GOVERNORS UPDATE
By Dr. Anthony DeFranco, MD, FACC
Governor, Wisconsin Chapter ACC

SMARTCare Update
It’s an exciting time for the Wisconsin Chapter ACC as, at the time of this writing, only one more Wisconsin site has yet to come “online” with SMARTCare. Froedtert and the Medical College of Wisconsin, ThedaCare, and Aurora-Grafton have been enrolling patients since April-August, respectively; in November, Columbia St. Mary’s (at both the Mequon and Milwaukee locations) will begin enrolling, followed by the expansion of the Aurora program to its St. Luke’s campus. Thus far, initiation has in many ways been smoother than expected, with good support and acceptance on the part of physicians (both primary care and cardiology) and support staff. On the other hand, enrollment has been slowed by technical issues involving interconnectivity of so many different vendors and satisfying the highest level of security required by health systems for the exchange of personal health information. The current enrollment of about 4,000 participants (for both Wisconsin and Florida) is expected to increase significantly now that technical and security issues are nearly resolved.

Advocacy and Annual Legislative Conference
Four members of the Chapter - Mia Stone, RN, BSN, WI-ACC CV Team Liaison, Drs. Encarnacion (MCW) and Armaan Shaikh (Aurora), Fellows-in-Training, and myself - met with the staffs of six Wisconsin congressmen during ACC’s October 18-20 annual Legislative Conference in Washington. Our lobbying efforts focused on:
- Expressing our gratitude for the SGR repeal and the importance of specialty-society input on the maturation of future payment models;
- Insistence that legislation being drafted on meaningful use and future review of electronic medical record systems must include specialty-society input in order to make these systems as clinically useful as possible;
- Support for pending legislation that would allow Advanced Practice Providers to supervise cardiac rehabilitation sessions in order to increase access to this program in areas where cardiologists are in short supply; and
- Support for expanding medical research through increases in NIH funding.

SMARTCare Even More Important in Post-SGR Era
SMARTCare has become even more relevant to cardiology and to medicine generally due to several recent developments, of which, I will mention two:

1. Electronic decision aids at the point-of-care will be required for cardiology non-invasive test ordering in January 2017. Thus, some SMARTCare components (such as FOCUS for ordering stress, echo and other first-step studies) are likely to be in widespread use in nearly a year.

2. While we are all celebrating the repeal of the Sustainable Growth Rate (SGR) and its inherently illogical approach to medical cost containment, the future for CMS’ reimbursement scheme is that payment and compensation will be tied to an ever-increasing importance of adherence to appropriate use criteria and overall value such that by 2019, MACRA (see below), the legislation that repealed SGR, presents a magnitude of uncertainty in our future compensation and security not seen in many years, and the details have yet to be defined.

Fundamentally, MACRA requires that 25% or more of Medicare payments will be in alternative payment models and hence tied to outcomes. While the concept is, of course, desirable for all of us as both physicians and patients, the devil is, of course, “in the details” — making it all the more important that specialty societies define the standards, outcomes, and benchmarks not only by which we will be compensated — but, more importantly, how and to what intensity patients will receive their care. For these reasons — and many more — we should be proud that this Wisconsin-born initiative, along with our partners and five health systems in Florida, will become more important to the College and to development of patient-centered, value-based payment models.

SGR Repeal: What’s Next and What Might Be the Chapters Role in Shaping Our Future?
Register to participate December 9 at 6:30 pm in an upcoming webinar, Volume to Value: A View From the Trenches, being offered by the Illinois and Wisconsin Chapters. Get familiar with MACRA (the Medicare Access and CHIP Reauthorization Act), MIPS (the Merit-based Incentive Payment System) and the concept of alternative payment models such as bundled episodes of care. In the interim, view the slides from an April 14, 2015 ACC MACRA webcast that explains the MACRA in our future.
GOVERNORS UPDATE (Continued)

State Advocacy
One of the long-term issues on which the Chapter is looking for volunteers to assist in the initial efforts to reform pre-authorization and to lessen the burden of peer-to-peer reviews prior to essential cardiac tests and procedures. Particularly as we move to a value-based payment system over the next five years, such programs seem inherently redundant and unnecessary (particularly when SMARTCare will collect appropriateness data prospectively). Wisconsin should join several other states that are initiating such efforts. I urge any Chapter member who is interested in working on these initial efforts to contact Nancy Mueller, our chapter executive.

