roadshow

Philadelphia was the first stop on a nationwide tour to bring The Heart Truth to women. On March 19, 2004, the chapter partnered with ACC and NHLBI to kick-off this "Red Dress" event. Cardiovascular disease awareness and educational materials through gift bags reached 5,000 women and thousands more visited the exhibit.

Three of our chapter members graciously donated their time at the "Ask A Cardiologist" booth. Thanks go to Dr. Mary Sabol, Dr. Steven Ettinger and Ms. Cathy Pensyl.

Health screenings were provide to 642 women during the three-day event.

Cardiovascular Practice Management Tools Available to Members

The American College of Cardiology (ACC) is pleased to announce collaboration with the Medical Group Management Association (MGMA) to provide education and practice management tools and services for cardiovascular specialists and group practice administrators.

The College recognizes that the business of medicine directly affects the practice of medicine, whether it is incorporating new technology or implementing new government regulations. ACC and the MGMA have joined forces to bring ACC members specialized practice management tools, such as audio conferences, books, practice management consulting, and annual cardiovascular cost survey reports. These resources will integrate MGMA's practice management expertise and the ACC's knowledge of the practice of cardiovascular medicine, to address challenging practice management issues facing cardiovascular specialists today. For more information email: practicemanagement@acc.org

Fellow's Corner

Award Winners

The following Pennsylvania Fellows in Training are congratulated for their accomplishments:

ACCF/Bristol-Myers Squibb Travel Award

Ehtasham Akhter Qureshi, MD
Lankenau Hospital Division of CV Diseases

Marc A. Simon, MD
UPMC-CVI

2004-05 Career Development Award

Sanjay Dixit, MBBS
Hospital of the University of Pennsylvania

Amy B. Hirshfeld, MD
Children's Hospital of Philadelphia

2003 ACCF MRI/CT Travel Award

Svetlana Nikitina, MD
Graduate Hospital Cardiology Fellowship
Philadelphia

Rajiv A. Patel, MD, Ph.D.
Lankenau Hospital Jefferson University

Announcing Pennsylvania's Participation in ACC Cardiology Careers

The Pennsylvania Chapter of the American College of Cardiology is partnering with the ACC to create ACC Cardiology Careers job bank, the premier online job bank for cardiologists in the nation. A one-stop resource for both employers who are searching for qualified cardiologists as well as for those searching for a new opportunity, ACC Cardiology Careers is the go-to resource for cardiology professionals.

It's easy to use. Simply go to www.pcacc.org and click on the ACC Practice Opportunity Line link on the home page. Select "For Candidates" if you are looking for a new opportunity. Select "For Employers" if you want to post a job or practice opportunity.

Because ACC Cardiology Careers is a member of HEALTHeCAREERS Network, your job posting and CV (if you choose to make it public) will be visible not only on ACC Cardiology Careers

but throughout the entire HEALTHeCAREERS Network of healthcare association job banks ensuring a broad selection of opportunities and résumés for local, regional and national users.

This is a no-cost non-dues revenue stream for the Pennsylvania Chapter. By posting your job or practice opportunity on ACC Cardiology Careers via our Chapter home page at www.pcacc.org, we will receive a referral fee for our Chapter. Help our chapter by making sure that your job postings originate on our site so that we get credit for the referral!

Post your job or CV today! Go to www.pcacc.org and select "For Candidates" or "For Employers" and follow the simple instructions. If you have any questions, please contact 888-884-8242 or info@healthcareers.com.

State Board Approves CME Licensure Requirements

Provided by the Pennsylvania Medical Society

At its April 27 meeting, the State Board of Medicine approved final language for physician CME licensure requirements. The new requirements must now go through the regulatory review process to become finalized, which could delay implementation. The regulations passed by the Board would prorate the CME requirements for the current renewal period. This means that, in order to renew your license at the end of 2004—the deadline for license renewals—you will now be required to obtain 25 hours of Category 1 or 2 credit hours, three of which must be patient safety related CME (any combination of Category 1 or 2).

Beginning in 2005 and 2006—the next two-year licensure cycle—physicians will be required to obtain:

- 100 total credit hours
- a minimum of 20 of the 100 credit hours in Category 1
- 12 of the 100 credit hours, either Category 1 or 2, in patient safety or risk management

The Pennsylvania Medical Society is answering many questions from Members regarding the change in CME requirements, and has prepared an FAQ, available on the Society's Web site at www.pamedsoc.org/CMEFAQ, or by calling 800-228-7823.

Pennsylvania Chapter Donates AEDs for Highway Rest Stops

As part of a joint effort with the American Heart Association, the Pennsylvania Department of Transportation and Medtronic, the Pennsylvania Chapter of the ACC donated AEDs to be placed at five heavily used rest stops along a 313-mile stretch of Interstate 80. AEDs are already available at all 21 service plazas along the Pennsylvania Turnpike.

Activation of an AED at any of the rest stops or toll plazas automatically generates a call to the proper county's 911 center. Broader public availability of AEDs has proven to save lives, said Pennsylvania Chapter President Howard Herrmann, MD, at the event to announce the donation. "Of the more than 250,000 cardiac arrests that occur annually, 20 percent occur in public places and 95 percent of victims die before reaching the hospital," he said. "We strongly believe that AEDs save lives."



Pennsylvania Chapter President Howard C. Herrmann, MD (right) presents one of five donated defibrillators to the Secretary of the Pennsylvania Department of Health, Dr. Calvin B. Johnson (center).

CODING *issues*

CODE FAX

Answers to Your Coding Questions – No Charge

Coding Questions? We've got the answer – CODE FAX

This service is FREE to chapter members and will help you and your office staff with those troublesome coding questions. A coding professional will answer your question within 72 hours. For more information on this program and CODE FAX forms, contact Maria Elias at the Chapter office at 888-633-5784 or visit the chapter website at www.pcacc.org.

ATTENTION:

District II Chapter Members



District Councilor Summer Election

Watch your mail this summer for an election ballot to elect a new District II Councilor.

The Chapter thanks Dr. Steven Ettinger for his service representing his district members for two consecutive two-year terms. With his election to Eastern Governor and Vice President, Dr. Ettinger has stepped down from his District Councilor position. The Executive Council has appointed Dr. Paul Casale to serve the balance of the term.

