

I would like to start off this newsletter with special mention of the activities of one of our members, Sam Wann, MD. As you know, Sam preceded me as Governor for the WCACC. What you may not know is that after concluding his tenure as Governor, Sam was elected by the Trustees of the ACC to be Chair of the Board of Governors, a year long obligation he just completed. Having been able to work with Sam as well as observe him in this capacity, I can tell you he did an excellent job. Many others throughout the ACC felt the same way. Among his accomplishments include the establishment of an email listserve for the governors and other ACC officials. This has proven to be a lively forum for exchange of ideas regarding the problems we all face in the complex practice of cardiovascular medicine today. Indeed, I believe discussions on the listserve are likely to influence policy development in the ACC. Sam remains a driving force and active voice in this process.

This last year has seen some changes in the organization of our chapter. The chapter had been represented by councilors elected from the established congressional districts of Wisconsin. After polling members, we realigned these districts into a smaller number that I believe more accurately represents where the majority of cardiology practice takes place in the state. There are now 5 districts: North, Northeast, West, South, and Southeast. Each district has 2 councilor positions, with the exception of the Southeast which has 3. It is my hope that over time as the organization matures; we'll be able to increase the participation of a somewhat smaller group of councilors.

Currently, we have several chapter-related activities ongoing. Rami Gal, MD has remained our representative to the Government Affairs Committee of the State Medical Society of Wisconsin.



Michael P. Cinquegrani,
M.D., F.A.C.C.

In this position, he is able to keep abreast of pending legislation that has a potential impact on medical practice in our state. David Slosky, MD and I will be attending the WPS Medicare Carrier Group meetings as representatives of cardiology. We will be following in the footsteps of Robert Green, MD who performed a great service for us on this committee. As an aside, WPS is now the Medicare Carrier for Illinois and Michigan, though each state maintains their own physician carrier committees. I am hoping that we will be able to work with cardiologists from Illinois and Michigan to speak with a single, strong voice on Medicare issues. Ken Wallmeyer, MD has agreed to take on the responsibility as chair of our program committee. We have started planning for our fall meeting and we should have more information for you soon regarding that activity.

Our website, WCACC.org, is up and running. The site has basic information regarding the chapter and also a directory that includes all of the members. We are very open to ideas regarding content, and if anyone is web-literate and has suggestions, please pass them on. In the near future we will be piloting our own listserve. Based on the success of the Board of

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Governors listserve, I thought we should make this medium available to our members. The listserve will be available to all members who have an email account. It should be able to serve as a forum for members to discuss a wide range of issues from economic to clinical. A notice will be sent out when this service is available.

If you have not already heard of performance measures, you will. The Joint ACC/AHA Task Force on Performance Measures has been established to study the process of clinical performance measurement and to develop methodologies for assessing performance. This is probably not that surprising since we are all aware of the close scrutiny practitioners are under from insurers and the government. Simply reporting procedure numbers may not be sufficient in the future to demonstrate proficiency. We will all likely need to be able to measure our outcomes and prove we meet certain standards of “quality” in order to satisfy insurers and other agencies. Thus, it is very timely for the ACC/AHA to take a leadership role in developing policies and tools to assess performance.

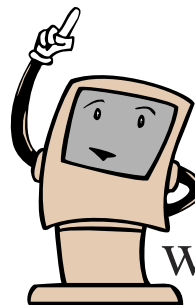
To be able to measure performance, one needs credible data. The ACC National Cardiovascular Data Registry has been established and currently is comprised of a cath/ptca database module. Approximately 250 hospitals are participating in ACC-NCDR, which allows them to benchmark different aspects of their practice performance against pooled data from all participants. The idea behind this is that by developing our own database and establishing it as a national standard, we will be able to speak authoritatively regarding our practices. Backed by data, our position will be much stronger when we have to defend or promote ourselves. A further extension of this concept would be longitudinal measures of performance and quality, issues to be addressed by the Task Force. If you are a cath lab director or chief of service at your hospital, you should take time to learn about ACC-NCDR. I think there would be great value in having the majority of cath labs in our state participate in the ACC-NCDR. It may become a necessity for your hospital and practice.

I frequently think about what this Chapter is supposed to mean to its members. What value is there in having a state chapter? The best answer I have found yet is advocacy. Directed, grassroots advocacy can have a determining impact on the legislative process

and regulatory policies. Advocacy itself requires both information and organization. That is why we have someone attending the State Medical Society governmental affairs committee as well as the WPS Medicare Carrier Advisory committee. Participation in these bodies keeps our eyes and ears open to what is going on around us, and allows us to discern what threats or opportunities may face us.

Believe it or not, we have been relatively lucky in Wisconsin. Our practice environment is not as regulated as it is in other states. Some ACC state chapters have had to organize the passage of legislation to offset negative state regulations. The SMS governmental affairs committee is a particularly effective watchdog. Having participated in this committee myself, I can attest not only to the importance of this activity, but also to the quality of the SMS’s organizational structure. Their lobbyists are professionals who know what is going on at the capital. Indeed, a mark of their organizational prowess was displayed last year when the SMS successfully lobbied for changes in the Wisconsin Data Law (WI Act 231). The compromise that was reached, through the support of key legislators, keeps patient identifying data out of the public domain established by the data law. Short of reversing the data law, this represents a major victory for patients right to privacy. Given the strengths of the SMS, I hope many of our members also support the SMS with membership. We are organizational allies.

I would like to close by inviting you to contact me if you have questions or concerns about issues I have discussed. Let me know if there is something more the chapter should be doing. I encourage your participation in bringing forth your ideas, talents, and energies to help better the practice of cardiology for all of our patients.



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Bon Voyage,

Bruce Fye, MD, FACC

Bruce Fye, MD FACC, a long-standing member of WCACC and former chapter governor, is moving from Marshfield Clinic to a new position at Mayo Clinic. Dr. Fye served as chairman of cardiology at Marshfield for many years and he's risen through the ranks of the ACC to be a Trustee of the College, and now Vice President. He is an accomplished medical historian who has written an award winning book: American Cardiology: The History of a Specialty and It's College. In addition, Dr. Fye has served the College through numerous committees and educational activities.

Dr. Fye is a major asset of this chapter, the ACC, and cardiology as a whole. On behalf of the chapter, I wish him the best for the future and I look forward for our paths to continue crossing.

WCACC Welcomes New Cardiology Chiefs

The WCACC extends a welcome to recently arrived cardiology chiefs Pamela Douglas, MD FACC of UW-Madison and David Rutlen, MD FACC of MCW. Dr. Douglas was previously on the Harvard faculty at Beth Israel Deaconess Medical Center where she was director of echocardiography. She serves the ACC as a Trustee as well as through committee assignments. Dr. Rutlen arrives from The Medical College of Georgia where he was chief of cardiology. He previously was a faculty member at Yale.

The Chapter looks forward to their membership and wishes them the best in their new endeavors.

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Volunteer Opportunities - Member Response Needed

1. An email listserve has been proposed to provide a forum for discussion of clinical and economic issues. Would you find this service useful? Yes No

 2. Do you have any suggestions for beneficial Chapter activities? _____

 3. Are you interested in serving on any of the following committees?
 - Program Committee
 - Government Affairs Committee
 - Medicare/3rd Party Relations Committee
- Name _____
- Address _____
- Phone _____ E-Mail _____

Please mail/fax/email survey to: Wisconsin Chapter ACC, 1123 N. Water Street, Milwaukee, WI 53202
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