Congratulations To Our New Governors-elect

Beginning April 1, 2012 our new governors will be:

William Bommer, MD, FACC (Sacramento)
John Gordon, MD, FACC (San Diego)

Upcoming Events

Jan. 21-23, 2011 - “Advances in Nuclear Cardiology & Cardiac CT” - Los Angeles
Jan. 29, 2011 - “Heart Failure 2010” - Los Angeles
Feb. 5, 20110 - “11th Annual UCSD Heart Failure Symposium for Primary Care and Internal Medicine” - La Jolla
Feb. 23, 2011 - “Reimbursement & Coding Seminar (ICD-9, CPT, HCPCS)” - Anaheim
Feb. 24, 2011 - “Reimbursement & Coding Seminar (ICD-9, CPT, HCPCS)” - Pasadena
Feb. 25-26, 2011 - “17th Annual CV Symposium” - Universal City
Feb. 26, 2011 - “Mid-Valley Cardiovascular Symposium” - Modesto
March 22, 2011 - “CAACC Annual Sacramento Day” - Sacramento
July 23-26, 2011 - “World Congress on Heart Disease” - Vancouver B.C..
Oct. 13 15, 2011 - “2011 Annual California Chapter Meeting” - Beverly Hills Hotel
Nov. 17, 2011 - “Collaborative Care Conference” - Long Beach
President’s Corner

Challenges Never Cease

I’m writing today as the northern California Governor for the ACC, and President of California ACC for the next 1 ½ years. These past 18 months have been both challenging and rewarding. Dr. Dipti Itchhaporia, our southern California Governor and I have worked closely together in collaboration to try to chart a path through the tremendous difficulties facing us in our care for cardiovascular patients in California.

Dr. Itchhaporia’s superb work has been a key factor in her being chosen as the Chair for the ACC Board of Governors, beginning in 2012. It has been a privilege to work with such a dedicated cardiologist over the past two years.

In the past two months, your representatives from the California ACC have participated in two major meetings. The first was the yearly ACC Legislative Conference in Washington D.C. in September, and the second was our annual chapter meeting, held in conjunction (and as co-sponsor) with the Cedars-Sinai Controversies course, held in Beverly Hills.

Much of our time with legislators in Washington was taken up with dealing with the huge problem of the SGR (doc fix). We tried to emphasize to both Republicans and Democrats that we as a profession are dedicated to providing appropriate care which meets very high standards, and that we stand with them in recognizing the critical problem of unproductive medical spending. You have all probably seen the news stories from Maryland and Texas outlining excessive stent placement by some cardiologists. I believe these are rare, (contrary to the nationally published comments of Steve Nissen from the Cleveland Clinic), but the fallout in potential adverse legislation from these event can be huge. The ACC Governor from Texas recently told me that the problem there was much worse than what we might have read, and that our leadership in Texas has been trying to deal with this for years without success. To make our talks with legislators have credibility and substance, we must be cognizant of the disproportionate blame we all receive from a few cardiologists who work outside of what we all know to be appropriate care.

Our yearly meeting, held in Beverly Hills, was quite exciting. There were multiple satellite courses associated with the meeting, all with CME credit, and the Cedars-Sinai Controversies course, now in its 11th year, is one of the best combined cardiology-CV surgery meetings that I have ever attended. Dr. John Harold and Dr. Itchhaporia arranged for Dr. Peter Littlejohns, the head of the National Center for Clinical Excellence in the U.K., to attend and give two talks. We spent two days exchanging views with him, which was valuable in terms of learning about our differing health care environments. Our relations with all our British colleagues has been a terrific part of the twinning process begun nearly two years ago (another great project begun by John Harold), and I think that we all have increased respect for the efforts going on in cardiology on both sides of the Atlantic, in quite different systems. The Brits stayed for our business meeting and contributed substantially to our discussions.

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President’s Corner, cont . . .

We also had as part of the meeting an extensive Fellows in Training meeting, with speakers on a wide variety of subjects, including legal experts speaking about malpractice and contracting, and a health care reform talk. The greatly increased involvement of the Fellows, both in northern and southern California, can only enhance our profession in the future. These last two years have included the most Fellow involvement that I have seen in my 15 years working with California ACC, and I am delighted about it. We have some marvelous new cardiologists about to join us in our profession.

Looking at our near term future, many cardiologists in California are exploring closer ties with hospital systems, generally focusing on whether or not to join different foundations. This is a difficult decision for most of us. If properly structured, with a forward looking system and with appropriate physician autonomy and income safeguards, this can be a good move. However, there are many pitfalls, and I urge any cardiologists who are contemplating such a change talk at length to those who have done it, to discover the pitfalls which can trap people into bad deals. Perhaps the most important part of such a leap is to determine who determines the culture of the new organization. Hospitals have been notoriously bad both at running offices, and understanding how care can best be delivered. The political correctness now embedded in many hospital systems (and even in our EMR’s) can be quite stunning. It is critically important that we as physicians be the driving force in any such mergers, and the main determiners of what kind of culture exists in the final partnership. So look very carefully before taking such a step. For many, it will not be right for them, but it will be difficult for us in the longer term not to be engaged in some sort of partnership.

