Happy Holidays from your Washington Chapter of the ACC!

UPCOMING EVENTS
Check out our website at www.accwa.org for details on all events.

PINNACLE Webinar
“Enhance your Practice and Make Quality Count: Invest in Health IT”
Thursday, December 15, 3-4pm ET
Register now!

Washington State Lobby Day
in partnership with the American Heart Association
January 19, 2012 * 10:00 am - 4:00 pm
The Capitol and General Administration Building, Olympia
Registration is free. RSVP to aminc5@comcast.net.

Stayin’ Alive: Heart Ball 2012
Friday, April 27, 2011 * 6:00 pm
Hotel Murano
Go to www.tacomaheartball.org for all the details.
A Message from our President
Michael E. Ring, M.D., FACC

The State of Washington

Legislative and regulatory climate in your state: The very large budget deficit in WA State has had a draconian effect on health care. Funding for the Basic Health Plan (health insurance for individuals not covered by work/Medicaid/Medicare) and Medicaid has been hard hit. The state has attempted to not cover more than three ED visits per year in Medicaid patients for a variety of diagnoses including chest pain. This regulation is currently being challenged in the courts. Protecting access to health care for the state’s most vulnerable residents will be the major legislative obstacle for Washington state physicians.

Legislative and regulatory obstacles in 2012: In addition to the financial woes in the state budget and impact on health care, the Washington Health Technology Assessment Committee is planning to review ablation procedures for supraventricular tachycardia (SVT), including sinus tachycardia, carotid artery stenting, and cardiac nuclear imaging during 2012. Their track record for endorsing acceptable procedures for payment coverage is discouraging.

Quality: Washington State has a history of Quality programs. COAP (Cardiac Outcomes Assessment Program) is a long-standing statewide QI program for PCI and CV surgery. COAP and the ACC are currently working to merge COAP and ACTION Registry data in WA hospitals that are participating in ACTION. The most recent active, productive cardiovascular health initiative in Washington is the EMS & Trauma Care Steering Committee TAC, which is a statewide program to coordinate triage and transport of ACS and stroke patients to the most appropriate facility. Our chapter of ACC remains engaged on a monthly basis with this group, as well as with our state medical society inter-specialty council.

WA ACC promotes most of the ACC Quality initiatives to our membership, such as Pinnacle, Focus, D2B, and H2H. Relative to the rest of the country, residents of WA State experience better CV health. According to the Washington State Department of Health, Center for Health Statistics, beginning in 2004, heart disease has fallen to the second leading cause of death in WA State behind cancer.

Membership: More than 80% of WA State cardiologists are integrated. Accordingly, much of their energy has been devoted to understanding and thriving in this new business model. There remains a focus on improving quality and determining how to incorporate AUC into the workflow. The WA ACC Chapter has suffered from some apathy on a statewide basis, partially due to geographic restrictions. We continue to try to find new ways to engage our FITs, CCAs, and Practice Administrators, although we have been unable to attract many Practice Administrators, still at just eight members. We are planning a Fellow In Training networking and career education evening, and continue to hold educational and networking events for our CCA members in various locations across the state. WA ACC did provide funding for both a Fellow In Training and a Cardiac Care Associate to attend the Legislative Conference with us in September 2011.
Chapter Activity: In addition to an annual meeting focusing on “Defining And Improving Quality In CV Medicine” in November, WA ACC held our sixth annual Olympia day, partnering with the AHA. In fact, we continue to partner with the local AHA on events and Mission Lifeline.

Our state Chapter has a very actively involved council. One undertaking for the year was to researching partnership with ACE and potentially negotiating a fee agreement with COAP and ACE to save our members money. Ultimately, the parties involved elected not to proceed in this direction at this time.

Chapter Development: During 2012 we would like to see more participation with PINNACLE Registry, more CCA membership, more engaged FITs, and more PAC contributions from our membership.

Sincerely,

Michael E. Ring, MD, FACC

State May Cut Malpractice Insurance for Volunteer Providers
from an article by Kevin Graman, The Spokesman-Review

Among the many budget cuts being considered by Washington state lawmakers one is the possible elimination of a program that pays for the malpractice insurance of health care providers who to treat the poor at free and in low-cost clinics. The fear is the loss of many volunteers across the state forcing clinics to close and sending their patients to local emergency rooms.

The Volunteer/Retired Provider Malpractice Insurance provides the state with $82 million worth of care for impoverished residents in Washington State and covers the insurance for 66 providers. Although some of the volunteer providers are covered by their own insurance many carriers won’t cover the volunteer.
FDA Approves SAPIEN Transcatheter Heart Valve

The Food and Drug Administration (FDA) has announced approval of the Edwards Lifesciences SAPIEN Transcatheter Heart Valve. This is one of several devices in development for use in the emerging field of transcatheter aortic valve replacement (TAVR). In announcing the decision, the FDA also noted that Edwards Lifescience will continue to evaluate the outcomes of the SAPIEN transcatheter heart valve through a national Transcatheter Valve Therapy (TVT) Registry that will track patient safety and real world outcomes related to emerging TAVR procedures. The American College of Cardiology and the Society of Thoracic Surgeons have been working with the FDA and the Centers for Medicare and Medicaid Services in the development of this new registry, called the TVT Registry™, which is scheduled to launch in late 2011. It will be the first national program to evaluate safety and efficacy of a TAVR option for patients who are otherwise considered to be high-risk or non-operable for conventional valve replacement surgery. For more on the announcement and what this means for TAVR, click here.

