Your 2010 Ballot is attached. Please fill out and return via facsimile to 253.265.3043 or by email to administrator@caacc.org by March 29th.

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The Value of Membership with the American College of Cardiology

The value of membership in the ACC can be found in the recognition it provides you among professional peers and patients as a cardiovascular professional dedicated to the highest quality of care. Your membership provides you with access to the most up-to-date clinical information, and opportunities for networking, leadership, involvement, and “giving back” to the discipline.

While many organizations attract individuals through their purpose and principles, ACC’s members, and the patients they care for, are the motivation and the drivers for all that the College achieves. The founders and leaders of the ACC created a mission statement and a set of core values that serve as the foundation and guiding principles for the work of the College. By personal choice, training and daily pursuit, ACC members make these precepts relevant and hold the College accountable.
Take Action to Protect Patient Access

The ACC has launched the next phase of its campaign to protect patient access to quality CCV care by fighting the final 2010 Medicare Physician Fee Schedule. The new website, www.campaignforpatientaccess.org, features more information about the rule and way to get involved. Visit the website for more ways you can get involved. The odds against completely stopping the cuts are high, but the College needs ACC members in the effort to fight the cuts more than ever. Visit www.campaignforpatientaccess.org.

D2B Strategies Reduce MI Deaths
Seventy-five percent of participating hospitals in ACC's Door-toBalloon (D2B) Alliance were able to treat ST-segment elevation myocardial infarction patients within 90 minutes by 2008, the Alliance's goal, according to a new study from the Journal of the American College of Cardiology (JACC) showing that the way care for heart attack patient is delivered can make a life or death difference. For more on the study, view the December 15-22nd issue of JACC.

Readmissions Initiative Enrollment Growing
There are nearly 500 unique facilities and almost 700 participants already enrolled in ACC's newest quality initiative, Hospital to Home (H2H0).

H2H is an effort to improve the transition from inpatient to outpatient status for individuals hospitalized with cardiovascular disease. The initiative has released two new document to facilitate improvement, including a H2H Action Planning Form around the Three Question Framework and an H2H Readmissions Form. Both are accessible exclusively to enrolled participants. To enroll, please visit: H2HQuality.org.

Effective Legislative Training - It's all about relationships!

Before you contact your Legislator you need to think about what you are trying to accomplish and then take action to accomplish your goal.

- To develop a relationship with Legislator
  a. Check out their website for some quick research.
  b. Invite your Legislator to your office during the Legislative recess.
  c. Use patient examples to highlight your points.
  d. Attend local events.
- To develop a relationship with Legislative office
  a. Take the district director out to lunch.
- To influence Legislator on particular issues
  a. Write letters on specific issues to ask for a vote, thank them for a vote or to congratulate them on passing a bill.
  b. Call your Legislator regarding your position on a bill or issue. Be brief and ask if he/she has a position or views on the issue and be sure to thank them for their time.
  c. For critical issues work toward a face to face meeting.
Caring for California

Spring 2010

Practice Innovation.
Clinical Excellence.
Only from the ACC

It's the nation's first-ever registry-based cardiovascular network linking thousands of cardiology practices to each other and to the ACC’s National Cardiovascular Data Registry (NCDR).

- Practice management tools
- Workflow and work force solutions
- Educational resources to meet Maintenance of Certification requirements
  - Advocacy opportunities
  - Quality improvement initiatives, strategies and communities
  - Health IT tools
- Risk management strategies for lowering medical liability costs
  - The Pinnacle™ Registry - formerly the IC³ Program
  - It's all at PinnacleNetwork.org.

Upcoming Events

Updates in Pharmacologic Therapy Across the Spectrum of ACS:
Focus on the Guidelines and New Clinical Data
Tuesday, March 30, 2010 at 6:30 pm
Esquire Grill, Sacramento, CA 95814
Course Director: Deborah B. Diercks MD, MSc, FACEP

April 17 - Northern California Atrial Fibrillation Summit, Sacramento
April 18 - 20th Advanced Echo Conference 2010, Huntington Beach
April 30 - May 1 - Monterey Bay Regional Heart Symposium
May 1 - San Diego Heart Failure and Hypertension Symposium
May 12 - Women & Ischemic Heart Disease Symposium, Cedars-Sinai
May 12 - “New Anti-Thrombotic Strategies in the Mgmt of AFIB, Palm Desert

See website for all program details.
www.caacc.org

Patients Have Questions?
CardioSmart Has Answers!