National Advocacy Activities and WI-ACC
In my opinion, from the vantage point of serving on the board of governors, the two most important developments (beyond SGR repeal, of course) have been the redesign of the College’s overall strategic plan (if you have not perused it, I encourage you to do so) and the tireless efforts of ACC leadership, particularly Patrick O’Gara, MD, FACC, the College’s immediate past president, and Michael Mansour, immediate past chair of the board of governors, to resist severely onerous changes to ABIM’s maintenance of certification process. Recall that ACC sent all members a survey regarding the ABIM’s proposed changes, and nationally, as in Wisconsin, the negative reaction was overwhelming: 87% were completely against the new MOC changes, and nearly 70% wanted the ACC’s leadership to work with the ABIM to shape the future of the policy. As a result of the ACC survey and the response of other internal medicine specialties, your voice was heard and it did make a difference. The ABIM was forced to withdraw its initial design. I have heard more from our members on this than on any other topic. I expect to learn more at the board of governors and annual leadership meeting, and I will, of course, pass any news to you via this newsletter as soon as possible. Dr. Shor has informed the board of governors that after ABIM presents its next iteration, there will be another survey of your opinions that will likely again be conducted through the Chapter and this newsletter, so please stay tuned.

Partnership with Illinois Chapter for Education
Given the geographic dispersion of Wisconsin members, last year our Board of Councilors made the decision to combine our annual state Chapter meeting with that of the Illinois Chapter, held in May. This allowed us to partner with Illinois to attract a more distinguished group of speakers than a smaller, Wisconsin-wide meeting would likely have been able to accomplish. Look forward to a similar joint meeting in greater Chicago in spring 2016. Other joint ventures with our Illinois colleagues have included joint fellow-in-training ACC scientific session preparation, a joint CV Team member conference on November 7, and plans for a one-day Geriatric Cardiology CME meeting (for which a grant application is currently in progress).

Membership Drive
In the last few years, we have had slight attrition in senior FACCs failing to renew their ACC memberships. Some of these physicians may have retired or left the state. We’ve begun to contact each of these members, and while many simply didn’t realize they were not up to date in their dues, others allowed their membership to lapse, perhaps unaware of the College’s new strategic plan, the substantive changes in “purposeful education” (one of the five pillars of the plan as a benefit to members), our new educational partnership with the Illinois Chapter, along with many of the other advocacy issues mentioned above or on the national ACC website. If you are a leader of a local cardiology practice or department and one or more of your associates have not renewed their ACC membership, we will be asking for your assistance in reminding them of the newly reinvigorated ACC and its Wisconsin Chapter. Similarly, we will be asking for your assistance in recruiting addition CV Team Members, as the College nationally expands membership to our nonphysician CV colleagues.

Conclusion
It is, indeed, a time of rapid change on many fronts—reimbursement and repeal of SGR, a transition from volume to value-based payment models, the Chapter’s efforts to lead these changes, major changes in maintaining certification, and so on. I have limited space to discuss the issues of greatest importance. If there are other regional, state-wide or national issues of which your governor or the board of councilors can be of service to you, please don’t hesitate to e-mail me: president@wcacc.org.
MEMBERSHIP BENEFITS

What do you get for your membership dollars? You’ll gain access to benefits worth nearly $2,000 annually.

As a Member you can:

- Read about the latest clinical developments in five JACC journals: The Journal of the American College of Cardiology, JACC: Imaging, JACC: Interventions, JACC: Heart Failure and JACC: Clinical Electrophysiology.
- Participate in a variety of working groups just for the Cardiovascular Team—sorted by professional type and interest area, including Advocacy, Education and more.
- Access the latest guidelines—including on-the-go with ACC’s new guidelines app.
- Stay up-to-date with 300+ FREE educational opportunities, many of which offer CE credit.
- Access mobile applications that help you have more productive conversations with patients about their conditions, treatments and care maintenance.
- Gain unrestricted access to ACC’s new website, filled with the latest news and information.
- Gain an advocate for your interests, as we fight for your priorities in all aspects of practice—from certification to reimbursement and to federal and state representatives, regulatory bodies and payers.
- Focus on your specialty and/or interest area with ACC’s 16 Member Sections—including a Member Section dedicated to the Cardiovascular Team.
- Influence College initiatives and direction through participation on Councils, Committees, and Working Groups—there’s a CVT Member on nearly every committee working to ensure your voice is heard.
- Save with deep discounts on digital products and live courses—including savings on the ACC Annual Scientific Session worth more than the cost of membership alone.
- Participate in ACC’s quality initiatives to improve patient care including the NCDR Registries and more.
- Advance your career with ACC’s Mentoring Program, and research funding and collaboration tools.
- Receive membership in your local chapter for additional networking and educational opportunities locally.

