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May you live in interesting times” is purported to be an ancient Chinese proverb or curse. After fact checking, a skill in short supply in parts of the other Washington, it appears to have originated in the 20th century period between the great wars.

Living in interesting times can be a burden or opportunity, depending on your situation or point of view. A friend in a 3-person practice in Southern California certainly considers these times of Medicare payment reform a curse. He decries all the time spent on collecting data in the name of quality and has made a sound business decision not to invest in an HER, the ROI is pitiful. I see the opportunity to move to a quality based reimbursement system as a once in several generation chance to “do it right”. However, I come to this perspective from the security of an employed position in a large integrated system. We are both right.

In Washington state many practicing cardiologists are allied with, if not fully employed, by large systems. There are few independent cardiologists either in multispecialty or single specialty groups. After hearing from national experts at the ACC CV Summit meeting last week, I fear the days of independent cardiology groups are numbered. The infrastructure needed to collect and report quality data is significant. CMS has promised help for small practices, especially in rural and/or underserved areas, CMS small practice support. This funding will be $20 M a year for 5 years, funneled through third party vendors (that I cannot identify on the CMS web site). If you are in a large system, do not assume your administrators know how to deal with MACRA, force your way to the table and learn about it! I am personally available to help and/or give presentations on this.

Prior authorization remains a significant and unifying topic. Locally a member’s concern over preauthorization for an echocardiogram lead to a meeting between myself and medical directors from Premera. There is some common ground to move forward, however the issue is much bigger than a single company and the time and staff that we must expend to deal with this is maddening (and expensive). The state department of health is looking at regulations to lessen the burden, see our comments on this. The national ACC will roll out a pilot project to gather data on this problem later this winter. Please look for it and participate.

We will push for all insurance companies to use our AUC criteria for all imaging and procedures as de facto clinical evidence for appropriate use. Prior authorization for medications is a separate problem. We have found that copying the office of the insurance commissioner with a letter to the medical director of an insurance company gets their attention. We are trying to collate a list of medical directors to have on our website along with sample letters as resources for the members. Please come to the website to use these and if you know Names and Numbers of medical directors please reach out to us so that we may add these to the global resources.

On the bigger topic of immigration, please see President Rick Chazal’s statement this week that was whole heartedly endorsed by the ACC Board of Governors and trustees.
Finally, please consider attending the CVTeam education program this Saturday at the SeaTac Marriott from 9-2 or the program for the fellows-in-training and early career professionals next Thursday, Feb 9th at the Hotel 1000 from 7-9 pm. RSVP here. ACC 2017 is coming in March in Washington DC, there will be a reception for WA members Saturday night, March 18th. Stay tuned for details.

Tim Dewhurst, MD, FACC

THIS WEEK’S EVENTS

CARDIOVASCULAR TEAM EDUCATIONAL PROGRAM

SATURDAY, FEBRUARY 4TH, 2017 AT 9 AM * SEATTLE AIRPORT MARRIOTT
3201 SOUTH 176TH STREET * SEATTLE, WA 98188

Update In Heart Failure * What’s New In Echocardiography
TAVR: Now an Outpatient Procedure? * Lipid Management
Technology Update: Nuclear Imaging

WA ACC Members & Students $25 * Non-Members $50
(refundable if you join the WA ACC!)
4 CE credits are available for Registered Nurses for this course.

Light breakfast, break and lunch included. Wine and Cheese Networking Reception Following the Program!
WANT TO ATTEND? Email annie@aminc.org or CLICK HERE to register online!