CardioSmart is the ACC’s online resource for patients designed to help them work with their physicians to understand and manage their CV health. Send your patients to www.cardiosmart.org for the latest cardiovascular news, as well as tools and strategies for prevention, control, and management of their health!

Looking For Technology Tips?
The ACC has another online resource just for you, our members!

Access the Electronic Health Records (HER) Toolkit at www.acc.org/practiceemgt/healthcaretechnology

You can view Informatics reports, Health Information Technology (HIT) Data, Federal mandates, and e-Prescribing, amongst others.

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Reining in Discount Health Cards

By Cindy Ehnes, Director, California Department of Managed Health Care

Unlicensed discount health cards can be hazardous to your wallet. Over the past few years, the California Department of Managed Health Care has been investigating discount health cards to determine if they offer any benefit for California consumers. The availability of these cards has been spreading rapidly in California and throughout the country, due in part to the high price and limited access to private health insurance coverage. But the faxes, spam e-mails, TV commercials and aggressive telemarketing claiming low monthly charges are usually selling little more than a card, not an actual discount on health care services.

Here’s how it works: for an initial enrollment fee and a monthly charge, usually to a credit card or direct debit from a checking account, the consumer receives a card to take to his or her physician or hospital. But the doctor knows nothing about the card because he or she does not have a contract with the company.

The DMHC Help Center has received more than 1,000 calls and complaints from consumers about fraudulent discount health cards. The problem has become so bad, that the DMHC is now working on regulations to license discount health card companies that will specify significant protections to ensure that consumers are not victimized by unscrupulous operators.

Since September 2004, the DMHC has ordered 18 fraudulent discount health card companies to cease operations or become licensed. To date, the DMHC has licensed five discount health plans or products, but these new regulations will provide the framework for broad licensure of all discount health plans. In addition to licensing these plans, the DMHC will continue to aggressively shut down those who do not step forward and continue to deceive consumers.

Under the law, the DMHC, as the first stand-alone HMO oversight state agency in the nation, routinely reviews businesses that make commitments to provide certain health care services. It is this promise to arrange for access to a network of health care providers that gives the DMHC oversight of discount health companies, which are increasingly arranging to refer patients to providers via the membership card.

A “Consumer Alert” has been issued by the DMHC, giving tips on how to recognize potentially fraudulent cards. The Help Center is also available to help at www.healthhelp.ca.gov or 1-888-HMO-2219.

Lower health care costs for consumers is the goal of the DMHC and the Schwarzenegger Administration and we are committed to protecting consumers from the deceptive business practices used by some discount health companies. Our proposed regulations go a long way towards accomplishing this goal.
ACC Launches New Imaging Initiative Called FOCUS

In an effort to help health care providers implement Appropriate Use Criteria (AUC) and ultimately reduce inappropriate imaging, the ACC this month is launching a new national quality improvement initiative called FOCUS (Formation of Optimal Cardiovascular Imaging Utilization Strategies). FOCUS is a quality improvement and innovation community designed to help cardiac imaging providers self-assess and gain quantitative feedback on their level of appropriate use, as well as share successes and strategies associated with AUC implementation.

Through participation in the FOCUS community, participants will have access to a shared list of tools and best practices that can then be integrated into practice. In addition, community members will have access to online educational resources and quality improvement tools and will work together with experts to understand practical ways to optimize the use of AUC in this changing payment environment. Innovation is never easy, and the ACC understands the challenges of engaging in FOCUS at a time of tremendous change. However, physician practices will benefit from FOCUS by demonstrating a dedication to professionalism, quality and resource stewardship.

For more information and to sign up for the FOCUS community, visit www.acc.org/auc. In addition, the ACC is holding a special kick-off Webinar on Jan. 19 from 2 p.m. to 3 p.m. (ET). The Webinar will provide an overview of FOCUS and the resources available. To register, click here. Questions regarding FOCUS should be directed to focus@acc.org. A FOCUS button for Chapter Web sites is also available on the ChapterAffairs Extranet.

