

# Report from the ACC Health Care Legislation (and beyond)

The 21st Annual Meeting  
Ohio Chapter of the American College of  
Cardiology

October 15, 2011

Richard J. Kovacs M.D. FACC



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

# Disclosures

- Abbott (Consultant)
- Biomedical Systems (Consultant)
- Cook MED Institute (CEC)
- ECG Scanning Systems (Medical Director)
- Eli Lilly (DSMB, Consultant)
- Essentialis (Consultant)
- Intercept (Consultant)
- Synosia (Consultant)
- Theravance (Consultant)
- Xenoport (Consultant)

***“Read neither to contradict nor to believe  
but to weigh and consider” - Bacon***

***“A man who does not read two  
newspapers every day is a fool” – Eric  
Sevareid***

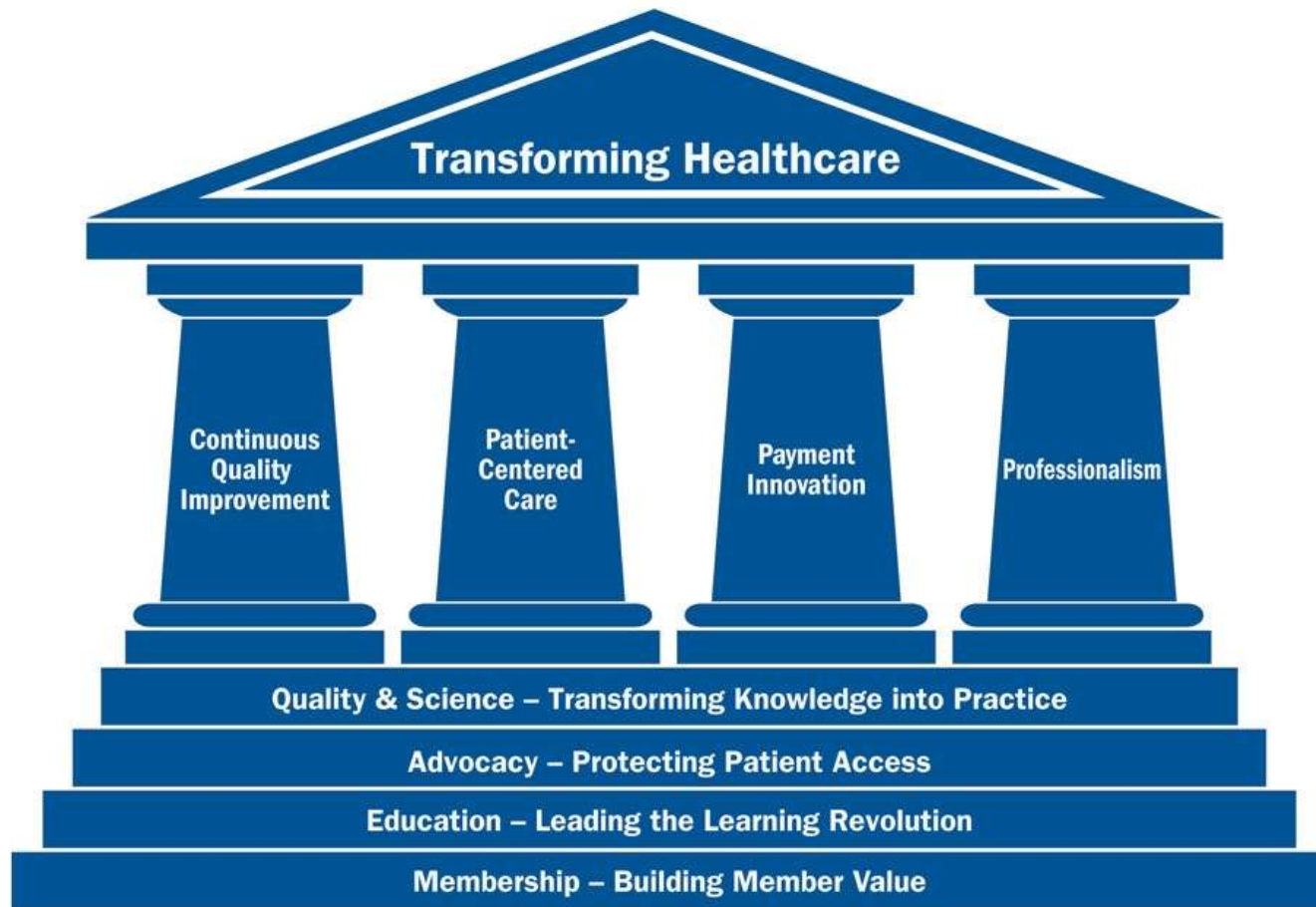


# ACC By The Numbers

- **39,000+** members (>90 percent of U.S. cardiologists)
- **50** domestic Chapters, including Puerto Rico
- **9** international Chapters
- **19,760** attendees at ACC.11 and i2 Summit in New Orleans
- **11 million** patient records in **6** NCDR<sup>®</sup> Registries
- **2,800+** recommendations in **19** published guidelines
- **538,000** visitors to *CardioSource.org* from over **180** countries
- **233** mentions in national publications; **751 million** media impressions
- Record **\$1 million** in voluntary contributions to ACCPAC



