



Wisconsin

CHAPTER NEWS

American College of Cardiology • 1123 North Water Street • Milwaukee, WI 53202

Governor's Message



*Peter Rahko
M.D., F.A.C.C.*

I hope this letter finds you in good health and good cheer at the beginning of 2004. This newsletter brings you up to date on some of the issues currently active at the ACC.

We had an excellent fall meeting at Kohler, Wisconsin on October 4. All of the speakers gave excellent presentations. Dr. Michael Ezekewicz from Philadelphia led a great discussion on implications of atrial fibrillation in practice, and led us through a highly interactive lecture touching on several of the key topics confront-

ing all of us when we deal with patients with new and existing atrial fibrillation. The choices only get more complicated as the options for therapy increase.

Dr. Kirk Garrett from the Mayo Clinic in Rochester, Minnesota gave an excellent presentation on interventional topics, particularly focusing on new coated stents and the cost effectiveness of these stents. Kirk summarized the current state of the art and made several cogent recommendations about the most cost-effective use of coated stents and their implications on the hospital, the manufacturers of the stents and also the individual cardiologists in his practice. Dr. Param Sharma, one of our own Wisconsin members, gave us an excellent overview of the device implications of MADIT-II. He nicely summarized the cost implications of widespread device therapy that is on the horizon for all of us.

Finally, we were delighted to have Ralph Brindis from San Francisco join us for the meeting. Ralph has put a substantial amount of effort into the ACC National Cardiovascular Data Registry (NCDR). He showed us the importance of gathering data effectively about our practice in invasive cardiology, gave us examples of the implications of imposed regulation that in some states has come out of nowhere with little or no warning, and showed us the advantages to the individual practitioner and institution that membership in the registry offers. In addition, Ralph summarized the upcoming rollout of the Cath Lab toolkit that is coming from the American College of Cardiology that I urge all of you in invasive practice to look at on the ACC web site.

At the national level, the ACC continues to be heavily involved in advocacy issues. Our Board of Governors Chairman, Dr. Allan Brown from Illinois, has placed a special emphasis this year on organizing our national efforts in advocacy. As all of you are aware, the ACC reorganized its bylaws recently to allow the organization to maintain all of its usual activities, but also have a political action committee. I strongly urge you to consider contributing to the ACC PAC as this advocacy group becomes more organized. The ACC continues to enjoy a high level of visibility and trust in the political circles in Washington, DC and is the primary voice of cardiovascular medicine, particularly related to federal issues of medical practice. As you know, all efforts are hard-fought and only occur one small step at a time. Even though we had a victory last year, it turns out that there is much more work to be done to continue to stave off further potential cuts in reimbursement and limitations on practice. We have recently sent you a separate mailing on the PAC and advocacy. I urge you to consider a contribution.

The ACC has created a new membership category called "Cardiac Care Associate" (CCA). This category welcomes registered nurses, nurse practitioners, clinical nurse specialists and physician assistants as CCA members of the college. This fall we sent out a mailing out to about 1,800 individuals throughout the state announcing this category. Please consider advocating your personnel in your institution to join as a CCA member and attend the national meeting in 2004. There should be several educational activities highly relevant to these individuals.

I would also like to remind all of you of the upcoming national convention in 2004, and urge you to consider attending. I have been personally impressed by the revised organizational structure of the national meeting. The meeting is now organized, if you so desire, into several different educational tracks. It makes it possible for one to move through the meeting and obtain a comprehensive review of different areas of cardiovascular practice in a highly efficient fashion. Posters are now organized also by topic, so it is easy to go to the poster sessions and quickly peruse the areas that you are interested in. Of course, the ACC also remains the premier showcase for cardiovascular equipment and new ideas. As always, we will have a chapter get together. I hope to see you at the meeting in 2004.

Sincerely,

Peter S. Rahko, MD, FACC

Governor, Wisconsin ACC Chapter

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Call for Nominations: ACC Wisconsin Chapter Councilors

The Wisconsin Chapter is accepting nominations for members to serve as Councilors with terms beginning in 2004. Councilors serve a two year term and their duties are to serve as liaisons between the Wisconsin Chapter Governor and ACC members in their regions. Councilor openings are available in the following regions: Southern, Western, and Southeastern.

If you are interested in becoming a Wisconsin Councilor, please contact the Chapter office at 414-276-8788.

ACC Summary and Medicare Physician Fee Schedule Rule for 2004

CMS published a revised fee schedule for 2004 on January 7th and instead of suffering from a 4.5% reduction in the conversion factor, cardiologists will see an average fee increase of 2.9%. The increase is due to legislation mandating that the conversion factor rise 1.5% and additional changes in relative value units.

