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Perceptions of MOC: 2014 Survey Findings

On January 1, 2014, the American Board of Internal Medicine (ABIM) implemented changes to its Maintenance of Certification (MOC) program. The changes to the new MOC requirements are extensive and will apply to all certified physicians, including those originally grandfathered.

ACC National recently conducted a survey to determine the perceptions its members have of the MOC. <u>Click here</u> to read all the California-specific survey results.

Key finding include:

- There is strong, universal opposition to the changes.
- Opposition is driven by the high financial and time costs associated with the new requirements and lack of perceived value.
- Members want the ACC to work with ABIM to revise MOC requirements, to remove the MOC requirement, to assume certification.
 responsibilites, revert to pre-2014 requirements and/or remove practice improvement modules from the process.

<u>Click here</u> to see the national MOC survey data.

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Share Your Successes!

What are you doing and/or achieving for CV health? Tweet it to @CaliforniaACC and be sure to post it on Facebook!



HAVE YOU CHECKED OUT OUR NEW WEBSITE? VISIT CAACC.ORG AND SEE ALL THE CHANGES!



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President's Corner John B. Gordon, MD, FACC

I would like to update you regarding both the MOC saga and the new California ACC Strategic plan.

MOC

On behalf of the cardiology community, Pat O'Gara, ACC President, recently delivered a clear message to the ABIM in Philadelphia July 15 regarding reforms to the current MOC process our members have demanded.

Recommendations included the creation of dual pathways for recertification, one involving a 10-year secure exam with annual completion of CME activities as currently required for licensing and credentialing; and the other consisting of completing MOC Part II activities for 10 years. Fee reduction, and the elimination of multiple board requirements faced by interventional, electrophysiology and heart failure physicians who must pass both the general and sub-specialty cardiology boards was requested. MOC and CME must be harmonized. Research demonstrating the value of MOC in terms of patient outcomes and physician competency was advocated. We await the considered response from ABIM.

California ACC Strategic Plan

An executive committee of the California ACC met in La Jolla, CA July 13-14 to formulate a strategic plan to guide our organization for the next three years. The outline below reflects the thoughts of a group of active California ACC leaders, and ACC CEO Shal Jacobowicz. Please review critically. I would be delighted to hear any constructive suggestions you might have.

Who Are We?

- Volunteer organization with 3,500 members
- Mission: to advocate for the highest quality cardiovascular care for Californians
- Home for the whole CV team
- Respected advocates for high quality medical education
- The CA ACC has a strong legislative voice in Sacramento and Washington on behalf of our patients and members.

Who do we want to be?

- Continue to be recognized as a "FORCE" legislatively
- Offer meaningful activities and opportunities for members (education, legislation)
- Be the voice in the community to promote our specialty without fragmentation
- Increase activity level in our committees to mirror Government Relations template
- Provide members with guidance on how to be profitable and survive in uncertain times
- Provide the information members need/want in Grand Rounds throughout the state

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President's Corner, continued John B. Gordon, MD, FACC

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FROM CVT Leaders:

- 1. Name Branding (CVT and AACC):
 - a. Work with CA ACC on CCA new name branding from CCA to CVT
 - b Plan and implement campaign to increase numbers of A.A.C.C.
 - (Associate of the American College of Cardiology) designation among California CVTs
- 2. Membership: Increase number of CVT members
 - a. Design a plan to recruitment of new members
 - b. Develop a plan for retention of existing members
- 3. CVT Visibility:
 - a. Increase California (CA ACC) CVT member visibility/attendance in ACC March 2015 in San Diego Annual Conference
 - b. Reach out to San Diego CVT members to organize a networking meeting
 - c. Create a team of California (CA ACC) CVT members to serve as host in the CVT Lounge at ACC March 2015
- 4. Educational Meetings:
 - a. Continue Annual Northern CA CVT Symposium increase participant attendance as well as supporting vendors
 - b. Continue Annual Southern CA CVT Symposium increase participant attendance as well as supporting vendors
- 5. Communication:
 - a. Regular attendance in monthly national ACC conference calls by CA ACC CVT Liaisons attendance
 - b. Regular attendance at CA ACC Board Meeting by CVT liaisons

Strengths of the CA ACC

- RUC representation (Rich Wright, reimbursement negotiation)
- Size of membership (10% of Nation and 90+% of all CA- cardiologists)
- Diversity of membership (academic, Kaiser, private practice, geographic, racial/ethnic)
- Multiple California leaders serve nationally
- · Well organized, excellent CEO and staff
- Strong education/CME meetings with improved 2013 evaluations
- Patient Advocacy
- Reputation respected by medical societies CHA, CMA, Mended Hearts etc.
- Effective Lobbying good relationships with legislature
- International outreach (FIT preceptorships through British Cardiovascular Society)
- Commitment to evidence based guidelines/guality
- New improved Website with hundreds of "hits" daily
- · Large number of fellows, new members
- Lobbyist Tim Madden has very helpful/meaningful contacts in Sacramento