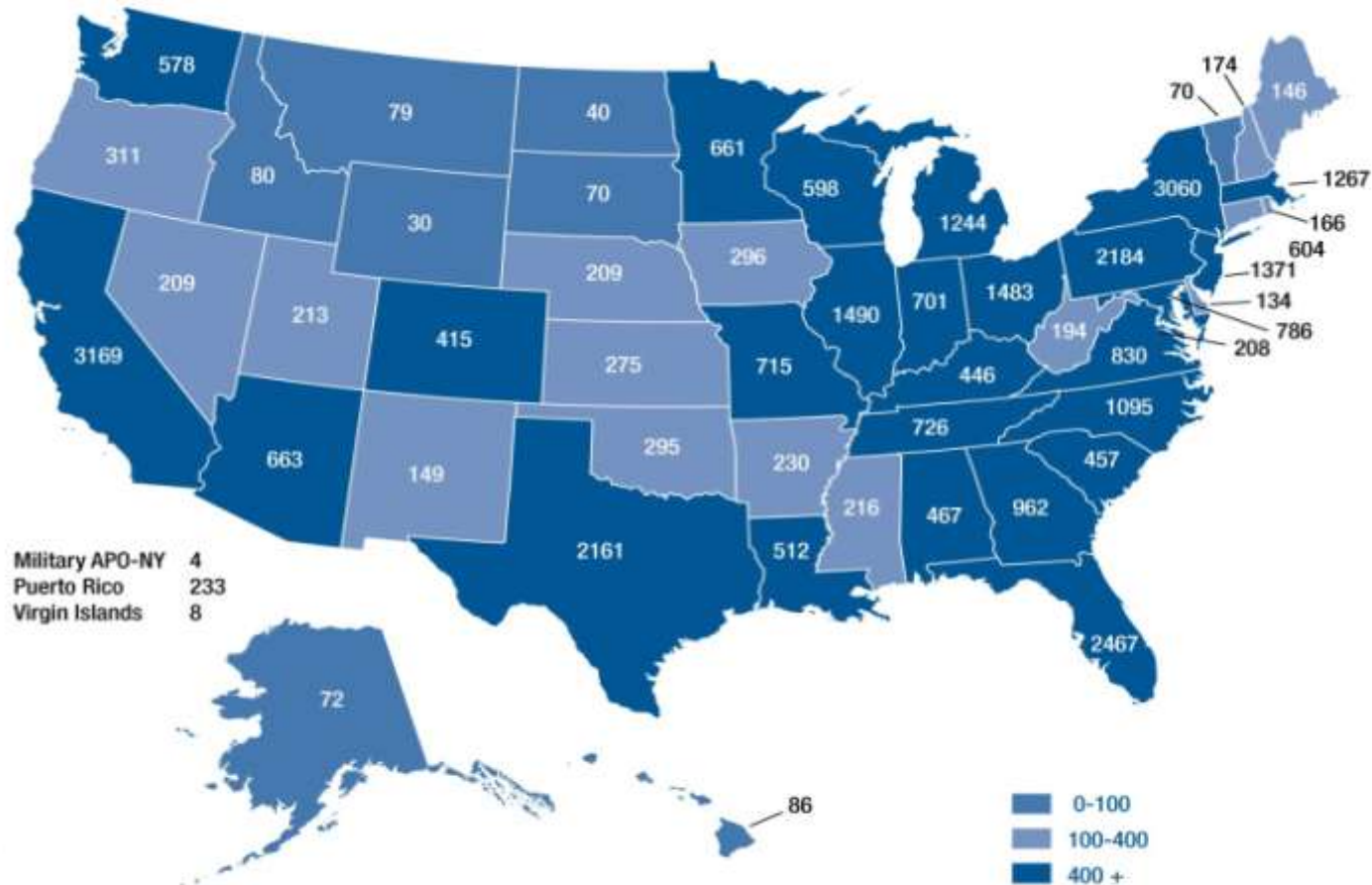
*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

# ACC Presence in all States

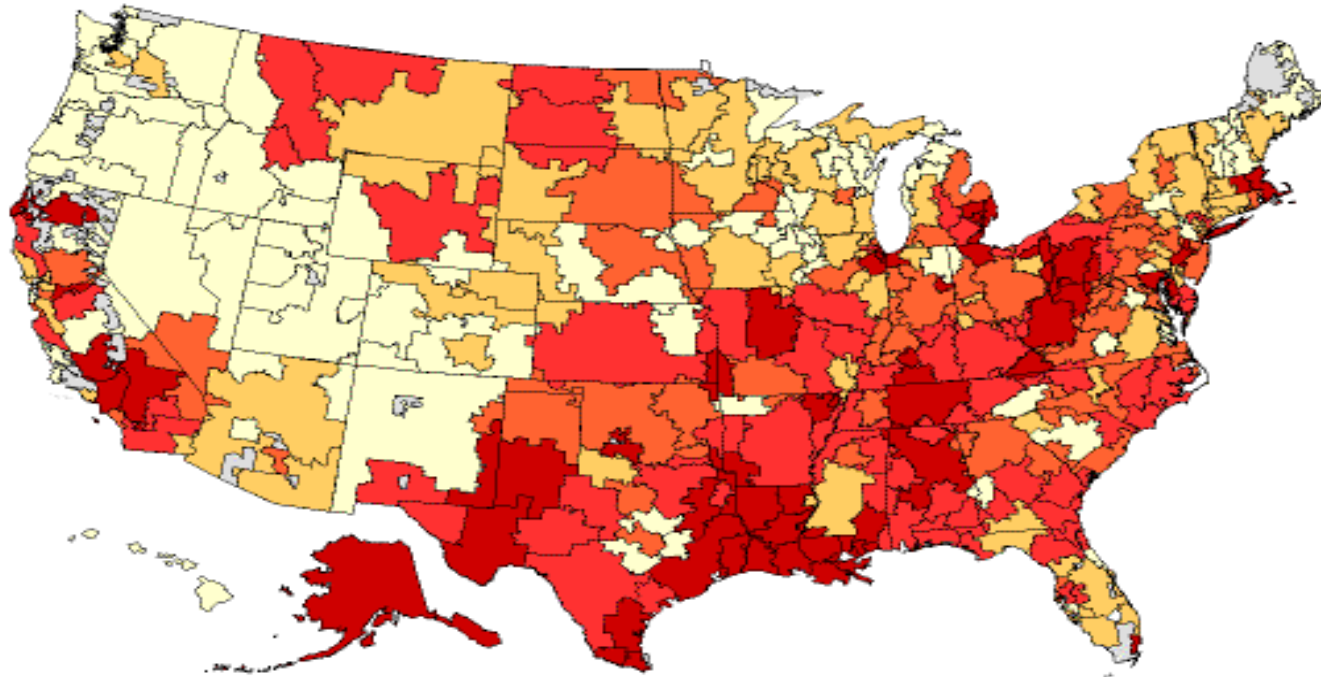
ACC MEMBERSHIP ACROSS THE U.S.



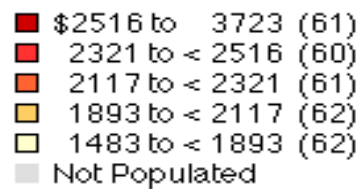
Numbers represent individual ACC members that fit into the AA, AF, FT, FF, IA, and MA member types