This change is slightly higher than the 2.7% increase that ACC had projected earlier because some of the legislatively mandated changes in the way drug administration procedures are reimbursed benefited cardiology.

Fee changes by the following types of cardiology codes are:

- Echocardiography 2.7%
- Heart Rhythm 0.5%
- Nuclear 2.7%
- Invasive 4.1%
- Gen. Cardiology 3.0%
- Total Cardiology 2.9%

The impact on thoracic surgery is +3.0%.

The recently passed Medicare legislation also reduced drug payments from 95% of the reported average wholesale price (AWP) to 85% because of allegations that the AWP overstated true costs for most drugs. This will reduce payments for stressing agents to by about 10%. Radiopharmaceuticals and contrast agents will not be affected by this change because Medicare does not classify them as drugs.

CMS has tentatively accepted new practice expense data from oncologists that results in significant fee increases for that specialty in 2004. The ACC is collecting similar data that will hopefully also be accepted by CMS and result in higher payments for cardiologists in 2005.

Additional policy changes in the 2004 rule of interest to cardiology include:

1. CMS's recognition of practice expense for catheterization and electrophysiology procedures sought by ACC, the Heart Rhythm Society and the Society for Cardiac Angiography and Interventions. This increased fees for electrophysiology and cardiac catheterization procedures.
2. Upon the recommendation of ACC and the Heart Rhythm Society, CMS withdrew proposed G codes for cardiac telemetry services in the home setting. We indicated this technology warrants a national coding solution once the technology is more advanced.
3. ACC convinced CMS to make CPT code 93788 for ambulatory blood pressure monitoring a covered service under the fee schedule.
4. ACC was successful in its request to CMS to improve the G code descriptors for renal and iliac angiography to clarify they are used for non-selective procedures.

More details on the cardiology procedures may be downloaded from the ACC website-www.acc.org (go to advocacy, issues center, Medicare fee schedule). Details on cardiac and thoracic surgery can be obtained from the STS web site at www.sts.org.

ACC National Cardiovascular Data Registry

The ACC-NCDR is now five years old. Data collection continues to be improved and new software versions (3.0) are on their way to introduction this year. The national quality forum (NQF), a public-private partnership organization involved in measurement of healthcare quality, has now endorsed the use of the ACC-NCDR as the standard of measurement of quality in catheterization laboratories. Some states have also adopted the ACC-NCDR as their standard of quality assessment where uniform participation is required. Here are a few frequently asked questions about the ACC-NCDR.

What is the purpose?

There are three goals of the ACC-NCDR.

1. To accurately report the safety and effectiveness of cardiovascular care.
2. To reduce the amount of redundant quality of care data that healthcare providers must generate.
3. To provide confidential and valid comparative analysis regarding participants' process and outcomes of care.

Why should my cath lab join the ACC-NCDR?

1. It will enhance your own quality improvement program. It has gained considerable acceptance by several other certifying organizations in states and also JCAHO.
2. It will allow you to measure the impact of any clinical quality improvement projects you undertake and also assess changes in patient outcomes in your institution and compare them to benchmarks, both in your state and nationally.

What benefits come to participants?

1. Quarterly and annual institutional reports are generated, comparing your institution to average values in the entire registry, which you can use for internal and external purposes of comparison.
2. User groups have an annual meeting to allow for further input into the structure and revision of the registry and also to help with the initiation of other quality improvement initiatives.
3. Data quality reports are available to help you prioritize which areas your laboratory needs to work on.
4. Specially trained staff is available to help your laboratory with technical and clinical issues.
5. Increased information from national guidelines and from the ACC will help you stay on top of all new initiatives in quality.
6. Data elements, definitions and sample data collection forms are readily available to each participating laboratory.

Are the core data elements evidence-based?

The committee led by Ralph Brindis, as well as the user groups, meet on a regular basis to evaluate elements, definitions and usefulness of the data being collected. A direct result of these meetings is the rollout of Cath Lab Module v.3.0, which will begin in April 2004. The data elements will be further refined and revised for this

version to enhance the amount of information available and hopefully also the usefulness of the database. A key focus of v.3.0 incorporates a review of data standards from other nationally well-known databases, including elements from the Society for Thoracic Surgery and many other state registries. In addition, new definitions from updated guidelines on PCI, acute myocardial infarction, unstable angina, and non-ST segment myocardial infarction have been included in the database. The ACC and STS have met to try to align as many elements as possible into a common data set. The v.3.0 data set will include consensus between the ACC and STS on 38 elements mapped in definition and coding and 10 elements mapped in definition only, a substantial step forward in harmonizing the information coming from these two databases.

What vendors are ACC certified?