FOCUS Quick Facts
Key Goals:
Reduce Geographic Variation in CV Imaging
Reduce Inappropriate Imaging by 15% by 2011
Reduce Inappropriate Imaging by 50% in Aggregate by 2013

Professional Advantages:
Performance Improvement Module (PIM)
Maintenance of Certification (MOC) Credit Opportunities
AUC Point of Order/Service Tools
Competitive Advantage
Opportunities to Inform Future Health Policy and Payment Reforms

NEW! Practice Survival Toolkit

The ACC has created a practice toolkit in response to the unjustified and unprecedented cuts to cardiology in the 2010 Physician Fee schedule. The toolkit includes an expansive array of information and resources on topics ranging from simple advice on collecting co-payments to options for future business plans. The toolkit aims to allow the survival of the practice of cardiology in the U.S. so that cardiovascular professionals can continue to deliver the reductions in mortality and the improved quality of life unique to the CV specialty. Visit www.acc.org/practicemgt/pst_home.cfm to view the Practice Survival Toolkit.
I just returned from ACC ‘10 in Atlanta, celebrating ACC’s 60th year. We inaugurated a new ACC President, California’s very own Dr Ralph Brindis. He has embraced professionalism as the theme for his presidential year.

This January at the Board of Governors (BOG) meeting in Washington D.C., 63 Governors reported the state of cardiology in their states. We used a survey of the California membership along with our interactions with you to craft a report. The California Chapter (which is the largest chapter of the ACC) has 2500 physician members, 177 members took the survey: 86% are men and 14% are women, 50% of the practicing physicians are over the age of 55. 60% practiced in a private practice setting with the majority in a small group (less than 15). 62% of the respondents had adopted an EMR and an additional 12% were in the process of implementing. 29% were in a foundation model or considering a Joint Venture with a hospital. The majority wanted to maintain their autonomy and found this important. The vast majority reported good job satisfaction although over 50% reported an average work week of 60-80 hours with 5% reporting 80-100 hours. Only 3% reported poor job satisfaction.

The “State of the States” reported that Cardiologists face unprecedented challenges and continue to struggle. The Centers of Medicare and Medicaid (CMS) rule went into effect in January with 36% decrease in nuclear imaging reimbursement, a 16% reduction with the removal of the consultation code, and an average of 8-10% fee cuts for other cardiology services including EKG and echocardiography. The initial cuts were slated to be 30% for all services. Thanks to the hard work of the ACC advocacy efforts, the cuts were spread over four years, giving us time to reverse the ones planned for the next three years. In addition to these cuts, there are looming Sustained Growth Rate (SGR) cuts of 21.5% which have been pushed back to April 1st.

The mood in California as in the rest of the country is that of frustration and anger. Huge advocacy efforts were made including a lawsuit filed in Florida which was thrown out not on the basis of merit, but jurisdiction. There is a legislative effort underway to get congressional representatives to sign the Gonzalez bill, forcing a discussion and drawing attention to the further restriction of access to care. We have 98 signatures, but need over 100 to get attention in congress. Getting cardiologists and patients to point out access to care issues due to these fee cuts will be advantageous.

Many hope that current events will wake up apathetic cardiologists to participate in the preservation of our profession. This requires advocacy - a fact appreciated by our radiology and pathology colleagues who raise money in much higher numbers through their political action committees (PAC). ACC PAC receipts from 2008, an average of 1.2% of the membership, contributed $786,074. Our radiology colleagues donated $1.7 million; the ophthalmologists contributed $1.7 million and the pathologists contributed $1.1 million. The trial lawyers of America donated $6.3 million for their advocacy efforts. Members ask why their dues can’t include this- but in fact it is illegal to use dues for political action. ACC has just launched a PAC competition- the state with the largest percentage PAC donation will be recognized. I hope we are the winning state in this competition.

Our apathy is visible also in the lack of filling out surveys sent out as part of the Relative Value Scale Update Committee (RUC) process. The RUC – which is a joint effort of the American Medical Association and medical specialty societies like the ACC- makes recommendations on revising and updating the relative value scale used by Medicare and many private payers. These surveys ask physicians to evaluate the amount of time it takes to do services performed. This information is important to ensure appropriate valuation. The surveys are sent on a regular basis but member participation is slim. Remember: it was the lack of participation in this RUC survey that lead to the CMS rule this year- highlighting the importance of membership participation.

In spite of the frustration, anger, and turmoil felt by cardiologists, the mood at the ACC meetings was positive. There is a lot of energy for creating positive change. I am now on the Steering Committee for the BOG and on the newly founded Council for Clinical Cardiology. I would like to hear from you to bring back your views to these committees. We have many challenges ahead, the main one is to remain true to our main mission- caring for our patients and maintain professionalism.