

# Caring for California

Fall 2013

## Physician Payments Sunshine Act

"Sunshine" is in the Forecast: Industry must begin data collection for the **Physician Payments Sunshine Act**, also called the **Open Payments** program, on Aug. 1. Review a recent webinar to find out [how the law will affect you](#). The Centers for Medicare and Medicaid Services (CMS) has also released an app to help physicians keep track of payments from industry. [Download](#) it here.

### **Some important dates:**

August 1 - Data collection begins  
March 31 of each year - Industry reports information to CMS  
September 30 - First reports made public  
Reports available annually on June 30 each year following 2014.

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## Mark Your Calendars and Join us! CAACC Annual Meeting & Controversies & Advances in the Treatment of Cardiovascular Disease

November 21-23, 2013

Beverly Hills Hotel

[Click here](#) for the program brochure.



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Toll Free: 1-877-460-5880 Fax: 253-265.3043 Email: [caacc@caacc.org](mailto:caacc@caacc.org)  
1731 Howe Ave. #247, Sacramento CA 95825

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## From Our President William H. Bommer, MD, FACC

Dear CAACC Team Member,

I was busy in clinic with a backup of patients waiting to be seen, when my PA notified me that a walk-in patient was complaining of severe symptoms in the treatment room. After seeing the patient, I offered my opinion and my PA offered his opinion. However, neither of us was confident of the best approach. So we talked. For each option, we discussed pros and cons with each of us contributing our thoughts. We decided on some tests and reconvened to discuss the results. We then met again with the patient and developed a plan that we could all support. This story is repeated daily for our CAACC members in active patient-care areas. It highlights the vital role of communication and consultation in making difficult medical decisions. I know that I gain more from my PAs, NPs, and nurses in this interchange than they gain from me. However, the one who gains most from this team-based care is always the patient. Combining our professional-care team with the patient's family team provides the very best patient care.

This year will begin the transition to Affordable Care Act (ACA) medicine. With greater coverage, there has been a concern that more patients will want access to healthcare professionals. The California legislature introduced several bills to reduce restrictions on NPs, Optometrists, Pharmacists, and Physical Therapists. SB 491 would have given NPs more autonomy to practice on their own without physician supervision. The NP proponents advocated that this autonomy was needed as more patients in underserved and rural areas sought healthcare. The opponents included the California Medical Association which was reluctant to eliminate physician supervision. At our CAACC Legislative Meeting, we had long discussions about the pros and cons of the bill, and ultimately what was best for the patient. These bills tested the cohesion of our diverse membership. During the summer, many amendments were suggested and/or added to the bill. However, in the end, not all of the legislators were happy with the wording and the bill died in the Assembly Appropriations Committee.

Because both sides had many valid arguments, I expect this bill to resurface next year. Since the CAACC with its complete professional membership team is in an ideal position to discuss these issues and perhaps offer better language that would satisfy both sides, I would like to appoint a CAACC subcommittee to develop definitions and guidelines in Cardiology that would define the Scope of Practice for our diverse membership. Our team approach to this legislation should be welcomed by our elected representatives.

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## From Our President, *continued* . . .

These issues of access and Scope of Practice will require careful and deliberate discussions from all players. The CAACC with its diversity is in an ideal position to design a solution to these problems. In fact, our diversity is our strength.

This year we did address multiple other issues with legislation as well. CAACC helped draft and testify on behalf of SB 357. This bill extended the Pilot PCI Program in California for hospitals without On-site Cardiac Surgery (PCI-CAMPOS). This program was initially designed by CAACC and implemented by the California Department of Public Health. Importantly, the Advisory Oversight Committee is made up entirely of CAACC members. In these areas, the CAACC is uniquely qualified to design these programs and participate in this legislation.