Currently, there are at least 16 different vendors of catheterization laboratory software certified for v.2.0. Updated versions of this list can be obtained on-line from the ACC web site.

Additional information on the ACC-NCDR can be obtained by going to the ACC web site at www.acc.org/ncdr. You may e-mail the NCDR at ncdr@acc.org or you may call the ACC with questions about the NCDR at 1-800-253-4636 extension 451. I urge you to consider adding your cath lab to the NCDR database.



**AMERICAN
COLLEGE of
CARDIOLOGY**

Save the Date

*Meet Your Wisconsin
Colleagues in New Orleans*

Wisconsin Chapter Reception

Monday, March 8, 2004

5:30 p.m. – 7:30 p.m.

Sheraton New Orleans Hotel
Edgewood B Room
500 Canal Street



Wisconsin

CHAPTER

American College of Cardiology

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ACC Annual
Scientific Session 2004
March 7-10, 2004
New Orleans
Crossing Borders in
Cardiovascular Medicine

ACC Extramural Conference – July 15-17, 2004

Arrhythmias in the Real World: Cardiac Arrhythmias at Mackinac Island

Location: Grand Hotel, Mackinac Island, Michigan

Directed by: Peter N. Smith, MD, FACC & Kelley P. Anderson, MD, FACC

Program Description:

The conference entitled Arrhythmias in the Real World: Cardiac Arrhythmias at Mackinaw Island is a two and one-half day symposium concerning cardiac arrhythmia evaluation and management. It is a new extramural conference offered by the American College of Cardiology and will showcase current medical management of arrhythmias and the technical advances in arrhythmia management including demonstration of the techniques and the approved indications for their use.

Registration materials will be mailed to you soon, or check www.acc.org for updates.

JULY 15, 2004

8:15am Welcome to Conference - Arrhythmia session
8:30am Wide Complex Tachycardia: Take Your Pulse and Let's Go! Speaker: Peter N. Smith
9:15am Supraventricular tachycardia: Mechanisms and management Speaker: John P. DiMarco
10:00am Indications for Electrophysiologic testing Speaker: Param P. Sharma
10:55am Antiarrhythmic Drug Pharmacology. Speaker: John P. DiMarco
11:40am Noninvasive evaluation of arrhythmias. Speaker: David Rosenbaum
12:25pm Question and Answer session
12:40pm Break for lunch - Syncope session
1:30pm Syncope: Evaluation and Management. Emphasis on tilt table testing & implantable loop recorders. Speaker: Blair Grubb

2:15pm Genetics and Arrhythmias
2:15pm Long QT syndrome evaluation & management. Speaker: Arthur Moss
3:00pm Brugada Syndrome: Evaluation, management, and site specificity. Speaker: Frank Marcus
3:55pm Sudden Death Risk Stratification and Prevention in Hypertrophic Cardiomyopathy. Speaker: Barry Maron
4:40pm Sympathetic nervous system and Ventricular Tachyarrhythmias Speaker: Kelley Anderson
5:25pm Question and Answer session: Syncope evaluations, Genetic arrhythmias.

JULY 16, 2004

8:15am Welcome Back - Atrial Fibrillation session
8:30am Mechanisms of Atrial Fibrillation and Flutter. Speaker: Al Waldo

9:15am Epidemiology of Atrial Fibrillation. Speaker: Robert Greenlee
9:45am Treatment of Atrial Fibrillation: Lessons from the AFFIRM Study Speaker: Humberto Vidaillet
10:30am RF ablation of Atrial Flutter. Speaker: Param Sharma
11:15am Focal Atrial Fibrillation. Speaker: Jasbir Sra
12:00pm Break for Lunch - Ventricular tachycardia and ventricular fibrillation session
1:00pm VT: approach to the patient and RFA. Speaker: William Stevenson
1:45pm External Defibrillators in prevention of SCD. Speaker: Thomas Mattioni
2:40pm ICD's: Not Always a Shocking Experience: Indications and techniques. Speaker: Peter N. Smith
3:25pm Permanent Pacemakers: Indications, implantation and com-

4:10pm plications. Speaker: Bruce Wilkoff
Questions and Case Studies. Speakers: William Stevenson, Thomas Mattioni, Param Sharma, and Bruce Wilkoff

JULY 17, 2004

8:15am Welcome Back - Congestive Heart Failure session
8:30am Congestive Heart Failure Management. Speaker: Lynn Warner Stevenson
9:15am ICDs in Heart Failure Patients. Speaker: Arthur Moss
10:00am Beyond Beta Blockers in HF: Therapies that possibly possibly interact with Antiadrenergic therapies. Speaker: Michael Bristow
10:55am Case Studies. Speakers: Lynn Warner Stevenson, Michael Bristow, Arthur Moss, Peter Smith