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President's Corner, continued John B. Gordon, MD, FACC Summer 2014

Weaknesses of the CA ACC

- · Limited member engagement in voting/participation, and lobbying
- · Lack of community-directed programs / outreach
- Poor name recognition with the lay public compared to AHA

Plan for 2014-2017

- Continue to do what we do well with respect to medical education and legislation
- Engage and mentor more young members to lead (succession planning)
 Each board member will find at least one person to replace himself
- · Improve membership and participation rates for Kaiser
- Offer moderated forums on the CA ACC website (heart failure, interventional, imaging, management)
- Engage Training Directors quarterly beginning in September 2014with ACC toolkit to help achieve milestones for cardiovascular training program development
- Advocate for National ACC to offer free membership dues to Pinnacle reporters
- Support the MOC efforts of National ACC



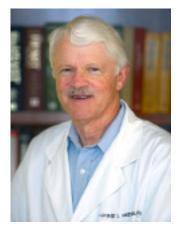
Want To get Involved and Learn More About What's Happening?

Consider throwing you name in the hat to serve on a Committee or on our Board of Directors! We have a few openings and want YOU to get involved and make the most of your membership. Contact us at administrator@caacc.org or toll free 1.877.460.5880.



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In Memoriam: George L. Smith, Jr., MD, FACC



This past April, the American College of Cardiology, and the California Chapter in particular, lost a good friend and leader. George L. Smith, Jr., MD, FACC passed away on April 16, 2014.

Dr. Smith was a legendary physician, a soft spoken Southern gentleman, and a loving father and grandfather who always took time for his family, friends, and patients, no matter how many hours he had been working. He was the type of friend for whom everyone longs. He loved people and took the time to cultivate long-lasting friendships. He was an Epicurean, an historian, a teacher, a philosopher, and so much more. He was a voracious reader, with an encyclopedic memory. He had impeccable taste for food, wine, and all things cultural. He was a true Renaissance man with a flair

for the exotic, and his barbecued chicken was the stuff of legend. He was an excited student of life, absorbing as much as he could at all times. There were never enough hours in the day for George. He was a lifelong runner, a hiker, a skier, and a golfer. He and his wife, Nancy Doyle, were active supporters of United Way, Sonoma Country Day School, Santa Rosa Symphony, the Green Music Center, San Francisco Opera, and the Hoover Institution of Stanford. They co-founded John Ash & Co. in 1981, helping put Sonoma County on the culinary world map. George loved the diversity of people and conversations that food and wine brought together.

George attended medical school at University of Tennessee and did his residency at the University of Colorado before going to Vietnam in 1971, where he served as Chief of Medicine at the 95th Evac Hospital in Danang, RVN. In 1972 he moved to San Francisco, where he did his cardiology fellowship at Presbyterian Hospital. In 1975, he moved to Sonoma County. He practiced cardiology until his retirement from clinical work in 2011. He then devoted more time to his interests in health care policy and reform. He was involved at Sutter Medical Center, Santa Rosa Memorial Hospital and nationally. As the Northern California Governor of the American College of Cardiology, he published and lectured nationally on these issues. You can read more about Dr. Smith's life in his hometown paper, The Press Democrat.



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Fellows in Training (FIT) Corner

The <u>FITs on the Go video blog</u> contains fellow-focused cardiology news and content made by fellows in training (FITs), including coverage of national meetings. See time lapse photography of the ACC.14 FIT lounge.

Are You Ready for the Sunshine Act?

The ACC strongly encourages physicians to register to preview reports of industry payments made to them before the reports are made public on Sept. 30 as required by the Physician Payments Sunshine Act. The registration system opened on June 1 and is now available at <u>portal.cms.gov</u>. Tips for successfully registering:

- Review these slides for step-by-step instructions (starting on slide 14).
- Physicians must register themselves staff will not be able to register for you.
- Have a copy of your credit report next to you while registering.
- Designate a member of your staff to be given access to your report during the preview period
- You do not need to create a new CMS Enterprise Identity Management system (EIDM) account
 if you use the Health Insurance Oversight System, the Medicaid and CHIP Program System or
 other CMS systems.
- PECOS, the National Provider Identifier enumeration system and the Surrogate User Program
 are not connected to the EIDM system, so you cannot use existing accounts on those systems
 for Sunshine Act purposes.
- Contact <u>openpayments@cms.hhs.gov</u> with any problems with registration.
- Contact Experian Proofing Support Services for assistance with identity proofing concerns.

ROAD TO 10: YOUR PATH TO ICD-10 COMPLIANCE

In preparation for the transition to ICD-10, the Centers for Medicare & Medicaid Services (CMS) have launched the Road to 10 Program. The Program is designed to provide resources and tools to small physician practices as they prepare for the ICD-10 transition. <u>Click here</u> for more.



