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 web site, www.campaignforpatientaccess.org features more information about the rule and way to 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 630 unique facilities and almost 700 participants already enrolled in ACC’s newest quality initiative, Hospital to Home (H2H).

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.
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 on-line resource just for you, our members!
Access the Electronic Health Records (HER) Toolkit at www.acc.org/practicemgt/healthcaretechnology
You can view Informatics reports, Health Information Technology (HIT) Data, Federal mandates, and e-Prescribing, amongst others.

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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

May 5th
Therapy Across the Spectrum of ACS: Focus on Guidelines & New Clinical Data
Wild Ginger, 1401 Third Avenue, Seattle, WA 98101

May 6th
Therapy Across the Spectrum of ACS: Focus on Guidelines & New Clinical Data
The Davenport Hotel, 10 South Post Street, Spokane, WA 99201

May 6th
Hospital Benchmarking for STEMI & NSTEMI
10:30-11:30 am PDT
Go to https://www.livemeeting.com/cc/mman/join?id=87NWMW&role=attend&pw=ZwDc.%40%3F%5D5 to join Webinar.
Audio: 1 (866) 685-6853 Passcode: 8912791

May 13th
CME Course for Physicians ONLY!
“New Anti-Thrombotic Strategies in the Management of Atrial Fibrillation”
6:30 pm - 8:00 pm
Morton’s Steak House, 1511 6th Avenue Seattle, WA 98101
Speaker: Richard V. Milani, MD

Check out http://www.accwa.org for all program details.
A Message from our President
Daniel Fishbein, MD, FACC

We are proud to announce our new leadership team.
Stay tuned for another great year.

Executive Committee
President/Governor               Daniel Fishbein, MD, FACC
President Elect                      Mike Ring, MD, FACC
Immediate Past Governor     John Olsen, MD, FACC
CEO                                      Lianna Collinge, CAE
Connie Keibler, MSN, ARNP
Alec Moorman, MD
Gary Weeks, MD, FACC
Budge Smith, MD, FACC
Bill Gavin, MD, FACC
Bill Murry, MD
Needham E. Ward, MD, FACC
Tim Dewhurst, MD, FACC
Neal Perlmutter, MD, FACC
Bob Swenson, MD, FACC
Charles R. Cannan, MD, FACC
Larry Dean, MD, FACC
Steven Goldberg, MD, FACC

Ask Congress to Keep Doctors of Medicare Patients

Each year for the past decade, physicians have faced steep payment cuts that make it harder and harder for them to care for their Medicare patients. Congress knows about the problem. It knows the faulty formula Medicare uses to pay doctors does not work, but it has not fixed the problem.

State medical and specialty associations across the country demand that Congress eliminate the faulty Medicare physician payment formula. The goal is to get 1 million signatures to take to Congress and the President expressing outrage at Congress’s inaction on this issue.

We believe Congress must fix Medicare now. Although the House of Representatives last fall passed a bill to repeal the broken Medicare sustainable growth rate formula, the issue remains unresolved. We need a rational Medicare physician payment system that automatically keeps up with the cost of running a practice and is backed by a fair, stable funding formula.

Click the link below to add your name to this petition. Forward it to friends and colleagues to sign as well. Please sign this petition: http://www.ipetitions.com/petition/meltdown.

Provider One - It’s Coming Live to You May 9th!
The Department of Social and Health Services will implement a new payment system named ProviderOne on May 9, 2010. If your organization has not completed its ProviderOne readiness activities it is imperative that you take swift action to make sure future payments are not at risk.

If you are not certain where your organization stands, please check with your staff – or call the ProviderOne Help Desk at 1-800-562-3022 (select option 2, then option 4) or e-mail them at providerone@dshs.wa.gov.

Unless providers complete the recommended testing, we cannot guarantee timely payments when ProviderOne goes live.
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. Questions regarding FOCUS should be directed to focus@acc.org. A FOCUS button for Chapter Web sites is also available on the Chapter Affairs 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. Check out http://www.acc.org/practicemgt/pst_home.cfm to view the Toolkit.