



# Board of Governors

## CARDIOLOGY 2010: STATE OF THE STATES

Regional Reports from the Board of Governors

**January 29, 2011**

Richard J. Kovacs, M.D., F.A.C.C.  
Chair, ACC Board of Governors



## State of the States 2010

Dear Governors,

*“Leaders are made, they are not born. They are made by hard effort, which is the price which all of us must pay to achieve any goal that is worthwhile.”* *Legendary football coach Vince Lombardi*

The intersection of a growing elderly population, the high rate of uninsured Americans, a weakened economy, health reform implementation and ongoing cuts to Medicare reimbursement has created a perfect storm that is testing the limits of the U.S. health care system and physician practice models as we currently know them.

If the ACC’s 2010 Practice Census is any indication, this “storm” has left no state behind and forced many private practices to take drastic actions to remain viable. To date more than half of all practices have taken some form of cost-cutting action as a direct result of the cuts in reimbursement for cardiovascular services included in the 2010 Medicare Physician Fee Schedule. Private practices have also been forced to re-evaluate their business models and look for options that improve the quality and efficiency of their practices, while also providing additional revenue. This has resulted in a trend toward hospital integration or practice mergers. According to the census, nearly 40% of private group practices are currently integrating with hospitals or merging with other practices. Meanwhile, 13% of all cardiovascular practices are considering hospital integration or a merger in the next three years to help stem the financial burden.

The challenges highlighted by the survey results demand that cardiovascular professionals, as well as organizations like the ACC, develop creative and workable solutions to meet the needs of new practice models, as well as help current private practices maintain their viability. This includes looking at new payment models, outside of the current fee-for-service system; continuing with education around evolving models of cardiovascular care; developing and/or using quality tools to improve upon and/or ensure appropriate care; and helping patients take a more active role in their care.

The key to success lies with physician leadership. With the right leadership, we can design future payment models, quality tools and educational resources that benefit physicians, while also promoting the high quality care patients deserve. ACC Chapters in particular have numerous opportunities to lead and be on the ground floor of new initiatives like the PINNACLE Network, *credo*, The Cardiovascular Leadership Institute, international collaborations, registry use, hospital to home transitions and more. We are in unique positions to do the hard work and help shape the cardiovascular leaders of tomorrow and the “State of the State” reports that follow are proof that we are rising to the challenge.

I want to thank all of the Governors, Chapter leadership and Chapter Executives for their efforts in not only promoting, but helping to inform, the quality, education and advocacy agendas of the College. I look forward to working with all of you moving forward as we focus on the future. All of these quality tools have the capability of building on the College’s powerful legacy. Working together we have the ability to not just weather this storm, but actually have a say in shaping the landscape once it’s over.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Kovacs". The signature is fluid and cursive, with a large initial "R" and "K".

Richard Kovacs, M.D., F.A.C.C.  
Chair, ACC Board of Governors

## ALABAMA

The Alabama Chapter continues to remain active in political advocacy. Dr. Paul Moore, former Chapter Past President, hosted a “Cardiology for the Day” event with Congressman Bobby Bright. Dr. Moore through this event was able to persuade Congressman Bright to sign onto the Gonzales Bill. Dr. Carl Gessler, Chairman of the Advocacy Committee for the Alabama Chapter, continued to be active as well both in state and national advocacy. He was recognized with the “ACC Outstanding Advocacy Award” for his effective grassroots fundraising and key contacts in the federal and state arenas. The Heart Center in Huntsville, Alabama was politically active hosting a fundraiser for Mr. Mo Brooks. Mr. Brooks has subsequently become Congressman Brooks and is the first Republican elected to the fifth district in Alabama as a Republican in over 130 years. Dr. Gessler was also active in the Attorney General race and several other state races. It is pertinent to note that Alabama now has a Republican controlled congress for the first time in over a century as well. The Alabama Chapter of American College of Cardiology continues to dialog with Blue Cross Blue Shield (BCBS) which is responsible for over 90% of the insured lives in the state of Alabama. Through the efforts of the Chapter several changes in reimbursement will be made including several new novel approaches rewarding quality over the next few years. The “smoke free bill” crafted to abolish smoking in public places in Alabama will be reintroduced in 2011. We anticipate opposition again from the tobacco lobby but are hopeful with the recent change in the Alabama legislature we may be able to pass this important legislation.