FIT & EC DINNER PROGRAM

THURSDAY, FEBRUARY 9TH, 2017 AT 7 PM- 9 PM * HOTEL 1000 *
1000 FIRST AVENUE * SEATTLE, WA 98104

Registration is complimentary for our Fellows-In-Training and Early Career Members.
Open Q&A Panel. Come discuss topics such as: How to Find a Job, Resume Prep, and MORE!
INTERESTED? RSVP to waacc@aminc.org
New Guidance Released For TAVR

A new expert consensus decision pathway will assist clinicians and hospitals in assessing patients’ eligibility for transcatheter aortic valve replacement (TAVR), successfully performing the procedure and providing appropriate follow-up. The 2017 ACC Expert Consensus Decision Pathway for Transcatheter Aortic Valve Replacement in the Management of Adults with Aortic Stenosis builds on recommendations set forth in the 2014 AHA/ACC Guidelines for Management of Patients with Valvular Heart Disease, and was published Jan. 4 in the Journal of the American College of Cardiology. In order to develop practice tools that could readily help centers improve their TAVR processes, patient safety and outcomes, the writing committee developed checklists that serve as a starting point for managing patients who are being considered for TAVR. The document also takes clinicians through the steps that are needed to successfully perform the procedure, including what imaging tests are needed and how to ensure continuity of care when patients transition back to their treating physicians. Read more on ACC.org.

NCDR Report Highlights National Trends For Common CV Procedures

Clinical data registry programs like ACC’s NCDR “provide unique opportunities to advance the understanding of the clinical characteristics, care and outcomes of patients with cardiovascular disease,” according to a report recently published in the Journal of the American College of Cardiology (JACC). The report provides insights based on 2014 data into the patient populations, participating centers and patterns of care from four of the 10 NCDR registry programs – CathPCI Registry, ICD Registry, ACTION Registry-GWTG and IMPACT Registry. These registry programs focus on percutaneous coronary interventions (PCI), implantable cardioverter-defibrillator implantation, acute coronary treatment and outcomes and pediatric and adult congenital heart disease. “NCDR data provide a unique, clinically rich national perspective on the care and outcomes of high-impact cardiovascular conditions and procedures that are not available elsewhere,” said Frederick A. Masoudi, MD, MSPH, FACC, chair of the NCDR Management Board, et al., in a corresponding Executive Summary also published in JACC. Read more on ACC.org.
News You Can Use

INFORMATIONAL

Third Professional Life Survey Shows Changes in CV Workforce

Differences in career experiences between female and male cardiologists have lessened over the past 20 years; however, personal life choices and levels of discrimination continue to diverge significantly, according to a Council Perspective from ACC’s Women in Cardiology (WIC) Section published Dec. 21 in the Journal of the American College of Cardiology. The third decennial Professional Life Survey, conducted by the Leadership Council of the WIC Section, found that career satisfaction remains high for both female and male cardiologists, and cardiologists are satisfied with profession overall, but sex-based career discrepancies remain. “With the third iteration of the Professional Life Survey, we now have data that provide us with 20 years of longitudinal information on the personal and professional lives of U.S. cardiologists – the largest study of its kind,” reflected Claire Duvernoy, MD, FACC, chair of the WIC Section and senior author of the study. Read more on ACC.org.
STATE OF THE STATE 2016

TIM DEWHURST, MD, FACC

1. MEMBER VALUE AND ENGAGEMENT – ACCOMPLISHMENTS AND OPPORTUNITIES
   • Began dialogue with major insurer about pre- and prior authorization challenges for members
   • One of our best attended general annual meetings (88 registrants) and 16 FIT posters
   • Continue to grow CVT membership by holding bi-annual meetings aimed at this group. Recently added 8 new members after recent meeting resulting in 11% growth during 2016
   • Actively engaging fellows at only adult training program with special sessions for them
   • Advocacy committee actively engaging with national ACC leadership on MACRA and ACA

2. POPULATION HEALTH MANAGEMENT – ACCOMPLISHMENTS AND OPPORTUNITIES
   • Working with AHA on passage of Tobacco 21 state bill
   • Exploring international exchange with South Korea to learn about single payer health care systems and best practices for disease management

3. PURPOSEFUL EDUCATION – ACCOMPLISHMENTS AND OPPORTUNITIES
   • Increased annual meeting attendance by ~ 40%.
   • Provide education for members about MACRA and the business of medicine
   • Opportunities: Will link with state members of sections for 2017 annual meeting
   • Two successful CVT meetings in 2 geographic locales held
   • February and September 2017 events for CVT members, FITs and Early Career members event scheduled for February 2017

4. TRANSFORMATION OF CARE – ACCOMPLISHMENTS AND OPPORTUNITIES
   • Held a session during annual meeting on the business of medicine and MACRA.
   • Washington state continues to be a leader in public reporting of quality and efficient health care.
Is Your ACC Member Profile Up-To-Date?