This is an exciting, if often demanding, job. I encourage any of you to contact me, Dr. Itchhaporia, or Lianna Collinge, our chief operations administrator, with any concerns or questions. Don’t forget our website www.CAACC.org. I hope to see many of you at our legislative meeting in Sacramento on March 22nd, and the ACC yearly meeting in New Orleans in early April.

Warm regards,

George L. Smith Jr., M.D., FACC
President, CAACC and Governor, northern California
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Caring for California

Winter 2010

CMS RELEASES FINAL 2011 MEDICARE PHYSICIAN FEE SCHEDULE

The Centers for Medicare and Medicaid Services (CMS) released its 2011 Medicare Physician Fee Schedule Final Rule on November 3rd. The rule sets the payment rates for all services paid to physicians for Medicare patients in 2011.

As part of the continuing effort to bundle codes commonly reported together, CMS announced its payment rates for new bundled diagnostic cardiac catheterization codes and new lower extremity revascularization codes. Most services that were previously reported with a series of 3-5 codes will now be reported with a single code. Because of the complex bundling and continuing changes to payment methodology, the actual payment changes for these services are difficult to calculate. Overall, lower extremity revascularization services received more significant payment cuts than diagnostic cardiac catheterization services. (For more on the extensive coding changes and how to use them, please join the ACC and SCAI for a special webinar on Wednesday, Dec. 1 at 3:30 p.m. to 5:00 p.m. (ET). More information will be coming soon.)

CMS also finalized its decision to revise and rebase the Medicare Economic Index, a formula adjustment that impacts all services paid under the physician fee schedule. This decision has a modest impact on cardiology overall, but does slightly moderate projected cuts to imaging services such as echocardiography that are scheduled to be implemented in 2011. However, it moderates projected increases in services such as office visits. The impact of this change depends on the mix of services provided in the practice.

The rule also finalizes requirements for receiving bonuses for PQRI and electronic prescribing and the disclosure of ownership for CT/MR, as well as sets the framework for the required 2012 e-prescribing payment adjustments. In addition, CMS released its final rule on payments for services provided in the hospital outpatient setting. The ACC will release more details on these rules in the coming weeks.

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Doctors and Nurses: Here’s a great tool for your patients!

AARP website:
http://www.aarp.org/keepmydoctor
Medicare to Contract with ACC

The Centers for Medicare and Medicaid Services (CMS) last week announced that it intends to award a sole source five-year contract to the ACC to build upon, implement and maintain four-risk adjusted outcome measures developed by CMS in collaboration with ACC, based on the clinical data collected by the NCDR's CathPCI and ICD Registries. This is a tribute to how much we have been out there explaining the value of what we have built in terms of these registries and the science that underlies them that can empower better translation of science and tracking of evidence at the point of care. The goal is create ever better clinical measures and tools. It’s about time some of these member-funded and visionary efforts are being recognized in this way.

The four hospital outcome measures are:

- Hospital Risk-Standardized Complication Rate following Implantation of Implantable Cardioverter-Defibrillator (ICD) Measure

- Hospital 30-Day Readmission Following Percutaneous Coronary Intervention (PCI) Measure

- Hospital 30-day risk-standardized mortality following PCI for STEMI/ shock patients

- Hospital 30-day risk-standardized mortality following PCI for non-STEMI/ shock patients

The contract will build upon the existing hospital data that the ACC has collected using the existing IT infrastructure, database and tools developed and maintained by the ACC. CMS has until Dec. 1 to identify any competitors. We have provided CMS with a number of briefings regarding NCDR programmatic and operational aspects. We have followed up with CMS regarding this posting to gather more information so we will be well positioned to move through the contract process. But this is a result of hard work, adherence to science and professionalism, and a long process of communicating about what we are capable of. It’s interesting that on one we’re fighting with CMS on arcane rules and regulations—the latest being they want to slash reimbursement for cardiac cath lab services. On the other hand, we’re working together to improve quality and outcomes. Kind of schizophrenic. But maybe there is some progress in the right direction?
In Memoriam
Matthew Schwinger, MD, FACC
July 3, 1957 - November 11, 2010
Matthew Schwinger, MD, FACC, Passed away in Los Angeles on November 11th at age 53, after a courageous struggle with pancreatic and liver cancer. Born in Brooklyn, New York, raised on Long Island, and a resident of Manhattan, New York, and then Encino, California for the past 18 years. Beloved husband of Nanette, devoted father of Mariel, Michael and Zachary, esteemed and respected cardiologist. He was taken much too soon. His love, kindness and dedication will be remembered by all who knew him. Services were held November 14, 2010 at Mount Sinai Simi Valley.