Quality continues to be the central theme in our state chapter. The Alabama Chapter project “Assault on Cardiovascular Mortality” is completing its final year. This project has been recognized for its education of the public and has garnered attention in several newspaper articles and TV news programs. This has been an effective mechanism to increase awareness of cardiovascular disease in the state of Alabama. A new initiative is forming at this time with a goal to improve the care of STEMI patients in our state. Birmingham and Huntsville have both independently been in the process of developing STEMI networks. They now will be adopting the AHA Mission: Lifeline program and incorporating it as part of their network. This is being spearheaded by Dr. Pierre Scalise in the Birmingham area and by Dr. David Drenning in the Huntsville area. The Heart Center in Huntsville recently held a STEMI summit for all of the hospitals in North Alabama. This will be an ongoing quality issue that we will try to spread throughout the state over the next year.

The Alabama Chapter continues to offer two accredited CME programs each year for physicians and cardiac care associates for a total of 15 CME hours. The Alabama Chapter of the American College of Cardiology is the largest provider of cardiovascular education in Alabama at this time. These two programs have been well received - our goal is to continue both programs long term in order to continue to meet the CME needs of our members. The Alabama Chapter also offers an annual educational opportunity for the practice administrators as well. This has been an effective means for the practice administrators of the cardiology groups in Alabama to share their information and to dialog about common problems and concerns. Patient education events were held in 2010 as part of the Assault Project and plans will be made to carry this into 2011 especially in areas where they will be requested. A power point presentation is also available through the Alabama Chapter website.

The ALACC membership in 2010 was upbeat despite all of the changes in medicine. The annual meeting was well attended and great interest for the upcoming winter and summer meetings in 2011 was expressed by the membership. The Chapter plans to engage new members by offering specific educational opportunities for FIT's, CCA's and practice administrators in 2011. The Chapter also continues to offer a very popular abstract competition for the FIT's with a scholarship at the annual meeting.

We were able to reach our goals that were set for 2010 through the continued hard work of our Chapter Executive, Dee Mooty and the council. Our advocacy goal was met in 2010 by continuing the Chapter Assault Project. We intentionally targeted counties with the highest population and the highest cardiovascular disease incidence. Our educational goal was met by doubling the accredited hours offered by the Chapter and offering programs with a focus on current practice based needs and guidelines. Our quality goal was met by continuing development of a statewide STEMI project with the support of the AHA Mission Lifeline Committee. The Alabama Chapter was successful in implementing the STEMI Network in Birmingham which has the largest concentrated population in the state.

We plan to continue with the strength of our Chapter which at this time is leadership and education. Our goal is to increase the participation of members who have not yet participated in a Chapter activity. We also plan to try to engage more members through social media such as Facebook and Twitter. This has been a stated goal of our Governor Elect, Dr. Steven Lloyd, and I anticipate that this will be an integral part of his governorship.

There are still several challenges facing many practices in the upcoming year. These challenges include reimbursement issues especially with BCBS representing over 90% of the market in Alabama. We will continue to dialog with BCBS to try to and find common ground that will benefit the healthcare of patients in our great state. An electronic medical records system has been implemented by many groups in our state but many practices are without one and have concerns about implementing one. This issue and the attempt at reimbursement for the purchase of an EMR system are vital areas of interest that will be important for our membership going forward. Practices in Alabama continue to struggle to balance between quality and maintaining a viable practice due to ongoing reimbursement cuts. We are seeing several groups hold salaries and cut staff in order to continue with a viable practice. This continues to be an ongoing concern. The Chapter will maintain its active role in political advocacy with our Senators and Congressmen going forward to hopefully insure the SGR issue is addressed and that the "CMS rule" is at some point repealed or at least corrected.

2010 has been an excellent year for the Alabama Chapter and we look forward to the upcoming year under the leadership of our new Governor, Dr. Steven Lloyd of Birmingham, Alabama.

Phillip L. Laney, M.D., F.A.C.C., Governor

## ALASKA

Cardiology practice in Alaska follows the population centers in the state ranging from Anchorage to Fairbanks and includes Wasilla. While the majority of cardiologists work out of Anchorage, much of the state is served by itinerant clinics. Practice models in the state include hospital based – such as in Fairbanks with three employed physicians, Anchorage with two employed physicians at Alaska Native Medical Center, VA with one hospital based physician – and Anchorage with 23 physicians partnered under Alaska Heart Institute in Anchorage and Wasilla. At this point no full-time cardiologist serves the Southeast, though Juneau has cardiology clinics with Washington-based cardiologists. Recently, Bartlett Hospital in Juneau has announced its intention to launch a cardiology program, and Central Peninsula Hospital in Soldotna has plans for expanding inpatient and outpatient cardiac services.