CV TEAM NEWS

By Mia Stone, MS, BSN, RN, AACC
CV Team State Liaison

It is a very exciting time in health care delivery with many changes coming our way. At the Legislative conference held October 18-20, our Wisconsin chapter members met with legislators to tell our story as to how some current legislation affects the care that we provide. There are many opportunities through the college and the CVT section to improve health care delivery. This is the year to engage in the ACC and the CVT section!

The ACC’s CV Team Member Section is the home for cardiovascular team professionals within the ACC, advocating for and advancing priorities of interest to the community. Serve as a voice for the cardiovascular care community and become a part of the Cardiovascular Team Member Section today! To join, opt in on your member profile at any time, call the ACC’s Resource Center at (800) 253-4636, ext. 5603 or check the box on your dues statement each fall.

The Cardiovascular Team Section membership provides participants with opportunities to make a difference in cardiovascular care and:

- Network with colleagues
- Develop leadership skills
- Advance your career
- Strengthen your skills
- Expand upon your interests within the specialty

I personally have found these teams to be very beneficial and the networking opportunities extremely valuable.

I am also asking you to contact your colleagues to join the ACC and the WI Chapter. My goal is to increase our CCA membership by 10%. There are several states with a large volume of nurses, APNPs, Pharmacists, and PAs in the state chapters. Please help me increase awareness of the value of ACC membership.

Upcoming Events

Dec. 3
Surviving MI Webinar
#7: Cardiology Presence Around the Clock

Dec. 9, 6:30 pm (CST)
Free Live Webinar
Volume to Value:
A View From the Trenches

Dec. 10
ACC Membership Renewal Due

Dec. 11 – 1
New York CV Symposium in NYC

Jan. 16 – 20
Snowmass CV Conference at Snowmass, CO

Feb. 14 – 19
Big Sky, MT
38th Annual Cardiology at Big Sky, MT

Feb. 18 – 20
Las Vegas
2016 CV Summit: Solutions for Thriving in a Time of Change

April 2-4
Chicago
ACC.16
ADVOCACY AND HEALTH POLICY NEWS

Meaningful Use Regulations Released
The Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology have released two final rules that align all three stages of the Electronic Health Record (EHR) Incentive Program (also known as "Meaningful Use"). In addition to finalizing program requirements for the 2015-2017 reporting periods, the rules combine Meaningful Use into one single stage. According to the agencies, the alignment aims "to advance electronic health records with added simplicity and flexibility." While the ACC is a longtime advocate of EHRs as a way to improve the quality of patient care, the College has voiced its concerns with moving too quickly with Meaningful Use implementation. "Many of the requirements for Stage 2 proved unattainable," said ACC President Kim Allan Williams, Sr., MD, FACC, in response to the rules. "Large numbers of providers either haven't met them or, after trying and failing, have given up. That is why it is vital that CMS consider participation data from the current stage to see what is working and what isn't before outlining an upcoming stage. We cannot establish a long-term health care program that does not take into account what we can feasibly attain in the short-term, transitional period." The ACC will continue to work with CMS to determine how Meaningful Use will align with the Merit-Based Incentive Payment System which will go into effect in 2017. The ACC is currently reviewing the rules and will formally weigh in during the 60-day comment period.

JACC Leadership Page: Legislative Conference and What's Next for ACC Advocacy
In a recent Leadership Page published in the Journal of the American College of Cardiology, ACC President Kim Allan Williams Sr., MD, FACC, reflects on ACC’s Legislative Conference, held October 18-20 in Washington, DC, and looks at what’s ahead in health policy. Williams discusses the importance of lowering health care costs, a cardiovascular team-based care approach and engagement in advocacy. With the repeal of the Sustainable Growth Rate, "the College now has an opportunity to be more forward-thinking in discussions with lawmakers," he writes. Read more.