The ACC wants to make sure it’s sending members only the most relevant information. To that end, the College is encouraging all members to update their ACC profile, including contact information, specialty areas, clinical interest areas and practice information. Don’t miss out on the latest cardiovascular research, new clinical guidelines, advocacy updates, ACC news and member benefits. Update your profile online at ACC.org/MyProfile.

TOP EDUCATION NEWS

Rise to the Challenge at ACC.17

Join the world’s leading cardiovascular professionals in Washington, DC for 3 full days of innovative education, ground-breaking science and interactive debates and discussion. ACC.17 contains 11 Learning Pathways which covers the spectrum of cardiology and includes a plethora of information on every topic regardless of your specialty area. Plus, new this year, over 300 sessions will offer Dual CME/MOC Points allowing you to quickly and easily meet ABIM’s MOC requirements. Advance registration ends Feb. 8! Register now and SAVE up to $300!

DIGITAL ACC RESOURCES

DAPT Risk Calculator App Now Available

The ACC recently launched the DAPT Risk Calculator App to provide decision support for clinicians evaluating the DAPT therapy for patients and the risks/benefits of continuing or discontinuing DAPT. The App provides a DAPT Risk Score as a numerical value between -2 and +9, where higher DAPT scores suggest that the benefit/risk ratio with prolonged DAPT may be favorable. Conversely, lower DAPT scores suggest that the benefit/risk ratio with prolonged DAPT is NOT favorable. The App also calculates the percentage of risk for: myocardial infarction (MI), stent thrombosis, major adverse cardiovascular and cerebrovascular events (MACCE), and bleeding. Download the app and find out more about ACC’s clinical apps at ACC.org/Apps.

ACC Archived Webinars

Did you know that you can find archived webinars from throughout the years from the ACC on ACC.org? As a member, you have access to this wealth of information here. To access them, you must have an ACC.org log-in and use the confirmation code and webinar access link emailed to you once you. Questions? Contact ACC’s Resource Center at Phone: 202-375-6000, ext. 5603 or 800-253-4636, ext. 5603 or resource@acc.org.
CMS Releases Final Rule Detailing Bundled Payment Models For Cardiac Services

In an attempt to encourage coordinated care, improve the quality of care and decrease costs for heart attack patients, the Centers for Medicare and Medicaid Services (CMS) released the final rule for Advancing Care Coordination Through Episode Payment Models (EPMs); the Cardiac Rehabilitation Incentive Payment Model; and changes to the Comprehensive Care for Joint Replacement Model on Dec. 20 that finalize bundled payment models for certain cardiac conditions and procedures in select geographic areas. The final regulation introduces a new cardiac rehabilitation (rehab) model and a pathway that helps physicians who are heavily involved in bundled payment models to qualify for incentives as part of the Advanced Alternative Payment Model (APM) track beginning in performance year 2019, as part of the downside risk parameters under the Quality Payment Program (QPP), part of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The final rule also creates new mandatory EPMs for the Acute Myocardial Infarction (AMI) Model and the Coronary Artery Bypass Graft (CABG) Model. “As we move from volume-based care to value-based care, this new path for cardiologists to participate in Advanced APMs under MACRA’s QPP is a challenging step,” said ACC President Richard A. Chazal, MD, FACC. “It is our sincere hope that the end result will be opportunities for coordinated care and improvement in quality, while also decreasing costs for patients with heart attack or who undergo bypass surgery.”

[Read more on ACC.org]
2016 ACC LEGISLATIVE CONFERENCE EXPERIENCE

DR. JAMES LEE

Cardiology is in a time of unprecedented advancement and change. However, like the two faces of the Roman god Janus, the modern patient encounter is juxtaposed with both an influx of new knowledge and technology and systematic challenges to efficient and humanistic patient care.