Again this year CAACC has sponsored over 40 educational programs and courses in California and our neighboring “Sib” states. Highlights included our joint ACC-BCS symposium in San Francisco with our twin chapter, the British Cardiovascular Society. Our panel included many internationally recognized cardiologists as well as Bram D. Zuckerman M.D., Director, Division of Cardiovascular Devices for the FDA and Victor R. Fuchs PhD, the Dean of American Health Care Economics. Our just completed Northern California Regional Meeting showcased Gerhard ‘t Hooft, the 1999 Nobel Laureate in Physics at a CAACC reception on the “Heart of Physics” and a lecture on the “Higgs Particle” to an overflow audience. We are looking forward to our annual CAACC meeting in Beverly Hills in November along with our Controversies in Cardiology Program.

Several years ago, CAACC members helped organize and serve on a California Department of Education Commission on Obesity, Diabetes, and Heart Disease. The American Heart Journal publication of the results of that program was just named one of the top 25 hottest articles for 2012. This summer, we continued to develop further trials in a Summer Camp to reduce obesity in underprivileged school children. Again with our team approach including Nurse Practitioners, Teachers, Nutritionists, Beauticians, Olympians, and Professional athletes, we were able to significantly improve the fitness and reduce obesity in these teen-age girls. Once again, our CAACC strengths were our diversity and teamwork.

Thank you for being a member of our CAACC team.



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## Navigate PQRS Rules with ACC's 2013 Primer

In 2015, CMS will penalize physicians who do not participate in the Physician Quality Reporting System (PQRS) in 2013. It's time for cardiologists to make an informed decision about how best to begin participating or make some changes to how they participate in PQRS in 2013 and beyond. Navigate new PQRS rules with [ACC's 2013 PQRS Primer](#).

Questions? Contact [vbp@acc.org](mailto:vbp@acc.org).

## Reimbursement Change on the Horizon

Starting on July 1, the Centers for Medicare and Medicaid Services (CMS) now require claims including CPT codes for transcatheter aortic valve replacement (TAVR) (0256T, 0257T, 0258T, 0259T, 33361, 33362, 33363, 33364, 33365 and 0318T) to contain the following before they will issue reimbursement:

- Clinical trial registry number (an eight digit number preceded by "CT")
- Q0 modifier
- Secondary diagnosis code of V70.7 (examination of participant in clinical trial)

For more information, [click here](#).

## CMS Releases Proposed 2014 Medicare Physician Fee Schedule

The Centers for Medicare and Medicaid Services (CMS) has released two proposed rules with important ramifications for cardiovascular professionals. These rules address Medicare payment and quality provisions for physicians and hospital outpatient services in 2014. The rules indicate that physicians will receive a more than 22 percent decrease in 2014 as a result of the legally mandated Sustainable Growth Rate (SGR) and that hospitals will receive a 1.8 percent increase in payment. As in previous years, the ACC continues to fight to avoid the physician payment cut. Aside from the across-the-board cuts associated with the SGR, CMS estimates that the physician rule will increase payments by 2 percent to cardiologists between 2013 and 2014. This estimate is based on typical practice and can vary widely depending on the mix of services provided in a practice. Read some of the other most important proposals for cardiology contained in the rules in the July 8 issue of the [Advocate](#) here. More details will be posted on [Cardiosource.org](#).



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## ACC Legislative Conference: September 22-24 Heart House on the Hill

Pulitzer Prize-winning reporter Bob Woodward will kick off the ACC's 2013 Legislative Conference on Sunday, Sept. 22 at 6:30 p.m. at the Fairmont Hotel in Washington, DC. Woodward will deliver the keynote remarks during the annual ACC Political Action Committee (PAC)-sponsored dinner. His speech, titled "Presidential Leadership and the Price of Politics," will be the centerpiece of a fascinating and thought-provoking evening. Register for the conference by [clicking here](#) and reserve your dinner tickets by contacting Lucas Sanders at [lsanders@acc.org](mailto:lsanders@acc.org).

### Check out the ACC in Touch Blog

Check out the newly revamped ACC in TouchBlog at [blog.cardiosource.org](http://blog.cardiosource.org) for multiple posts each week on hot topics.