The Alaska ACC Chapter plans to hold its first educational event on February 11<sup>th</sup> and 12<sup>th</sup>. “Cardiovascular Update 2011” is a CME/CEU event offering 12 hours of credits with talks aimed at primary care education. Invitations have been sent to all practicing primary care physicians in the state. On February 10<sup>th</sup> we will hold our chapter business meeting and are delighted to have Dr. Kovacs as our keynote speaker. Maggie Barnett, RN, CCA has been the driving force in organizing this complicated endeavor and has done a fabulous job.

There have been no major changes to the delivery of health care in Alaska in 2010. Most notably two senior health clinics are in the planning stages- one funded by the state legislature and one supported by the largest hospital in Anchorage. Both clinics are an attempt to meet the needs of our seniors who cannot establish primary care as the majority of primary care practitioners in Anchorage no longer accept Medicare reimbursement.

The Alaskan CCAs, of which there are 32 to date, have been very active this year and plan to continue many projects into 2011:

### Advocacy

1. Two of our Alaskan CCA’s (Maggie Barnett, our CCA liaison, and one of our RN’s) and Dr. Krauss traveled to the ACC Legislative Conference in September of 2010. We met with our state senators, aides and our Congressman aide to discuss with our elected officials: (1) co-sponsorship of legislation to transition excessive cuts to physician code for reimbursements; (2) repeal of the flawed sustainable growth rate formula; (3) support improvements in the Patient Protection and Affordable Health Care Act; (4) become a cosponsor of House Bill 4993, the Home Health Care Planning Improvement Act of 2009 that would change the language in Medicare Law that prevents Nurse Practitioners from ordering Home Health Care and Hospice for Medicare patients.
2. Further, Maggie, as our Alaskan ACC Cardiac Care Liaison and President of the Alaska Association of Nurse Practitioners:
  - a. Attended the Legislative fly in to Juneau (our State Capitol) in February 2010, to address issues that affect the practice of Nurse Practitioners in Alaska and their ability to care for their patients. We met with the Governor of Alaska and state legislators to discuss multiple bills that address such topics as access to care for our patients, loan repayment, support for a Clinical Doctorate of Nursing Program at the University of Alaska, and numerous other issues;
  - b. Attended the American Academy of Nurse Practitioners Region 10 Conference in March to discuss issues that affect all Nurse Practitioners in the Northwestern states;
  - c. 4. Attended the National Symposia of the American Academy of Nurse Practitioners in Phoenix Arizona in July to learn more about public policy;

- d. Continued as the Alaskan CCA Liaison until December of 2010 when an election could be held (Maggie stated “I am really going to miss doing that one! I was so lucky to be able to hold that position since 2003!”);
- e. Met with the Alaskan Board of Nursing three times last year to discuss issues pertinent to our Alaskan Nurse Practitioners;
- f. Became the co-chair of the Publications and Web Group for the ACC Cardiovascular Team Council Section;
- g. Became the co-chair of the Advocacy Group for the ACC Cardiovascular Team Council Section;
- h. Participated in the Virtual Capitol Hill Day sponsored by the American College of Nurse Practitioners to support legislation to recognize Nurse Practitioners as eligible health care providers who can order home health services under Medicare, ensuring that Medicare patients requiring these services receive optimal continuity of care;
- i. Authored the ACC/CCA October Newsletter article updating all ACC/CCA members on the 2011 Legislative Conference held in Washington D.C.
- j. Received the designation of A.A.C.C. this year to continue to improve the highest standards in our Cardiovascular Practice and encouraged our Alaskan CCA members to apply for designation.

### **Education**

- 1. Conference Committee Planner for Alaska Nurse Practitioner Association (ANPA) Fall 2010 Conference (the largest medical conference annually in the State of Alaska!)
- 2. Conference Committee Planner for ANPA Fall 2011 Conference. Maggie will also be co presenting a 12 lead EKG workshop for our attendees

### **Membership**

- 1. Will host a ACC/CCA booth at our February Conference to encourage membership in ACC
- 2. Secretly asking every Cardiac RN at the hospital to join the ACC every chance I get!
- 3. Alaska Heart Institute pays half of our CCA yearly membership dues!