# Name the Map?



**Map 2.5. Inpatient Hospital Services per Medicare Enrollee**  
by Hospital Referral Region (1995)



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

J U N E 2 0 1 0

REPORT TO THE CONGRESS

## Aligning Incentives in Medicare

**“Better care will be more  
affordable (cheaper)  
care.”**



*Helping Cardiovascular  
Learn. Advance. Live.*

**MEDPAC** Medicare  
Payment Advisory  
Commission

REPORT TO THE CONGRESS

Aligning Incentives  
in Medicare

**MEDPAC** Medicare  
Payment Advisory  
Commission

•5.9% reduction in  
specialist payments  
years 1-3 followed  
by 7 year freeze

•10 year freeze on  
primary care  
payments



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*



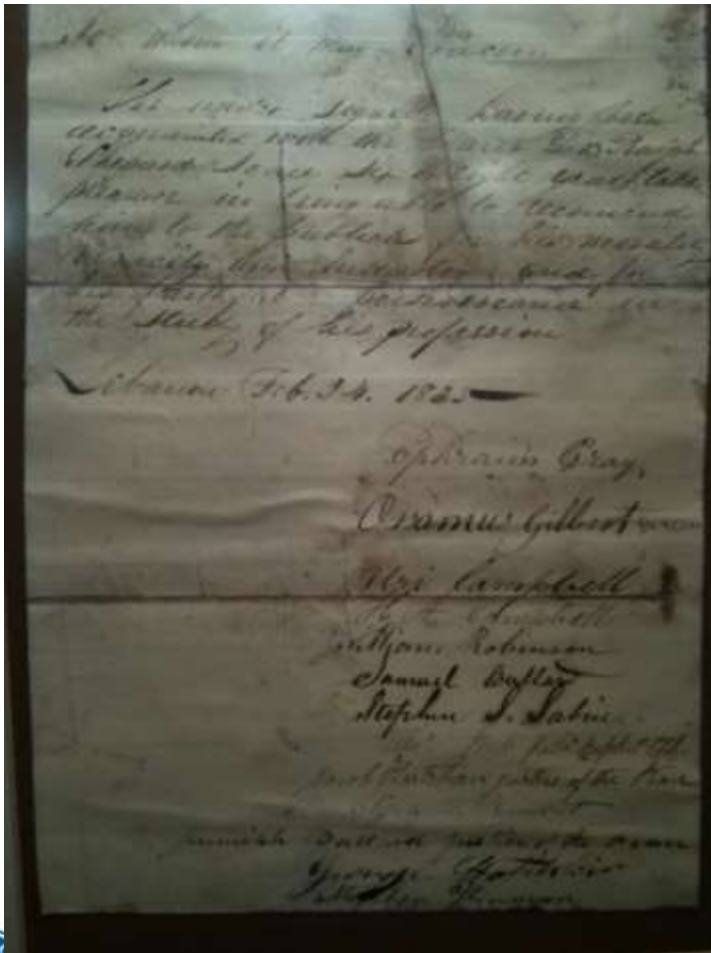
# The State of Cardiology (Public Perception)



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*



# Professionalism



**“The under signed having been acquainted with the bearer Dr. Ralph Shepard for six or eight years all take pleasure in being able to recommend him to the public for his morality veracity and dedication and for his faithful persistence in the study of his profession”**