2012 Physician Fee Schedule Final Rule Released

The Centers for Medicare and Medicaid Services released the final 2012 Medicare Physician Fee Schedule on Nov. 1. This final rule, which sets payment levels and other associated policies for next year, includes a number of issues important to cardiology. On a broad scale, the rule cuts payments to cardiologists by an average of 2 percent depending on the mix of services provided. It also includes the mandated 27.4 percent cut in overall Medicare payments as a result of the sustainable growth rate formula, or SGR. This cut will take effect on Jan. 1, 2012 without congressional action. Other payment adjustments of note: a 29 percent reduction in payment rates for the replacement of pulse generators on pacemakers and ICDs, as well as a 25 percent reduction in payment rates for the professional component of advanced imaging services provided by the same physician on the same day. CMS had initially proposed slashing the imaging payment rates by 50 percent, but changes its mind as a result of advocacy efforts by the ACC and others. To learn more information about the Final Rule, including policy implications relating to e-prescribing and the physician quality reporting system visit www.cardiosource.org. Providers can pre-order the 2012 CPT Reference Guide for Cardiovascular Coding and save 10 percent.

Final Rule on Accountable Care Organizations (ACOs) Released

CMS recently issued its final rule on ACOs, which make it easier for doctors and hospitals to participate by cutting in half the number of performance measurements, removing the electronic health records requirement and eliminating financial risks for some groups. Theca supported many facets of the proposed rule that was released earlier this year but expressed concerns that the requirement for ACOs to take on financial risk would make it difficult if not impossible for physicians to form together with hospitals to form an accountable care organization. While the ACC is supportive of the focus on quality of care and the particular focus on cardiovascular care within the final rule, there must be continued flexibility for physicians and other providers to improve care.
State Agency takes ACTION for Better Outcomes
The American College of Cardiology Foundation has signed an agreement with Washington State’s Clinical Outcomes Assessment Program (COAP), whose mission is to improve the quality of care for patients with heart disease who receive cardiac interventions, to use the ACTION Registry-GWTG to expand the state’s focus on care coordinate issues. This agreement is the first formal engagement for the ACTION Registry GWTG® working directly for a state agency. Washington state hospitals that perform PCIs already can use their CathPCI Registry data to meet the COAP data submission requirements. COAP will assist NCDR in disseminating targeted marketing materials to streamline sites enrolling in the registry. Learn more about the ACTION Registry GWTG.

American College of Cardiology Launches PINNACLE-AF
The American College of Cardiology (ACC) is expanding the PINNACLE Registry, with a new platform focusing on atrial fibrillation and including the next generation of anticoagulants. The new platform, PINNACLE-AF, will operate within the existing PINNACLE Registry, the largest cardiovascular outpatient database in the U.S., and part of the ACC’s National Cardiovascular Data Registry (NCDR). NCDR is the most comprehensive, outcomes-based cardiovascular patient data registry for quality improvement in the United States. PINNACLE currently has 2.1 million patient records representing valid patient encounters from hundreds of outpatient practices nationwide. Of those patients, over 100,000 have atrial fibrillation. Participation in the Registry is free to all cardiology practices. For more information about the PINNACLE Registry and PINNACLE-AF, visit www.PINNACLEregistry.org.

PINNACLE All Member Webinar
You may access the archived recording of the December 1, 2011 PINNACLE All Member Webinar by clicking here or following the link below:

The next PINNACLE webinar, “Enhance your Practice and Make Quality Count: Invest in Health IT” will take place Thursday, December 15, 3-4pm ET. Tune in to learn about the evolving role of health information technology within the healthcare industry and how Electronic Health Records (EHR) can impact your medical practice. Additionally, the panel will discuss current key issues under consideration for Stage 2 Meaningful Use. Please join Michael Mirro, MD, FACC, Joshua Seidman, PhD, Office of the National Coordinator, Robert Anthony, Centers for Medicare and Medicaid Services and Janet Wright, MD, FACC, Million Hearts Campaign for this informative webinar. Register now at http://accwebinars.cardiosource.org/session.php?id=8052.

November ACC Update Looks at TAVR, Mended Hearts and More!
The November ACC Update video looks at a new program founded by an ACC member that helps patients live a better heart healthy lifestyle and the landmark summit on non-communicable diseases held recently in New York and attended by ACC leaders including president-elect William Zoghbi. The update also highlights a new industry training program for medical and device representatives to learn more about cardiovascular care. There is also an interview with ACC senior vice president Kevin Fitzpatrick who discusses the collaboration between the College and the patient-centered organization, Mended Hearts. Watch the video.