Here are some of the hottest posts from the end of last month – although there are many more from earlier in the month:

- A [June 27](#) post by Mary Norine Walsh, MD, FACC focuses on accreditation of advanced heart failure and transplantation cardiology.
- A [June 17](#) post by BOG Chair David May, MD, FACC explores the much needed relationship and collaboration within the house of cardiology.
- [And many more!](#)



Gold Coast is one of a select group of organizations throughout the U.S. designated as having the experience and capacity necessary to assist health care providers with the task of modernizing their practices with certified EHRs. We have been selected by the U.S. Department of Health and Human Services' (HHS) Office of the National Coordinator (ONC) for Health Information Technology to serve California providers.

For eligible providers who already have an EHR system, we can help you meet the criteria for incentive payments from Medicare or Medi-Cal for the meaningful use of EHRs.

[Click here](#) for all the details.



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## Vascular Interpretation credential increasingly draws cardiologists



Increasingly, cardiologists are taking an interest in vessels some distance from the heart. Maybe that's why a quarter of the physicians who hold the Registered Physician in Vascular Interpretation (RPVI) credential are cardiologists (55% are vascular surgeons, 10% radiologists and 10% another specialty).

The credential was created about two years ago by the American Registry for Diagnostic Medical Sonography (ARDMS) and involves an exam that offers physicians a chance to prove their competence in analyzing images of the vasculature. The exam takes about four hours and involves 200 questions.

In the past, vascular specialists and cardiologists might have taken the Registered Vascular Technologist exam to document their expertise in reading images (1,490 physicians hold the RVT credential, ARDMS reports). Now they have their own test.

Given the significance of peripheral artery disease (PAD) in America (affecting an estimated 20 percent of Americans over 75), more physicians are seeking additional training in interpreting images throughout the body, and continuing on to get the credential.

Also, PAD's association with heart disease is prompting more cardiologists to become familiar with patients' disease in other vascular beds as they manage their risk for cardiac disease and/or stroke. In fact, the Mayo Clinic uses an integrated approach, bringing together endovascular specialists from vascular medicine, vascular radiology, vascular surgery, and interventional cardiology to individualize an optimal patient treatment plan for patients with global vascular disease.

"While there are differences in vascular beds, more physicians who treat vascular disease are thinking of the cardiovascular system as a whole verses individual parts," says cardiologist Duane Stephens of Berkeley Cardiovascular Medical Group. Dr. Stephens notes

that patients are becoming more knowledgeable about cardiovascular disease and the common risk factors, which is forcing doctors to "broaden their horizons" and expand their practice to provide better patient care. He began treating patients with vascular disease in the 1980's after an existing cardiac patient asked him about venous disease in his extremities. Dr. Stephens says, "Vascular ultrasound is a good window to look into the vascular system."

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Dr. Arnold Levine, a retired vascular surgeon in northern California, is one of the instructors in [Mint Medical Education's](#) new Vascular Interpretation Preceptorship, which prepares physicians for the RPVI exam. Over the years he's watched ultrasound become increasingly useful in getting good vascular information, often obviating the need for a more expensive test. "I've been in the business since 1984, and it's just grown and grown," Dr. Levine says. "The indications for using it and the accuracy have gotten better and better. Ultrasound should be the first way to go."

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## Vascular Interpretation credential increasingly draws cardiologists, *continued* . . .

The [review course](#) offered by Mint at its San Francisco training center provides preparation for the exam, but also covers the fundamentals of ultrasound interpretation for vessels all over the body. Topics include the physics of ultrasound, how technologists conduct ultrasound studies and essentials of interpreting the images. "It's a little bit of test prep but also broader issues in general," Todd-Edwards says. "We want them to be OK with the test and also out in the real world."

To sit for the exam, a physician must have fellowship training, 12 continuing medical education hours and have interpreted at least 500 vascular laboratory studies. Mint Medical is compiling a Case Study Review

system that will offer providers more than 4,000 patient case studies, complete with images. It will soon be available for easy online review for preparation for the RPVI exam.

### References:

Expanding roles of the cardiovascular specialists in panvascular disease prevention and treatment. Chan AW. *Can J Cardiol.* 2004 Apr;20(5):535-44.

Cardiologists' Input Critical to Integrated Management of PAD, Mayo Clinic website. <http://www.mayoclinic.org/medicalprofs/peripheral-artery-disease.html>. Accessed July 4, 2013.