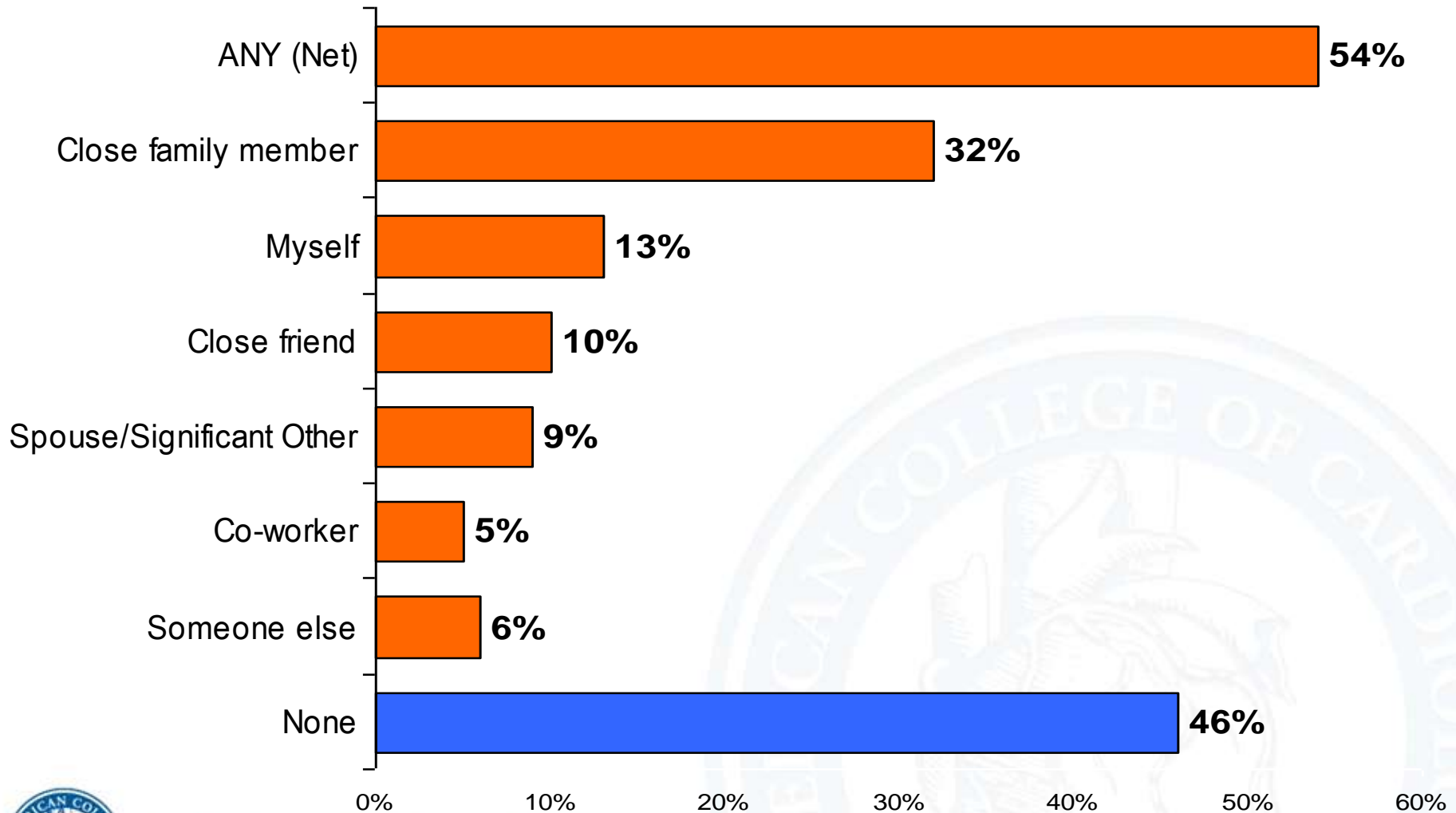
**Lebanon Feb. 24, 1835**



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

# Heart Disease Prevalence

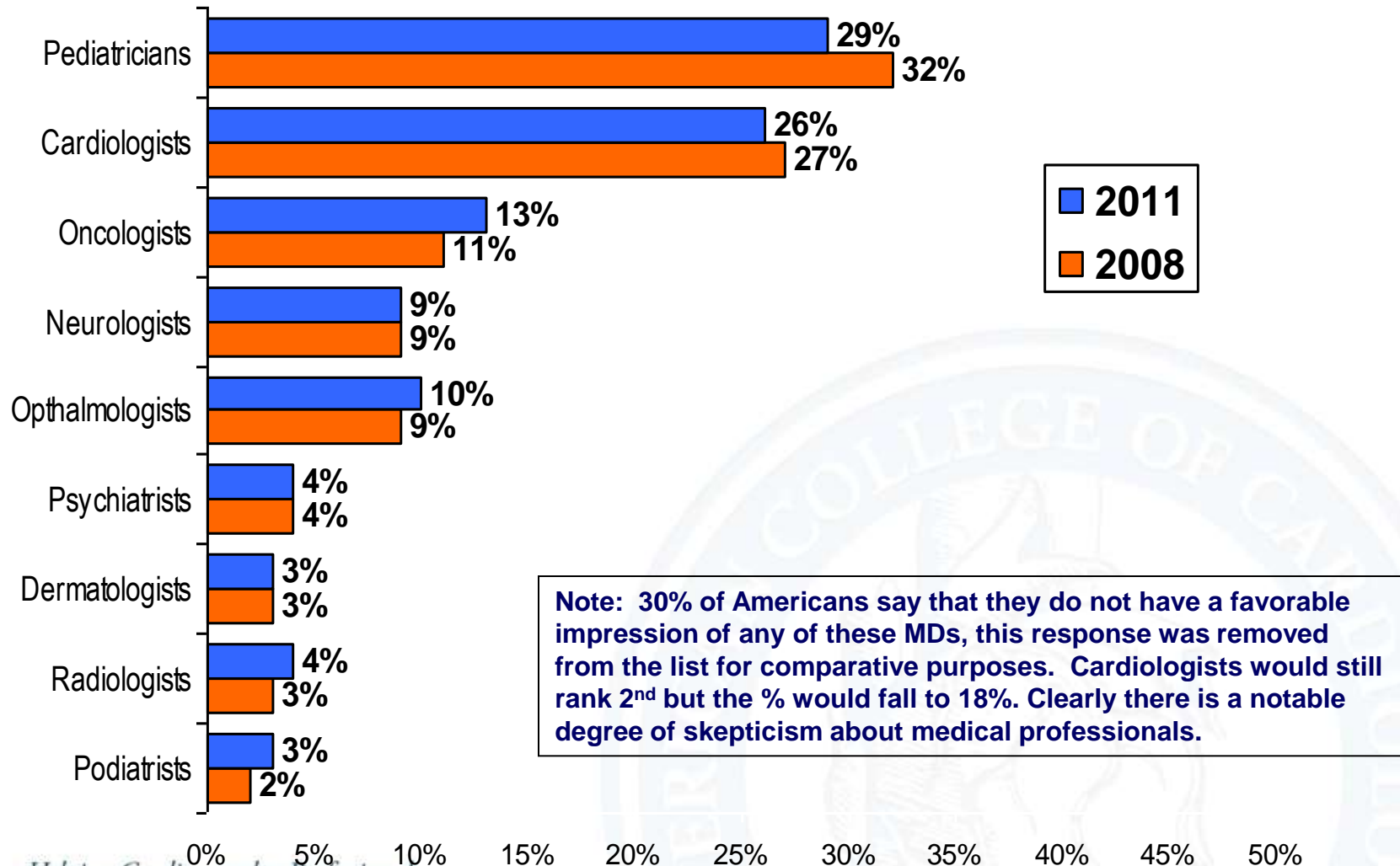
- **Most Americans (54%) know someone who have heart disease and most of these are close acquaintances.**



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

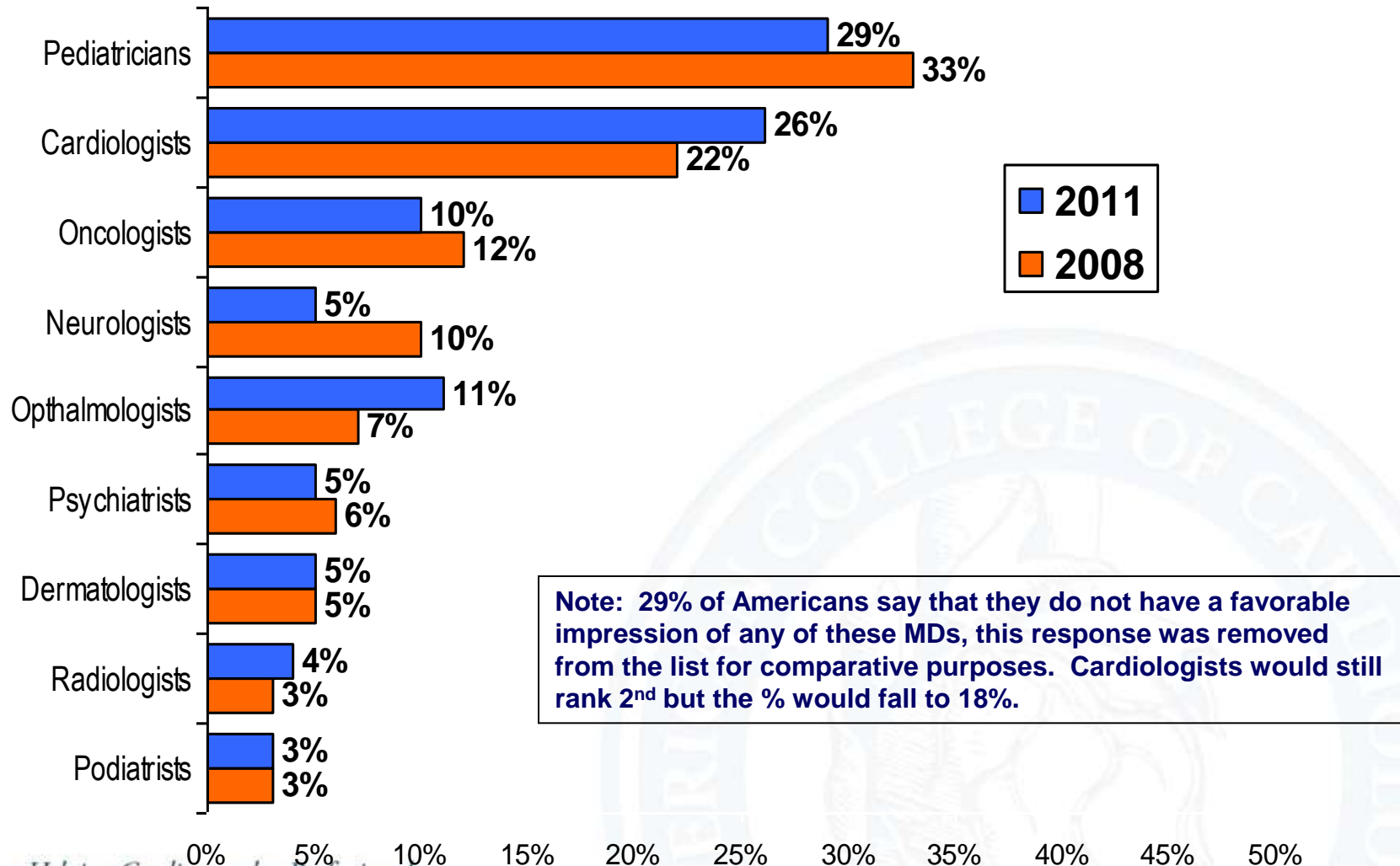
# Most Favorable Physician

- U.S. adults rate cardiologists as one of their favorite physician types. Cardiologists are second only to pediatricians as most favorite MDs; 30% cannot identify a favorite.



