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I hope everyone is enjoying the wonderful Pacific Northwest weather so far this summer! We all certainly deserve it after a wet and dreary winter and spring. First, I want to extend my deepest thanks to immediate past President Tim Dewhurst, MD, FACC and immediate past CVT liaison Sandy Perlmutter, NP, AACC for their exemplary service to the WA ACC Chapter.

Charles Dickens begins his A Tale of Two Cities with the memorable quote “It was the best of times, it was the worst of times…” Washington State has seen unprecedented economic growth and prosperity during the past 5 years. Our unemployment rate peaked at 10.4% in January 2010 but now sits at 4.5% as of May 2017. While the technology sector has exploded in the state and shows no signs of slowing down, we face extraordinary uncertainties in our own health care sector. Large health care systems (including Brigham and Women’s Hospital and MD Anderson) across the country are laying off thousands of employees as reimbursements shrink and costs continue to rise (EHR implementation a major factor).

The elephant in the room for all of us in health care is what may or may not happen to the Affordable Care Act. Regardless of where you sit on the political aisle, it is irrefutable that Medicaid expansion and the state health exchange have benefited our patients in Washington State. More than 770,000 people have obtained health care as a result of the Affordable Care Act, many who represent the sickest and most vulnerable populations in the state. It was recently estimated that safety net hospital Harborview Medical Center could lose more than $600 million a year by 2026 based on the House bill passed in February. Many of our patients may be at risk of losing their health insurance coverage and end up using high cost services in our overcrowded emergency rooms for basic primary and secondary care.

As a member driven organization, we are not only empowered to but also have a responsibility to advocate for our patients. I urge you to take an active role in state and national issues that impact the well being of our patients. For example, this year we supported the Tobacco 21 bill in the state with our colleagues at the American Heart Association (hopefully it will pass soon). The ACC has developed a new prior authorization tool to collect data about denials for imaging tests and cardiac catheterization requests. This information allows us to track which insurers have the highest denial rates. I strongly encourage you to use this tool so we can collect state-specific data (http://www.acc.org/PARtool).

For those of you who want to learn more about the PAR tool and other important issues, please register for the ACC Legislative Conference to be held September 10-12th in Washington, DC. Next year, we are planning our own WA ACC Lobby Day on February 6, 2018 under the leadership of our new advocacy chair, Sandeep Krishnan, MD. Stay tuned for more details.

Finally, I am pleased to introduce you to our new CVT liaison, Jennifer Beckman, MSN, ARNP. In a few short months, she has already organized a new CVT council and planned the first networking event to be held on August 30th (more details coming soon). Under her leadership, I anticipate tremendous growth and engagement of our CVT membership.

Please enjoy the rest of the summer and I look forward to seeing all of you at our Annual Chapter meeting November 3-4th at the Motif Hotel, Seattle, WA (registration details to come soon). Please feel free to reach out to me any time (eyang01@uw.edu, cell (425) 457-0550).

Best wishes,

Eugene

Eugene Yang, MD, FACC
JACC Editor's Page: Global Health Care and the Aging Population

In a recent Editor's Page published in the Journal of the American College of Cardiology (JACC), Editor-in-Chief Valentin Fuster, MD, PhD, MACC, discusses the health care challenges that will arise world-wide over the coming decades due to an aging population. Forward-thinking countries are developing strategies to combat this problem. While some counties are assessing technological solutions, other are looking to more human options, such as having those who are retired and still active act as caretakers. “From a health care perspective, there has never been more of a need to ensure an active population, regardless of age,” he writes. “We must focus on health promotion across all age groups... As clinicians, we need to obsessively focus on the best methods to care for the elderly and the best methods for keeping the diminishing youth population healthy longer.” Read more.
Advocacy and Health Policy News

CMS Releases Proposed 2018 Medicare QPP Rule

On June 20, the Centers for Medicare and Medicaid Services (CMS) released the proposed 2018 Medicare Quality Payment Program (QPP) rule, addressing participation requirements for 2018 and future years under the Merit-Based Incentive Payment System (MIPS) and the Advanced Alternative Payment Model (Advanced APM) pathways created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The ACC is reviewing the rule and will provide more details about member implications in the coming weeks. Read highlights from the rule on ACC.org. “Next year will be another transition year for clinicians adjusting to the Quality Payment Program,” said ACC President Mary Norine Walsh, MD, FACC. “While the ACC will be reviewing the rule in detail, we were encouraged to see that CMS has listened to feedback from the public and recognizes a need to continue supporting clinicians in their transition to a value-based payment environment.” To learn more about QPP and current requirements for the 2017 performance year, visit ACC’s MACRA Information Hub. QPP will be a prominent topic of discussion at ACC’s 2017 Legislative Conference this September. Click here to register.
The Centers for Medicare and Medicaid Services (CMS) has just released the proposed 2018 Medicare Quality Payment Program (QPP) rule, addressing participation requirements for 2018 and future years under the Merit-Based Incentive Payment System (MIPS) and the Advanced Alternative Payment Model (Advanced APM) pathways created by the Medicare Access and CHIP Reauthorization Act (MACRA). Under the proposal, CMS will continue to treat the 2018 performance year as another transition year of QPP and maintain program flexibility.