## SGR Bill Advances

The House Energy and Commerce Committee recently voted 51-0 to approve a bipartisan bill that repeals the Sustainable Growth Rate (SGR), provides a period of stable payment updates, and moves towards a payment system that rewards physicians for providing high quality care. The ACC offered suggestions for improvement to the bill in a letter sent to the Committee recently and will continue to offer guidance to key Committee members and staff as the legislation moves forward. The House Ways and Means Committee and the Senate Finance Committee are also in the process of developing frameworks for repealing the flawed formula. Get weekly updates related to the SGR and other advocacy news in the ACC Advocate.

## ACC Member Value Column:

### Special ACC Partnership Helps You Save on Medical Liability Coverage

Founded by doctors for doctors, The Doctors Company has partnered with the ACC to provide discounts on medical liability coverage for ACC members. The Doctors Company provides a unique combination of coverage features, aggressive claims defense, superior protection, and unrivaled rewards, including the Tribute® Plan, a groundbreaking financial benefit that rewards members for their loyalty and commitment to outstanding patient care. Visit [CardioSource.org/TheDoctorsCompany](http://CardioSource.org/TheDoctorsCompany) to get a no-obligation quote and more information.

Also, get the physician perspective on the litigation process—see how one cardiologist coped with a claim. This video was produced and provided by The Doctors Company. For similar videos, please visit [The Doctors Company YouTube channel](#).



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## UPCOMING EVENTS

Check out our website at [www.caacc.org](http://www.caacc.org) for details on all events.

### September

- 16th: Scientific & Practice Update Dinner: CA ACC Update and “Discover What’s Different in the Treatment of Acute Coronary Syndrome”, Santa Barbara
- 20th: NLA Clinical Lipid Update, Baltimore, MD
- 22nd-24th: 2013 ACC Annual Legislative Conference, Washington D.C.
- 26th-28th: 32nd Advanced Echo Conference 2013, Costa Mesa
- 28th: 2013 San Diego Heart and Stroke Walk, San Diego
- 30th: Scientific & Practice Update Dinner: CA ACC Update and “Discover What’s Different in the Treatment of Acute Coronary Syndrome”, Berkeley

### October

- 1st: Scientific & Practice Update Dinner: CA ACC Update and “Discover What’s Different in the Treatment of Acute Coronary Syndrome, Sacramento
- 2nd: Scientific & Practice Update Dinner: CA ACC Update and “Discover What’s Different in the Treatment of Acute Coronary Syndrome”, West Hollywood
- 3rd: Scientific & Practice Update Dinner: CA ACC Update and “Discover What’s Different in the Treatment of Acute Coronary Syndrome”, Costa Mesa
- 3rd-5th: 2013 Foundations for Practice Excellence: Core Curriculum for the Cardiovascular Clinician, Washington D.C.
- 4th-5th: Cardiovascular Disease Management: A Case-Based Approach, Phoenix
- 9th-11th: Vascular Interpretation Preceptorship (VIP), San Francisco
- 12th: EKG Boot Camp, Los Angeles
- 24th-26th: 13th Annual Maui Cardiovascular Symposium, Maui
- 27th-Nov. 1: TCT 25 Conference: Reinventing the Future Every Year, San Francisco

### November

- 2nd: 5th Annual Orange County Symposium Conference: A Brave New World: Navigating Through Problems in Contemporary Disease Prevention & Management, Anaheim
- 2nd: Mechanical Circulatory Support Expert Review: Options for Heart Failure Patients, Los Angeles
- 7th-9th: Vascular Interpretation Preceptorship (VIP), San Francisco
- 20th: Cardiology Update: New Developments 2013 Symposium, Newport Beach
- 21st-23rd: CAACC Annual Meeting: Controversies & Advances in the Treatment of Cardiovascular Disease, Beverly Hills Hotel

### December:

- 5th-7th: 3rd Annual International Hawaii Symposium on Diagnostic and Therapeutic Modalities in Heart Failure, Kohala Coast, Island of Hawaii



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