# Most Trustworthy Physician

- Those physicians that Americans rate most favorite are also those who are most trustworthy. Again, cardiologists are a close second to pediatricians in generating trust.



# The State of Cardiology (Practice)

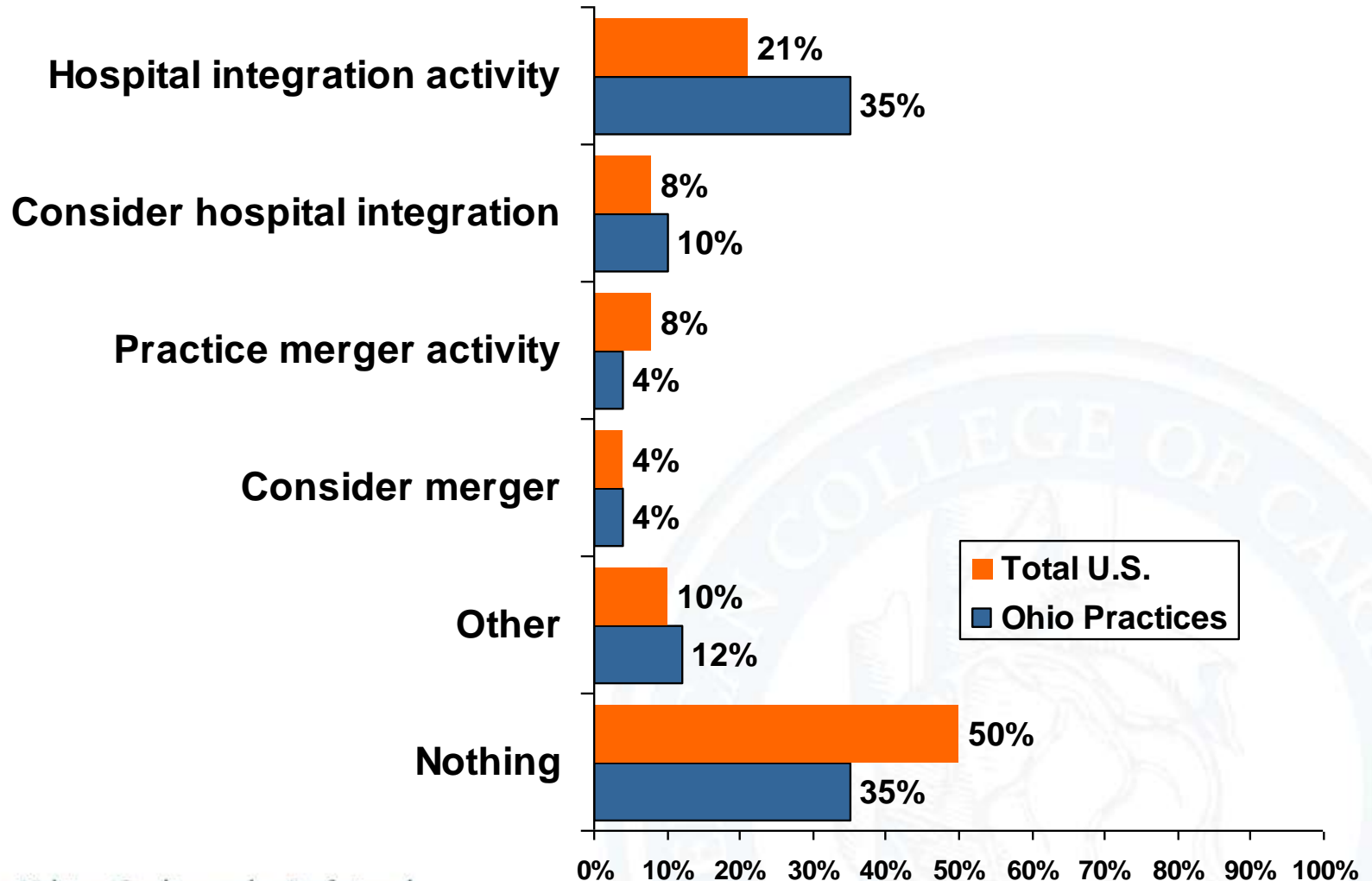


*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*





# Changing Practice Landscape Ohio



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

The ACC's 2010 Practice Census was conducted from May 5 through August 9 by e-mail and telephone. A total of 2,413 unique practices from 49 states and Puerto Rico participated in the study. The response rate was 31 percent.

# The State of Cardiology (Policy)



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*



# 2011 Top Health Policy Issues

- Payment reform
- Liability Reform
- Ability to practice
- Health IT Adoption and Use
- Health Reform Implementation
- Regulatory Changes



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*



# 112<sup>th</sup> Congress



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

# Federal Legislative Update I

- Joint Select Committee on Deficit Reduction - ACC Advocacy Committee “Fly-in” to Washington Nov 2
- SGR – ACC opposes MEDPAC plan, proposes repeal of SGR and provide stable payments while new payment models can transition
- IPAB – significant modifications needed, and need to be in concert with SGR repeal



# Federal Legislative Update II

- Medical Liability reform – H.R. 5 approved by House Energy and Commerce and House Judiciary. ACC has signed letters of support.
- HEART for Women Act, Josh Miller  
HEARTS Act S. 99, and The American Medical Isotope Production Act of 2011
- H.R. 1476 – Integrity in Medicare  
Advanced Diagnostic Imaging Act



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

# Payment Reform Issues

- **ACC Supports Testing New Innovative Payment Models That Reward Quality vs. Volume**
  - FFS with Gainsharing
  - Bundling and EOC
  - Global budgeting and Capitation

**\* New ACC/AJMC “Community on Payment Innovations” launching in September on CardioSource.org!**
- **Repeal SGR:** Congress intervened in 2010 to stop a more than 25 percent cut from taking effect in 2011. Congress must act again to stop yet another steep cut on Jan. 1, 2012. High priority for fall advocacy efforts!

**(ACC Resources: [CardioSource.org/PhysicianPaymentIssues](http://CardioSource.org/PhysicianPaymentIssues))**



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

# Liability Reform

- ACC strongly supports the HEALTH Act, introduced by Rep. Phil Gingrey and based on MICRA.
- ACC urging Congress to include medical liability reforms in recommendations to Joint Select Committee. For more on ACC Budget efforts go to [CardioSource.org/PhysicianPaymentIssues](http://CardioSource.org/PhysicianPaymentIssues).
- ACC supports reforms such as health courts, certificate of merit, collateral source rule, periodic payments, adherence to practice guidelines, expert witness, “I’m sorry” and early offers.