POPSULATION HEALTH, PREVENTION AND PATIENT AUDIENCE NEWS

The ACC Offers Free AFib Tools and Resources
Living with AFib can be overwhelming for patients. Help your patients better understand what causes AFib and how it is treated with a CardioSmart AFib poster for your waiting and exam rooms, check out ACC’s new AFib Shared Decision Making Tool to help guide treatment discussions around anticoagulation with non-valvular AFib patients, or visit ACC’s PINNACLE Registry, another useful tool that can help improve AFib outcomes by monitoring adherence to evidence-based guidelines over time. Finally, visit the Anticoagulation Management clinical topic hub for news, expert commentary and more. While there, sign up to receive regular email notifications when new content is posted.

MEMBERSHIP

ACC Membership Renewal Due Dec. 10
The ACC and Wisconsin Chapter are advanced forward by members like you. Your interests and your feedback help us to develop the necessary tools and resources that support you in your practice of cardiovascular medicine from your training through retirement, and we look forward to providing that support to you over the coming year in 2016. We invite you to renew now at ACC.org/Dues or by calling ACC National’s Resource Center at 202-375-6000, ext. 5603.
TOP SCIENCE & QUALITY NEWS

ACC Public Reporting Opportunity Now Available for CathPCI Registry and ICD Registry Hospitals
All hospitals participating in the NCDR’s CathPCI Registry and/or ICD Registry now have the opportunity to review and voluntarily report their results on several registry-specific measures. Hospitals that choose to participate in this effort will have their rating posted on CardioSmart.org. ACC’s patient education and empowerment initiative starting in late October or early November. The ACC encourages eligible hospitals to take advantage of this opportunity to demonstrate their commitment to transparency and quality improvement. Learn more.

Additionally, a Data Quality Checklist is now available to help NCOR hospitals ensure that all steps in their data management process produce complete, accurate, reliable and valid data. The checklist is accessible via the Quality Improvement Tools area of the NCDR web site. This tool is part of a new Public Reporting Toolkit designed to help NCOR hospitals improve on overall quality and performance for all registries, as well as publicly reported ICD Registry and CathPCI Registry metrics.

ACC/AHA Statement on Latest Guideline Recommendation Classification System
The ACC and American Heart Association (AHA) Guideline Recommendation Classification System continues to become more precise and rely more heavily on high-quality evidence, according to a statement from the ACC/AHA Task Force on Clinical Practice Guidelines, published Sept. 23 in the Journal of the American College of Cardiology. The statement explains changes to the latest recommendation classification system, which have been integrated into the “2015 Guideline on the Management of Patients With Ventricular Tachycardia” and better align with the Institute of Medicine’s 2011 recommendations. Read More.

New Guideline Addresses Management of SVT
To aid clinicians in treating SVT and distinguishing it from other disorders, on Sept. 23 the ACC, the American Heart Association (AHA) and the Heart Rhythm Society (HRS) released the “2015 Guideline for the Management of Adult Patients With Supraventricular Tachycardia” (SVT). The document, which supersedes the 2003 guideline, contains the most updated consensus of clinicians with broad expertise related to SVT and its treatment. To coincide with the guideline, the ACC has developed an SVT Diagnosis and Treatment Tool to help clinicians quickly diagnose the type of SVT a patient presents with and ensure they consistently follow a prescribed algorithm for treatment of the condition. Visit ACC.org to view additional SVT resources, including: Slide Set; Key Points to Remember; and Cardio-Smart Patient Resource.

ACC Think Tank Brings Together Experts to Discuss Combination Therapy and ASCVD Risk Reduction
In view of recent evidence of the benefit of non-statin therapy and the emergence of PCSK9 inhibitors, clinicians are faced with a number of important issues when considering combination therapy in high-risk patients. To address these issues, representatives from medical specialty societies and other stakeholder groups attended the LDL: Address the Risk Think Tank in September at ACC’s headquarters. Christie M. Ballantyne, MD, FACC, and Kim Birtcher, MS, PharmD, AACC, discuss the outcomes of the Think Tank in a recent post on the ACC in Touch Blog. Some of the topics being addressed during the Think Tank were combination therapy and atherosclerotic cardiovascular disease (ASCVD) risk reduction; considerations for using non-statin therapy; as well as clinical strategies for managing muscle-related symptoms on statin therapy and the role of non-statin therapies in statin intolerance.