ACC Political Action Committee: 10 years as the voice of Cardiology

ACCPAC addresses hot button issues, including health information technology; comparative effectiveness research; quality and appropriate use; and potentially harmful cuts in Medicare reimbursement. It is imperative for ACC to have a seat at the table during these debates. ACCPAC allows us to educate the key decision makers who impact the practice of cardiology. Contributing to ACCPAC is a direct investment in the future and preservation of our profession.

ACC Continues to Partner with The Mended Hearts, Inc.
Dedicated to inspiring hope in heart disease patients and their families. Mended Hearts is a national nonprofit organization comprised of people with heart disease, their families, medical professionals and other interested parties. Mended Hearts provides educational information, and individual and group support to recovering patients and their families. Mended Hearts volunteers can help patients at the hospital, by telephone and via the internet. Go to www.mendedhearts.org for more information.

Recognizing Our Members!
Vinay Malhotra, MBBS, FACC (Tacoma) was appointed to the American College of Cardiology Commercial Carrier Advisory Committee. Congratulations and thank you, Dr. Malhotra!
Appropriate Use Criteria: Helpful or Irritating?

Michael E. Ring, M.D., FACC

When the ACC came out several years ago with the concept of developing appropriate use criteria (AUC) for the various diagnostic tests and therapeutic procedures we commonly perform in cardiology, my initial response was favorable as we all realize that the increasing growth of imaging tests and the escalating costs of healthcare are not sustainable. Given the variation in utilization of health care services observed between different regions in the country (with Washington State on the low end of the curve) and even within communities (mostly defined as I know my care is appropriate but I don't know about that other guy across the street), it seemed quite reasonable to me that developing criteria to define the "appropriateness" of what we do would be as important in the future as the clinical utility of what we do. After all, I figured it would be nice to have some guidelines to validate my practice patterns as well as have a tool to use against those pesky insurance companies that were always looking for ways to deny care to our patients.

Fast forward to where we stand today with the AUC, particularly as related to percutaneous coronary interventions (PCI). As most of you know, last year the ACC-NCDR began reporting each hospital's performance on AUC for PCI. As could be predicted, many hospitals were dismayed at the results. After all, which hospital wants to be branded as a provider of "unnecessary" PCI even though the small print from the ACC was not to aim for 100% "appropriate" and many of the uncertain and "inappropriate" PCI cases reflected lack of documentation.

Having recently returned from the Board of Governors meeting at the ACC, there was a lot of consternation and criticism directed at the ACC Board of Trustees regarding the terminology of the AUC guidelines (appropriate, uncertain and inappropriate) which are derived from Rand studies but frequently do not describe the clinical nuances and complexities of real-life patients. Fittingly, on the next day I returned from the ACC, I saw an asymptomatic 52 year old commercial pilot on no anti-anginal medications who exercised into stage 4 of the Bruce protocol but had mild ST changes and inferior ischemia on SPECT imaging not present on an exercise test performed 5 years previously. Did I mention, he has (or had) a brother who died of an MI at age 50? The plan is to perform cardiac catheterization in the near future. Suppose I find a high grade lesion in a dominant RCA? Should I place a stent and allow this gentleman the opportunity to return to work in 6 months, but accept the label of performing "inappropriate" PCI? I know what I am likely to do but it really irritates me to be "graded" in such an imperfect and offensive manner. Hopefully we can devise a better AUC system in the future.
New: All Communications in One Place!
Stop Unwanted email!

Sign in to Cardiosource.com member center to choose which data you want and how often you want them! It’s everything in one place and YOU are in charge of what you want!

Campaign Seeks to Reduce Unnecessary Medical Procedures

The ACC has released a list of “Five Things Physicians and Patients Should Question” in cardiology as part of the Choosing Wisely campaign, led by the ABIM Foundation with eight other medical specialty societies. The list identifies five targeted, evidence-based recommendations to support physicians and patients in making wise choices about their care. The ACC’s list was developed over the last several months, with the College asking its standing clinical councils to recommend between three and five procedures that should not be performed or should be performed more rarely and only in specific circumstances. ACC staff took the councils’ recommendations and compared them to the ACC’s existing appropriate use criteria (AUC) and guidelines, choosing items for the five things list that had the tightest inappropriate score in the AUCs and were Class III recommendations in the guidelines. The ACC’s Advocacy Steering Committee and Clinical Quality Committee each then reviewed the five items before sending it to the ACC Executive Committee for final review and approval. Learn more about Choosing Wisely at www.ChoosingWisely.org.

THE DOCTOR’S COMPANY Insurance

THE DOCTORS’ COMPANY insures more cardiologists than any other carrier in the nation. ACC is a new partner!

Benefits of ACC Membership:
* Program discount of 5 percent with a favorable claims history
* Credit of 5 percent for participating in the PINNACLE Registry
* Credit of 5 percent for maintaining board certification
FOCUS On Performance Improvement

The American College of Cardiology seeks to promote quality improvements as it relates to appropriate use of technology (imaging and procedures) to optimize the care of patients. The appropriate use criteria (AUC) were first published in 2005 to aid physicians in choosing the most appropriate test for their patients.

**ACC/United SPECT Pilot**

In response to the findings of this study, the ACC created the Formation of Optimal Cardiovascular Utilization Strategies (FOCUS) program that aims to implement the Criteria, while providing information regarding practice performance to the clinician. The FOCUS Voluntary Community and Radionuclide (RNI) Performance Improvement Module (PIM) was launched in April 2010. This free quality improvement activity allows participants to enter cases and see their AUC rates as well as providing them with a listserv and online community page where they can. The voluntary community has over 500 sites registered nationwide and over 11,000 patient cases entered. In addition, among participants who have completed the PIM there has been a 50% reduction in the inappropriate use rate (10% to 5%).

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**Get Involved in H2H!**

**New to H2H?**
* Register on the H2H website
* Review the “Getting Ready” Checklist

**Enrolled in H2H, but not sure what to do next?**
* Participate in a H2H Challenge
* Complete the SY7 Self-Assessment
* Review your areas for improvement
* Access your own internal processes
* Based on your assessment results, select 1-2 intervention to implement
* Select your method for measurement to track progress

**Enrolled in H2H and on your way?**
* Implement a suggested strategy or tool
* Study the results
* Make the changes
* Participate in the webinars
* Share ideas or questions through the listserv.

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**UPCOMING EVENTS**

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

- June 1, 2012: Acute Care Neurology and Neurosurgery: From the ER to the OR or the NCCU, Seattle
- October 17, 2012: Washington Chapter Business Meeting and Pradaxa education, Seattle
- October 18, 2012: Washington Chapter Business Meeting and Pradaxa education, Spokane