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

# Practice Issues

- In-Office Imaging; RBMs
- Self Referral
- New Practice Models (IPAs, ACOs)
- Medicare/Medicaid Rules

ACC Resources:

*[CardioSource.org/PINNACLENetwork](https://www.cardiosource.org/PINNACLENetwork) and  
[CardioSource.org/Advocacy/Issues](https://www.cardiosource.org/Advocacy/Issues)*



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

# Health IT

- EHR Incentive Program
- E-Prescribing

*ACC Resources: [CardioSource.org/healthIT](http://CardioSource.org/healthIT).*



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*



# Health Reform Implementation

- ACC does not support repealing the health reform law
- ACC will monitor the Select Committee on behalf of the profession
- ACC continues to work to change or improve provisions that have a negative impact on cardiology (ie. IPAB)
- Awaiting final ACO Rule
- ACC monitoring state efforts to enact and/or repeal various provisions in the law



# Regulatory Changes

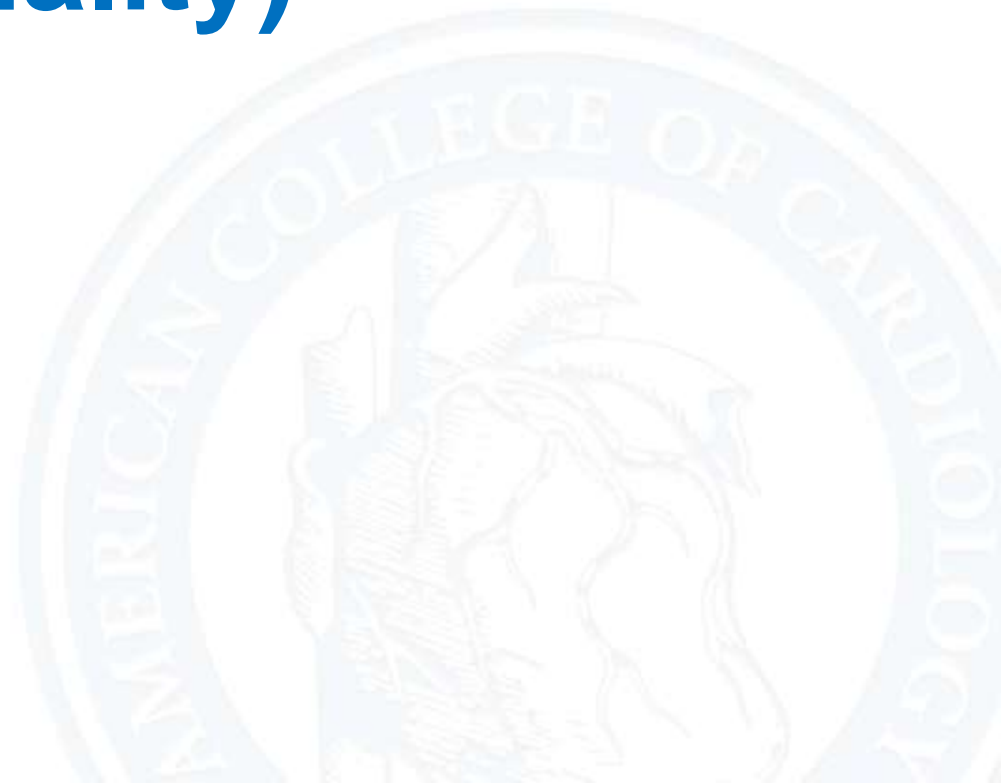
- **Imaging Lab Accreditation:** All labs must be accredited by Jan. 1, 2012. Process takes up to 9 months. [Learn more at CardioSource.org/LabAccred](http://CardioSource.org/LabAccred).
- **ICD-10 Transition:** Practices must begin transition to ICD-10 codes in order to meet 2014 deadline. [Learn more at CardioSource.org/ICD10](http://CardioSource.org/ICD10).
- **Proposed 2012 Medicare Physician Fee Schedule:** CMS estimates a 1 percent reduction in payments for cardiologists. A detailed summary is on [CardioSource.org](http://CardioSource.org).



# State of Cardiology (Quality)



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*



# ACC Quality Approach

*An end-to-end system that translates science into practice*



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

# Quality at the ACC

- **Guidelines:**
  - 19 topics plus 3 new topics in process
- **Performance Measures:**
  - 6 topics plus 2 new topics in process
- **AUC:**
  - 5 topics plus 1 new topic in process
- **Data Standards:**
  - 5 topics plus 1 new topic in process



# ACC Quality Initiatives



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*



*An Alliance for Quality*



**Goal:** Reduce all-cause readmission rates among patients discharged with HF or AMI by 20 percent by 2012.

**Resources:**

- Web-based community of hospital, practices, and other stakeholders
- Online discussion board to share best practices and successes
- Educational webinars and other programs
- Customizable implementation tools and strategies



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*



## New for 2011:

H2H Challenges: Help understand and tackle readmission problems by trying recommended tools and improvement strategies in the three H2H core concept areas.

[www.H2HQuality.org](http://www.H2HQuality.org)



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

## What IS the PINNACLE Network?

- A community
- A navigator of ACC tools and services
- A data-driven think/incubator, a way to test ideas
- A group of “evangelists/foot soldiers” who can communicate the Network’s purpose to ACC membership
- A healthy integration of patient care and business



## **PINNACLE Network Online Resources:**

- Practice Measurement and Data Management (PINNACLE Registry, NCDR)
- Quality and Performance Improvement (Cardiovascular Practice Improvement Pathway; QI 101 Toolkit; Practice Integration Tools; More)
- Recognition and Rewards (PQRWizard)
- Monthly Webinars on Hot Topics (Special Webinar Series with Paragon Health on Business of CV Care Launching Sept. 7)

*[CardioSource.org/PINNACLENetwork](https://www.CardioSource.org/PINNACLENetwork)*





# IMAGING IN **FOCUS**

## **FOCUS Benefits:**

- Links to all published AUC
- Decision support tools, including pocket cards, mobile applications and web-based data collection tools
- Advocacy updates on imaging issues and related AUC activities
- Access to online community
- Opportunity to earn MOC Part IV credit (20 points) and document AUC for lab accreditation
- Links to CardioSmart-related patient information
- Webinars and other educational programs

Learn more: [CardioSource.org/FOCUS](https://www.cardiosource.org/FOCUS)



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

# States and Appropriate Use Criteria

- Delaware BCBS fined >\$300,000 for restricting access to needed testing
- ACC's FOCUS tool will be used as an alternate to the radiology benefits manager



# Other Key ACC Initiatives

- Data collection and measurement to improve performance and identify gaps in care



- Reducing disparities and providing health care providers information and tools to equitably treat their diverse patient populations with or at risk of CV disease