Based on 2018 performance, clinicians and groups will be eligible to receive up to +/- 5 percent in bonuses or penalties on Medicare Part B services provided in 2020 under MIPS. Qualifying participants in an Advanced APM will be eligible to receive a five percent lump sum bonus.

Highlights of the proposed rule include:

**MIPS Weighting For 2018 Performance Year/2020 Payment Year**

- Maintain 60 percent weight for Quality
- Maintain 15 percent weight for Improvement Activities
- Maintain 25 percent weight for Advancing Care Information; clinicians can use 2014 or 2015 certified electronic health record technology (CEHRT), with a bonus for using 2015 CEHRT
- Maintain zero weight for Cost; however, CMS seeks comments on introducing this category at 10 percent. CMS continues to develop and test episode-based measures which will be introduced over time.

- Increasing the low-volume threshold to less than or equal to $90,000 in Medicare Part B allowed charges or less than or equal to 200 Part B patients to allow more small practices to qualify for MIPS exemption.

- Implementation of virtual groups, allowing small groups and solo practitioners under two or more taxpayer identification numbers to participate in MIPS as a single group for both 2018 and 2019. Technical assistance will be made available to these practices.

- Implementation of facility-based measures in MIPS to allow clinicians to be assessed based on their facility’s performance.

- Continued recognition of qualified clinical data registries such as the NCDR PINNACLE Registry and the Diabetes Collaborative Registry as MIPS data reporting options.

**Advanced APM**

- Maintenance of the nominal risk and qualifying participant thresholds for the Advanced APM pathway
- Implementation of the ‘All-Payer Combination Option’ for the Advanced APM pathway starting in the 2019 performance year

- CMS seeks comments on broadening the definition of Physician-Focused Payment Models to include Medicaid or Children’s Health Insurance Program beneficiaries.
Dear Colleagues,

My name is Jennifer Beckman and I am the newly elected American College of Cardiology (ACC) WA Chapter Cardiovascular Team (CVT) Liaison. I am a Nurse Practitioner at the University of Washington in Seattle. I care for advanced heart failure, mechanical circulatory support and cardiac transplantation patients. A multidisciplinary team approach is essential to deliver excellent care to my patients, and I am passionate about integrating CVT team members in my own practice. I am honored to be in this leadership position and hope to reach many CVT disciplines during my three-year term.

The ACC is the professional home for the entire cardiovascular team. CVT members include nurses, nurse practitioners, physician assistants, clinical nurse specialists, genetic counselors, occupational therapists, physical therapists, dieticians, sonographers, cardiovascular technologists, pharmacists, social workers, and cardiac rehab specialists.

I invite you to become a part of the CVT membership team! This is a great opportunity for the WA ACC chapter to grow awareness of and recognize the amazing work that you all do every day.

My goals for the next three years are to build a robust and sustainable CVT committee for the WA chapter, increase CVT membership, raise awareness of our educational needs, and better integrate CVT members into the chapter at large.

I would be honored if you would join the WA chapter CVT membership. Please use the link below to complete your membership application and share this with any of your colleagues who might be interested. Please reach out to me with any questions, concerns, or suggestions and let me know if you have interest in becoming a CVT leader within the WA chapter.

Thank you very much!

CLICK HERE to become a member.

Jennifer

Jennifer A. Beckman, MSN-FNP, ARNP, CHFN
Advanced Heart Failure, Mechanical Circulatory Support and Cardiac Transplantation Teaching Associate
University of Washington
Seattle, WA, USA

CVT Liaison, WA Chapter of ACC
UPCOMING EVENTS

AUG

30th  2017 WA CVT NETWORKING NIGHT - ‘PULMONARY ARTERIAL HYPERTENSION OVERVIEW: THE ROLE OF NURSES IN TODAY’S COLLABORATIVE CARE ENVIRONMENT’ Location: Brave Horse Tavern | Seattle, WA - South Lake Union | 5:30 PM - 7 PM | New and interested members welcome! Come socialize and learn about the WAACC CVT over delicious refreshments and small bites. Please RSVP to Annie Skoglund at annie@aminc.org.

SEP

7th  2017 WA ACC CARDIOVASCULAR TEAM MEMBER DINNER PROGRAM Location: The Davenport Grand, Autograph Collection | 333 West Spokane Falls Boulevard | 5 PM - 9 PM | 2 CE credits are available for Registered Nurses for this course. CLICK HERE to register Stay tuned at: WAACC.org/calendar

OCT

20th - 21st  FULL SPECTRUM OF HEART FAILURE THERAPY: MANAGING THE TRAJECTORY Location: Four Seasons Hotel, 99 Union Street, Seattle, WA 98101. CLICK HERE for website and registration

NOV

3rd - 4th  WASHINGTON ACC ANNUAL MEETING Location: Motif | 1415 Fifth Avenue, Seattle, WA 98101 | CLICK HERE for the Agenda | To register please CLICK HERE! Stay tuned at: WAACC.org/calendar
ANNOUNCEMENTS

CONGRATULATIONS

We would like to congratulate Dr. Eugene Yang, MD, FACC, for being featured in Cardiology Magazine!

To read the full article please CLICK HERE