### **Quality**

Maggie attended the Alaska Primary Care Association Spring Intensive Update to discuss the impact of health care reform in Alaska, the medical home model of care and how it would impact the state of Alaska and NCQA recognition.

Education is so far our biggest Chapter Activity! We have been planning and working on this February Conference since April of 2010! I think one of our strengths is the dedication of our Chapter members! Everyone works really hard on quality patient care and putting our patients first!

Stanley P. Watkins, III, M.D., F.A.C.C., Governor

## ARIZONA

In a recent survey, 37% of Arizona members were in small groups under 15 Cardiologists; 22% in private practice, 26% in a health system, and 15% in a group larger than 16. Medicare patients make up greater than 60% of the average practice.

Understandably, the membership is shocked, disheartened, and disgusted about the CMS rule. Their common thought is that the system is faulty. Cardiologists have given a boost to the community with improved outcomes and yet they are being penalized for doing a great job. One member opines: “How am I going to explain the concept of reward and punishment to my children? Do a good job at school and I will take the ipod away from you?” Fully 65% of our membership is expecting to reduce the size of their staff this year. Other measures commonly being instituted are: cash only, offering fewer procedures, closing satellite offices, retirement, more referrals to hospitals, discontinuing several procedures, etc.

With AZ ACC members working long hours it is often difficult for them to attend education events (40% work 45-60 hours each week, and 42% over 61 hours each week). That is why the chapter has made great stride this year in increasing professionalism and opportunities for CME education throughout the state. We have held more than four CME events in the last 4 months, with plans for another 6 early this year. Members are happy to have education offered locally, and since 70% of our membership is located in just two metropolitan areas, the smaller locations are thrilled to have the AZ ACC “on their doorstep”.

When it comes to healthcare reform, most members agree that it is desperately needed, but will hurt individual physicians and be a huge financial burden on the country. Many members think that failure to reform responsibly will only exacerbate a bad situation and make the upcoming physician shortage worse, in turn resulting in dire patient access times, particularly in rural areas. Indeed, in Arizona, we have a huge workforce problem for both physicians and nurses.

Although most AZ ACC members love their jobs and are planning to remain in the model they currently operate in (with changes) one opinion seems to summarize the state of Cardiology in Arizona today: “More work, less income, less time for patients, more inept regulations, less job satisfaction: any questions?”

Arizona members are quite proud of the ACC “fighting the good fight” and representing them well, although some wish we were even more aggressive in our response to the CMS and Federal government.

Thomas A. Haffey, D.O., F.A.C.C., Governor

## CONNECTICUT

The state of cardiology in the state of Connecticut, as in the rest of the country, is in a state of flux. There has been much anxiety over how the Patient Protection and Accountable Care Act (PPACA) and CMS rule changes will affect practices, and speculation about what will happen with the new Governor in Connecticut.

In many practices in the southern part of the state, there have been moves toward integration with hospitals, but as of yet there have not been any reports of practices laying off staff or reducing services.

A major concern of the chapter is the growing sense of helplessness and frustration of Connecticut Cardiologists. Some of this comes from the recent Medicare cuts and SGR related payment delays, but several other factors also seem to be emerging.

Recent reports in newspapers and even highly respected medical journals that cardiologists may be doing unnecessary procedures are seen by many cardiologists as having hurt our public image. In addition, many cardiologists have felt that the ACC and the state chapter have not been effective enough with its advocacy efforts or in the promotion of Cardiology's image in the public eye. Many are not aware of the advocacy efforts that the ACC over the past 2 years and have only seen poor outcomes.