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CAACC Lifetime Achievement Award Ceremony celebrating Anthony N. DeMaria, MD, MACC



June 2014 UC Davis Fellows

Federal Budget Overview of Select Health Provisions for 2015

On March 4, 2014, President Obama released his FY 2015 budget proposal to Congress. This is the base budget proposal that Congress will consider as it develops the federal budget for FY 2015. The President's budget assumes enactment of certain legislative proposals that would make key changes in Medicare program policy and save \$407 billion over 10 years. Some of these provisions could be addressed when Congress considers Medicare payment reform. Click here to see select policy provisions requiring legislative action.

ACC's Strategic Plan Goes to Implementation Phase

ACC staff and member leaders are now in the implementation phase of the College's five-year Strategic Plan, as drawn out over the last year and was approved at the December ACC Board of Trustees meeting. The Strategic Plan is intended to direct the College's activities and ensure the ACC's strategic priorities are mission-focused. Learn more about the direction of the ACC online here.



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NEWS YOU CAN USE

ACC Advocates MOC Changes at AMA Meeting

Representatives from the ACC were at the American Medical Association's (AMA's) annual House of Delegates meeting in Chicago In late June advocating for a number of policies, including maintenance of certification changes and increased involvement of younger physicians in the AMA. ACC's delegates joined the House of Medicine in commending CVS/Caremark for taking tobacco off shelves in and urged others to implement similar policies. Additionally, ACC delegates expressed support for public health initiatives regarding scholastic athlete safety and the prevention of sudden cardiac arrest. Other hot topics included clinical registries and the Choosing Wisely program; tobacco regulation by the U.S. Food and Drug Administration and nutritional labeling and education; and the appropriate use criteria mandate included in the Sustainable Growth Rate patch.

New Medical Mobile App Reviews Help You Enhance Patient Care

With a plethora of medical mobile apps on the market, it can often be challenging to know which ones to implement in clinical practice. To solve this problem, the ACC's Informatics Task Force has developed a series of Mobile App Reviews to help providers adopt tools that optimize patient care. Current categories include Patient Education apps, Manuscript Writing Assistance apps, Protected Health Information Sharing and HIPAA Compliance apps, and Recording Patient Data for Patients apps. Read the reviews to decide which apps are the right fit for you and be sure to check back often for updates. Do you have an app to recommend? Please email reviewsubmissions@acc.org to submit a review.

ACC Archived Webinars

Did you know that you can find archived webinars from throughout the years from the ACC on <u>CardioSource.org</u>? As a member, you have access to this wealth of information here. To access them, you must have a <u>CardioSource.org</u> log-in and use the confirmation code and webinar access link emailed to you once you. Questions? Contact ACC's Resource Center at Phone: 202-375-6000, ext. 5603 or 800-253-4636, ext. 5603 or <u>resource@acc.org</u>.



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UPCOMING EVENTS

Check out our website at www.caacc.org for details on all events.

August:

8th: 7th Annual Northern California Cardiac Care Associates Symposium, 7:30 am, JW Marriott San Francisco, Union Square

8th: Understanding Hyponatremiia: Treating Beyond the Primary Diagnosis, 1:00 pm, JW marriott San Francisco. Union Square

8th: Evaluation and Management of Hyponatremia in the Hospital Setting, 6:30 pm, First Crush, San Francisco

September:

5th-6th: California Heart Rhythm Symposium 2014, The Beverly Hills

6th: 5th Annual Cardiology Update: New Developments, 7:30 am, The Island Hotel, Newport Beach

10th-12th: Vascular Interpretation Preceptorship (VIP), San Francisco 14th-16th: ACC Legislative Conference, Heart House Washington D.C.

October:

10th-11th: Cardiovascular Disease Management: A Case-Based Approach (CDM 2014), Phoenix AZ

16th-18th: 14th Annual Maui Cardiovascular Symposium, Maui 21st-24th: 25th Annual Cardiovascular Interventions, La Jolla

24th-25th: California Chapter of the ACC Annual Meeting, San Diego

November:

1st: The Changing Landscape of Healthcare: Delivering Quality Care, 8:30 am, Los Angeles

6th-8th: Vascular Interpretation Preceptorship (VIP), San Francisco

8th: 6th Annual Orange County Symposium, Anaheim

20th-21st: Controversies & Advances in the Treatment of Cardiovascular Disease, Beverly Hills

December:

4th-6th: 4th Annual International Hawaii Symposium on Diagnostic and Therapeutic Modalities in Heart Failure, Kohala Coast, Island of Hawaii

5th: 2014 Arrhythmia Symosium at the Cedars-Sinai Heart Institute, Los Angeles

February:

4th-6th: Structural Heart Intervention and Imaging 2015: A Practical Approach, San Diego

March:

1st-6th: Interventional Cardiology 2015: 30th Annual International Symposium, Snowmass Village, CO