As practicing clinicians, on a daily basis we see the effect that policy shaped without physician input and guidance has had on our patients. Year after year, we work harder in a complex system where rushed patient encounters are followed by ever increasing documentation demands. Apprehensive about politics, we physicians have often been reactive in the face of the huge shifts of healthcare and subsequently have been vulnerable to the powerful interests that are threatening our autonomy and ability to care for our patients. We are now at a critical juncture in history where we must shape our future by having a voice at the table.

With a desire to be involved but with no prior experience in health policy, I attended the ACC Legislative conference for the first time this year. Unsure of what to expect, I arrived to a buzz of activity and was immediately immersed in a sea of talented and dedicated individuals from all stages of their careers. Over the course of the conference, we connected with ACC leaders from across the country and discussed how to leverage the unified voice of the ACC shape common sense approaches to health care. The conference culminated in a visit to Capitol Hill where we met with our legislators in the House and Senate, and had meaningful discussions on how to improve access to quality care, research funding and to ensure that new polices such as MACRA are implemented with good oversight in a careful and deliberate fashion. Face to face with our representatives, we frequently found them intense and well informed.

However, it was clear that showing up and giving a face our organization was a critical piece to their opinion on pending legislation.

The ACC legislative conference illustrates that from grassroots to the national stage, advocacy is important year round and at all levels of experience and training. It is a reminder that due to the work of dedicated trailblazers, we have in the ACC an organization that has the resources and expertise for us to be successful in shaping health policy. I encourage everyone to participate with their local ACC chapters and work with like minded colleagues to make a difference. The ACC provide us a unified front and has given us a voice at the table. Let's make sure that we participate and use that voice to make healthcare better for our patients.
UPCOMING EVENTS

FEB

4th CARDIOVASCULAR TEAM EDUCATION PROGRAM
Location: Seattle Airport Marriott | 9 AM - 2 PM | 3 CE credits are available for Registered Nurses for this course. Stay tuned at: WAACC.org/calendar

9th FIT AND EARLY CAREER DINNER PROGRAM
Location: Hotel 1000 | 7 PM - 9 PM | Registration is complimentary for our Fellows-In-Training and Early Career Members. Stay tuned at: WAACC.org/calendar


SAVE THE DATE!

NOV

3rd-4th WASHINGTON ACC ANNUAL MEETING
Location: More details to come! Stay tuned at: WAACC.org/calendar
Congratulations to the following Fellows-In-Training Poster Session Winners from the WA ACC November 2016 Annual Meeting!

Research Abstracts: 1st place Pranoti Hiremath, MD  
2nd place Selma Carlson, MD

Clinical Vignettes: 1st place Mariko Harper, MD  
2nd place Tara Jones, MD

Washington ACC Members Serving on National Committees:  
Thank you for your contributions!

Alan S. Pearlman, M.D., FACC  
Catherine M. Otto, M.D., FACC

Creighton W. Don, MD, FACC  
David S. Owens, MD

Elizabeth Perpetua, ARNP, AACC  
Jack C. Salerno, M.D., FACC

Karen K. Stout, M.D., FACC  
Michael T. Chin, M.D., Ph.D., FACC

Nazem Akoum, MD, FACC  
Ravi S. Hira, MD, FACC

Sandeep Krishnan, MD  
Thomas M. Amidon, M.D., FACC

Wayne C. Levy, MD, FACC  
Alexis L Beatty, MD

Chun Yuan, Ph.D.  
Cynthia Dougherty, Ph.D.

Elisa Zaragoza Macias, MD  
Eugene Yang, MD, FACC

Jordan M. Prutkin, MD, FACC  
Kristen K. Patton, MD, FACC

Mohan Ashok Kumar, MBBS  
R. Jeffrey Westcott, MD, FACC

Rosario V. Freeman, MD, FACC  
Stephen P. Seslar, M.D., Ph.D.

Timothy A. Dewhurst, MD, FACC