In an effort to address these concerns and set up goals and establish a direction for the next 3 years, the CCACC Council had a strategic retreat. The following is a brief summary of some of what was discussed at the meeting and some of the goals that were proposed:

### 1. Member Involvement/Publicity/Public Image

- a) Create a "Who's Who" directory of CCACC members to foster communication between and camaraderie among cardiologists around the state
- b) Hire a public media person
- c) Directly approach cardiologists at Division Meetings to publicize what the CCACC (and ACC) does
- d) Create practice management seminars

### 2. Membership Drive

- a) Update contact and Practice information
  - Send email to all CCACC members that states the CCACC is updating their contact information.
  - For members who we do not receive a return email with updated information, mail a letter with an update request form.
  - For members who do not respond, phone them

### 3. Cardiac Care Team Involvement & Specialty Involvement

- a) Add practice administrative personnel to council
- b) Invite individuals from the office of Chief Medicine to meetings and events
- c) Ask subspecialty societies to nominate members

### 4. Subspecialty societies- attempt to collaborate with state chapters of the ASE, HRS and SCAI

### 5. Education and programs

- a) Increase the number of CCACC meetings

- b) Develop educational training programs/professional development, which are specific for FIT, CCA and practice administration and hold at different venues around the state
- c) Involvement with other medical societies
- d) Practice oriented programs
- e) Overview of practice landscape - partner with CSMS
- f) Educate subcommittee of additional support staff

6. Advocacy

- a) Partner with State Medical Society's lobbyist
- b) Retain a lobbying and public relations firm
- c) Invite lobbyist to all of CCACC meetings for synopsis of legislative activity

7. Increase visibility and promote communication

- a) Website
- b) Link to blog update
- c) Monthly newsletter linked to website
- d) Email members for practice administration
- f) Letter from the President - every other month

8. Future Leadership & Governance

- a) Succession planning
- b) Financial planning, spend some/save some
- c) Conference calls in place of meetings - makes for easy attendance
- d) Educate the FIT, young leaders
- f) Hold Educational webinars, post slides on the CCACC website

Neal Lippman, M.D., F.A.C.C., Governor

## DELAWARE

2010 has certainly been the most challenging year for Delaware Cardiologists in the last two decades! Significant reductions in reimbursement for cardiology services have forced ALL practices to make some very difficult decisions in an effort to maintain their practices viable. The ACC Delaware Chapter has maintained its involvement in advocacy efforts both nationally and on the local front.

The Delaware Chapter, in conjunction with National ACC, has been working together with the largest commercial insurer (BCBSDE) in the state to implement the FOCUS initiative as an alternative to RBM's for the preauthorization of Nuclear Spect Imaging. In 2009 the state of Delaware was cast in the national spotlight on this issue when a patient came forward in the local and then national press relating his story of a nuclear test denial, which delayed timely care that ultimately required acute hospitalization and surgical intervention. This led to both a Federal investigation of BCBS as well as a local investigation from the State Insurance Commissioner. We are confident that we can work together with BCBSDE to insure that RBM's remain a thing of the past in our state and that the decisions made for our patients remain in the hands of our physicians.

ACC Delaware chapter maintains an active relationship with the Delaware Medical Society and has maintained two delegate positions in the society.

We continue to work closely with the AHA on the Mission Lifeline Initiative and believe we will continue to have important clinical input into to the clinical mechanisms of the care of acute coronary syndrome.

The biggest challenge, by far, remains our continued efforts to engage the FACC's in our state to participate in chapter initiatives. This year, in particular, has been especially difficult as many of our colleagues were preoccupied with saving their practices! As a result, attempts at organizing educational opportunities, health fairs and the like were met with frustration and waning interest. ACC Delaware did manage to increase its membership by extending a formal invitation to FIT's, CCA's and Practice Administrators.

ACC Delaware has much work to do in the coming year as we anticipate continued strong involvement in advocacy. We are looking forward to welcoming our new governor Dr. John Shuck whose great energy, interest and enthusiasm will undoubtedly serve ACC Delaware Chapter well in the coming years!

Gaetano N. Pastore, M.D., F.A.C.C., Governor

## FLORIDA

The cardiovascular community in Florida is under siege. The implementation of CMS policy has rapidly transformed the health care landscape in the sunshine state – and not for the positive. Large private practices are being bought at an alarming rate by hospitals and solo practices are suffering. Because of the draconian cuts that became reality in January 2010 our focus for the year was to rally our chapter and focus resources on federal advocacy.