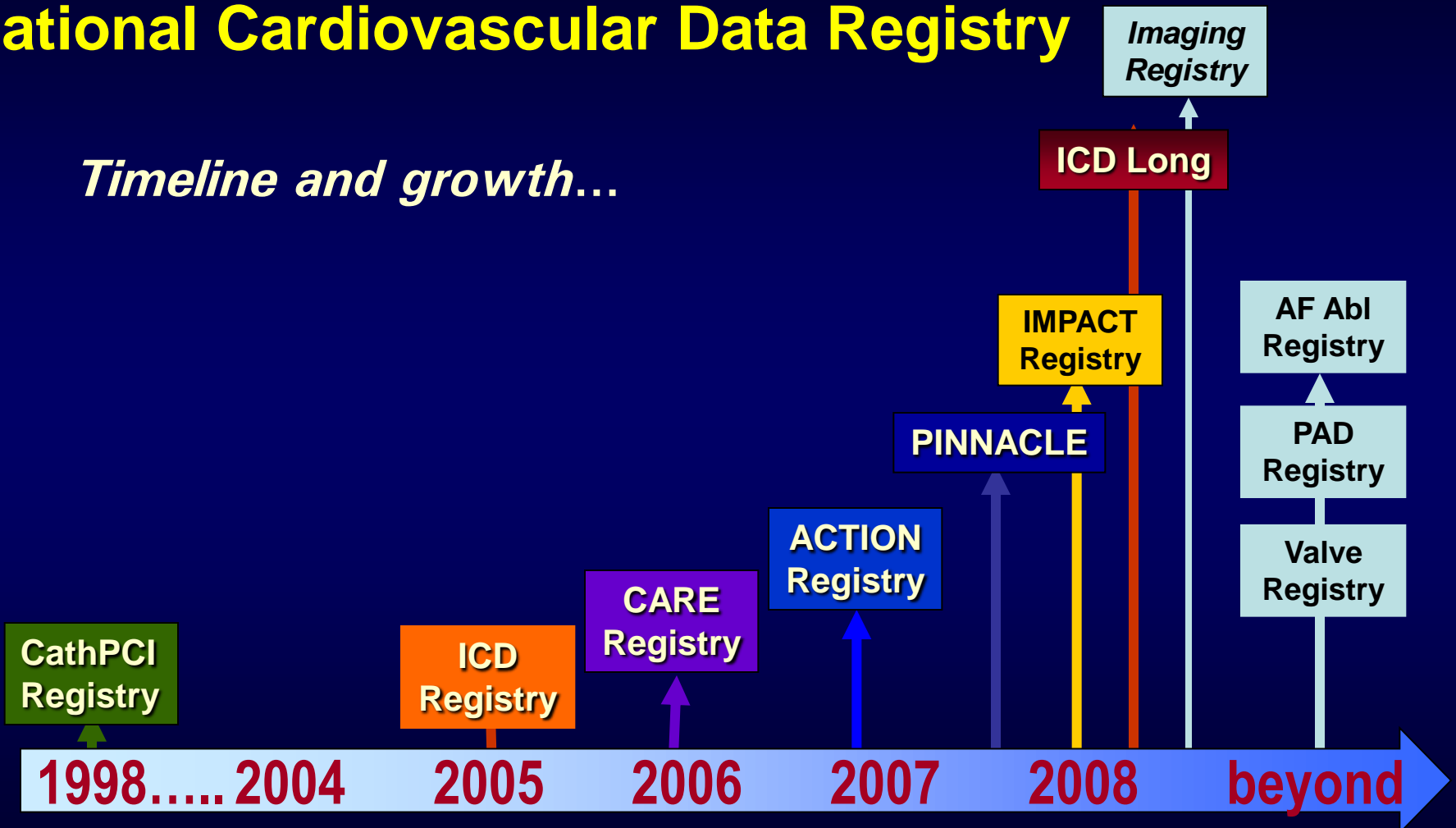
- National health care initiative focused on public health and prevention



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

# National Cardiovascular Data Registry

*Timeline and growth...*



# Participants, Patient Records, & Vendors

Name	# of Participants	# of Patient Records	# of Certified Vendors
CathPCI	1350	10 million	16
ICD	1542	750,000	5
ACTION-GWTG	720	180,000	6
CARE	167	15,000	4
IMPACT	16 pilot sites	2000	NA
PINNACLE	720	950,000	3 EHRs

# The State of Cardiology (Advocacy)



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*



**“We in America do not have government by the majority. We have government by the majority who participate”**

**Thomas Jefferson, 1787**



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*



# Ohio Chapter PAC Breakdown 2010 Cycle (2009-2010)

- Raised \$34,359.16 in the 2010 Cycle
- 84 Contributors
  - 5.68% Participation Rate
- 169 Contributions
  - Average Contribution: \$203.31
- Rank 13<sup>th</sup> amongst state totals
  - 1<sup>st</sup> place Florida raised \$93,167.87



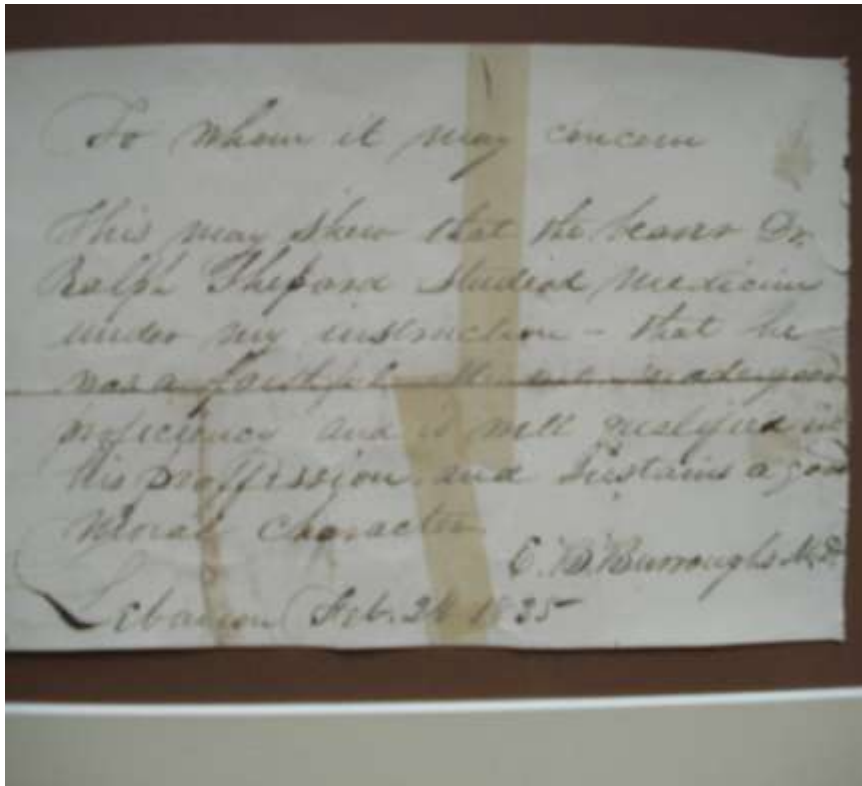
# The State of Cardiology (Education)



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*



# Mentoring



**“This may show that the bearer Dr. Ralph Shepard studied medicine under my instruction that he was a faithful student and made good proficiency and is well qualified in his profession and sustained a good moral character”**