In Memoriam
Ralph Shabetai, MD, FACC
December 8, 1924 - October 15, 2010
Dr. Shabetai was a friend and mentor to all who crossed his path and a pillar of the UCSD community for 34 years as Professor of Medicine, Chief of Cardiology at the VA San Diego, and Emeritus Professor. All who knew him admired his integrity, appreciated his generosity, warmth and humor. He was internationally recognized as an outstanding physician, teacher, and investigator. His passing is a great loss to UCSD and the community of San Diego.

A Celebration of Life will be held on Saturday, January 8, 2011 at 2:00 p.m. at the UCSD Ida and Cecil Green Faculty Club.

Donations may be made to the UC San Diego Foundation, memo line write Dr. Shabetai Memorial Fund and mail to Emily Hernandez, Director of Development, University of California, San Diego, 200 W. Arbor Dr-8223, San Diego, CA 92103. This fund will be used to recognize an outstanding performance in Cardiology by a medical student, resident or fellow. Donations may also be made to the YMCA, La Jolla, CA.

Membership Roster Advertising
Our fourth edition printed Membership roster, including listings of our 3,000+ members by sub-speciality, city and region is now in production. Physicians and members of the Cardiac care team use this book regularly over a two- year period as a reference manual and a source of referrals. As a partner of the cardiology community, you have an opportunity to advertise in this publication. Click on the link for more details:

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The American College of Cardiology Foundation (ACCF) has developed the CardioSmart Hypertension Management Program, a free self-management program to help patients adhere to their prescribed treatment plan and improve their outcomes. The College is preparing to launch a pilot in California, and we hope you will enroll and participate. The program goal is to determine if an online self-management program, promoted by cardiovascular specialists, can help patients reach hypertension levels recommended by JNC-7 guidelines.

**Designed by ACC members, the program will:**
- provide an online blood pressure tracking tool
- educate patients about the risks associated with high blood pressure and how levels can be decreased through lifestyle changes and medication adherence
- demonstrate how to monitor and record blood pressure readings
- offer incentives for ongoing participation

**How to Enroll**
To enroll, log on to [www.cardiosmart.org/bpproviders.aspx](http://www.cardiosmart.org/bpproviders.aspx). Registration takes a few minutes and there are no associated costs. Once registered, you’ll receive a welcome toolkit of materials in the mail that includes information to distribute to your patients about the CardioSmart program.

Upon receiving your toolkit, give your patients with hypertension the complimentary enrollment and educational materials included; and encourage them to visit the CardioSmart Web site, [www.CardioSmart.org/bppatients.aspx](http://www.CardioSmart.org/bppatients.aspx) to find out more.

Please help us inform your colleagues in the state about the program. Physicians and healthcare providers are the number one source that patients trust. With your help and commitment, CardioSmart can help you and your colleagues help your patients more effectively. Thank you in advance for your participation.

To learn more about the CardioSmart Hypertension Management Program and to see a demo of the BP Tracking tool please visit the CardioSmart Booth at the ACC California Chapter Meeting on October 7th and 8th at the Montage Hotel in Beverly Hills, California.
Good news from Capitol Hill

Last night, the Senate unanimously passed legislation (H.R. 4994) that would prevent the 25 percent Medicare physician payment cut slated for Jan. 1. The House of Representatives approved the bill this afternoon. Specifically, the bill provides a zero percent update in physician reimbursement levels for 2011, providing time for the ACC and the rest of the medical community to work with Congress on a permanent alternative to the sustainable growth rate (SGR) used to calculate physician payment. The bill now goes to the White House for President Obama’s signature.

Thanks to all who took the time to contact their lawmakers on this critical issue. Updates will be posted on the ACC Advocacy page of CardioSource.org

Great News You May Not Know!

1. **NCDR CathPCI Registry has over 11 million patient records**, capturing over two-thirds of the angioplasty and stent data in the US annually, and giving feedback on quality of care to a majority of US hospitals.

2. **The ACC PAC has exceeded $1 Million** for the first time in this 2 year cycle! Way to go Nick Morse, Advocacy team, and PAC board. This makes us a much stronger player in the national and state political environments.

3. **Deaths from congenital heart defects in both children and adults have declined over 24% in the last 7 years**! We’ll be able to track further progress in CHD much better with ACC’s recently launched IMPACT Registry. The registry assesses the prevalence, demographics, management and outcomes of pediatric and adult patients with congenital heart disease who are undergoing diagnostic catheterizations and catheter-based interventions. The collection and analysis of the IMPACT Registry’s will provide significant contributions to the knowledge base and outcomes associated with congenital heart disease.

4. **For all you technology geeks! The Journal of the American College of Cardiology (JACC) is now officially available on iPad.** And it’s FREE to all ACC members and JACC subscribers? Visit the App Store to download the JACC iPad Edition.