**E.B. Burroughs M.D.  
Lebanon Feb. 24, 1835**



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

# The State of Cardiology (Immediate Goals of ACC)



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*



# Our Imperatives for 2011 from the ACC BOT

- Transforming education to lifelong learning around proficiencies and point of care information
- To more effectively educate patients and identify and implement tools for home care and self care
- To make our registry data valuable and accessible along with our guidelines and other clinical tools
- To successfully diversify revenue generation to achieve success in our major goals
- To move the PINNACLE Registry and FOCUS AUC opportunities forward in a competitive environment
- To improve the leadership capacities of our members and the ACC staff to be effectively engaged in the aforementioned activities
- To work on delivery system innovation and best practices in these regards: payment reform and ACOs
- To identify the top five to ten scientific and CE questions to be answered and direct resources in those directions



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

# BOG in Action

- **ICAEL Testing:** High hopes for a compromise that would repeal the existing requirement that a member trained prior to 1990 would require testing for testamur status by 2015. A letter of support for this position will go to ICAEL from the both the BOT and the BOG.
- **NAPS:** Special BOG document that can be given hospital administrators if it's felt that a hospital's policy is out of step with best practices and/or best use of resources. Email [chapters@acc.org](mailto:chapters@acc.org) for the final
- **Multiple Certification:** ACC is talking with ABIM. The ultimate solution here – and in the entire "testing" arena – will be lifelong learning with point of care technology.





[www.CardioSource.org](http://www.CardioSource.org)



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

# International Expansion!



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*



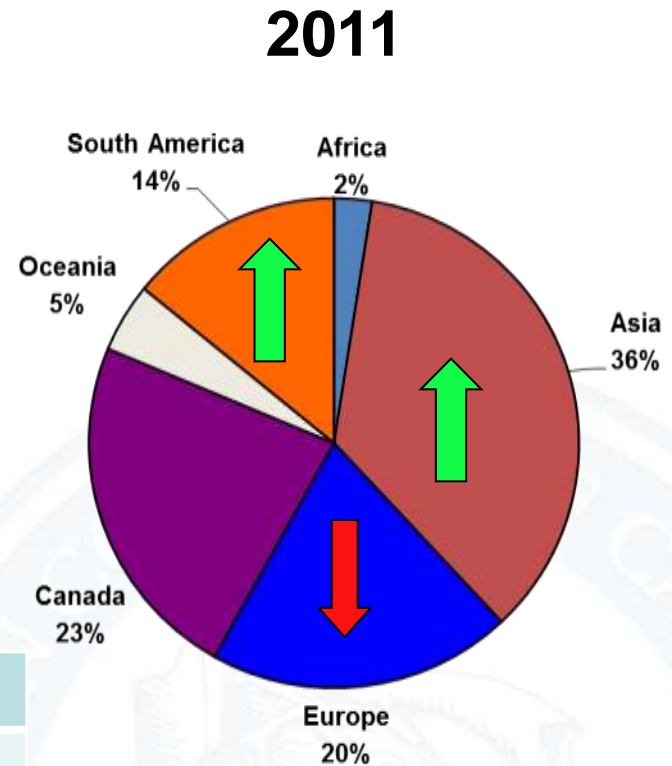
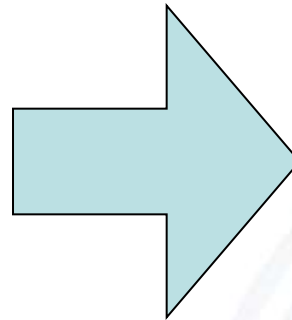
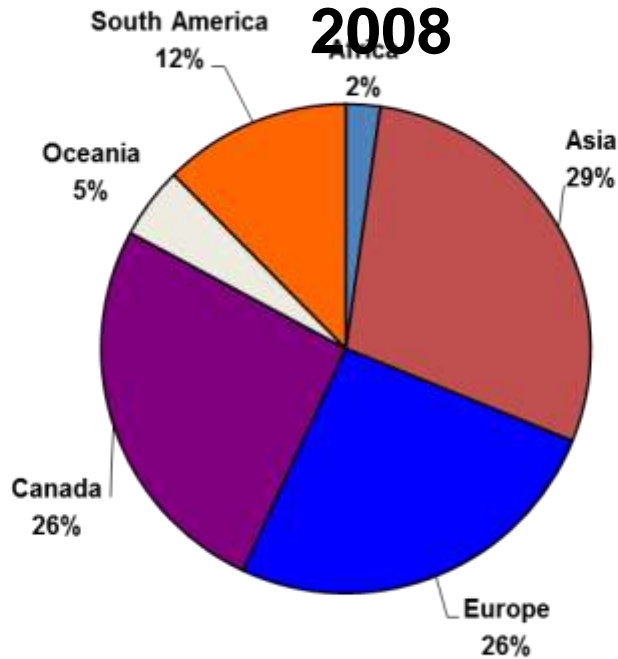
# ACC International Chapters

ACC International Chapters (n=14)	ACC Chapters requested (n=6)
Malaysia	Chile
Great Britain & Ireland	Italy
Brazil	Argentina
China	Russia
Israel	Canada
Germany	Lebanon
Turkey	
Saudi Arabia	
Pakistan	
Greece & Cyprus	
Mexico	
Egypt	
Caribbean	
Venezuela	



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

# ACC Membership Base by Region



Region	2008 Count	2011 Count
Africa	81	106
Asia	1038	1519
Europe	925	859
Canada	932	994
Oceania	170	195
Latin America	446	599

**Statistics not counting  
US membership**

**Source: iMIS ACC  
Membership Database**



*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

# International Growth Opportunities

- **Registries**

- CathPCI & ACTION-GWTG piloted in the UAE
- International benchmarking



- **Cardiosmart**

- In talks with Subway in Brazil

- **Leadership Development**

- GE & Phillips considering programs in China and Saudi Arabia




- **Live Meetings**

- Brazil Fuster, India Fuster
- Pfizer/BMS International ACC Meeting
- JACC/Lancet International Meetings
- International Best of ACC/ASCO/ADA



- **UN Summit on Non Communicable Diseases**

- NCD Alliance Partners Group



American College of Cardiology

Physician Leadership Development Program

Participants: Approximately 70-80 American  
Physicians: Broadly from 1-4 continents

7:30 am-8:00 am: Continental Breakfast

8:00 am-10:30 am: Session One: Where's Leadership?

10:30 am-12:00 pm: Session Two: Leadership in Cardiology

12:00 pm-1:00 pm: Lunch

1:00 pm-1:30 pm: Special Small Group Exercise

1:30 pm-2:15 pm: Session Three: Professionalism

2:15 pm-2:30 pm: Networking Break

2:30 pm-3:45 pm: Session Four: American Leadership and the Importance of Diversity

3:45 pm-3:55 pm: Session Five: Leadership in Change and Uncertainty

3:55 pm-4:00 pm: Session Six: The Path Ahead - Conclusions and Next Steps



The Lancet/JACC 1st Asia Pacific  
Cardiovascular Summit:  
Breakthroughs and Controversies

*Helping Cardiovascular Professionals  
Learn. Advance. Heal.*