The membership of the Florida Chapter made it known to leadership that it expected the chapter to be on the front lines of the fight to reverse the cuts and prevent more from occurring. There was a general feeling that those in national leadership roles and at Heart House did not comprehend the reality facing Florida physicians. We poured our resources of volunteer time, staff time, budget and passion into federal advocacy efforts that included:

- Signing onto the lawsuit against CMS to stop the cuts from implementation
- Holding 3 emergency chapter meetings in the winter to explain actions, gather information and allow chapter members the ability to get their ideas out into the open
- Hosting an advocacy forum at our annual meeting
- Passing a resolution at the Florida Medical Association meeting urging all subspecialties to work together on future cuts
- Fundraising for money that would specifically go towards advocacy actions
- Using [www.savefloridaheart.org](http://www.savefloridaheart.org) as a rallying point for information
- Rallying chapters across the country to make February 14th a day to contact their lawmakers about the reality of CMS cuts
- Publishing advertisements against the cuts in 7 newspapers that took our plight to patients
- Meeting by FCACC key contacts with 22 of 24 Representatives during February in-district
- Hosted a ACCPAC Event at our Annual Meeting with Representative Gus Bilirakus bringing \$14,000 from chapter members

Although the focus for 2010 was on advocacy the chapter did continue efforts on other fronts. These included:

- Transitioning support for creating a state-wide STEMI system from AHA to the Florida Department of State; ensuring our seat at the table
- Annual Meeting saw highest registration numbers in five years; CME/CNE was offered and new program chairs appointed for coming years ensuring continuity
- Poster session at Annual Meeting drew entries from all cardiovascular fellowship programs in the state

Alberto E. Montalvo, M.D., F.A.C.C., Governor

## GEORGIA

The challenges we face keeping up with the practice of cardiology have changed from a scientific perspective to a business one. How do we get paid for what we do? On the forefront of cardiologists in Georgia, as I am sure the rest of the country, is the changing business climate for the compensation for cardiovascular services. Already in Atlanta, over half of the cardiologists are in an employment model, primarily in hospitals, or to a smaller extent, universities. The other half of the cardiologists are aggressively beginning to attempt to find an employment model. I am sometimes reminded of the game musical chairs; no one wants to be the last one standing when the music stops. The non-metro Atlanta cardiologists see what is happening and have clearly begun the process of discussions with their local hospitals regarding employment. Outside of Atlanta, the employment model is still only in the discussion model in almost all locations.

Our ACC chapter remains strong. We had a record-breaking attendance and commercial support at our annual meeting in November with 150 cardiologists and 48 of our partners in industry contributing over \$240,000 in commercial support. We heard our industry's leaders in different cardiovascular subspecialties discuss the science of cardiology, and we enjoyed a wonderful, professional social relationship with one another, which is becoming more difficult to find in the world we live.

Our chapter was strengthened by the presence of the ACC leaders that attended, Dr. Ralph Brindis, Mike Valentine and Bo Walpole, who added to the assurance that, as a national organization, we were actively pursuing what was best for the average cardiologist practicing in Georgia. The general attitude in Georgia is one of pride that the ACC has attempted to be proactive in dealing with the CMS Medicare payment rule. Compared to feelings toward the AMA, the ACC has continued to take the high road as being a partner with the practicing cardiologist.

In March we held the first-ever CardioSmart program in the country in conjunction with the ACC national meeting in Atlanta. Our Chapter members reached out to the underserved of Atlanta, and to the patients they serve from the greater-Atlanta region, to teach them about the benefits that come from managing their own health. The program featured blood pressure screenings and one-on-one counseling from ACC members, guidelines-based education, a kids program and tutorials on how CardioSmart could help patients stay healthy and more. Topics such as healthy living, heart failure, and atrial fibrillation were addressed as well as special topics, such as heart disease in women.

The specific aim was to reach out to the local Atlanta community (primarily the underserved, African American population) to engage and educate them in the management of their own heart health. The secondary aim was to launch a successful patient outreach pilot event for ACC Chapters to model in developing their own patient outreach programs.

The chapter has a close relationship with our state medical society and their legislative program and together we lobby for quality care, appropriateness and outcome driven decisions.

Finally, we are strengthening our chapter with representation from fellows in training and cardiovascular care associates. We hope to incorporate programs for the CCA's and a job fair for the fellows at our spring meeting.

Robert Vincent, M.D., F.A.C.C., Governor

## IDAHO

The ACC Idaho Chapter is now one year old. We have established a seven member council, including two nurse practitioners, have had several teleconference meetings, and have had one face-to-face meeting.

We had our inaugural “Cardiology at the Capitol Day” in February. Idaho executive Taryn Gold, state legislative liaison specialist Justin Beland, myself, and two Boise cardiologists, Antonio Lopez, M.D., F.A.C.C., and past ACC Idaho Governor Charles Rasmussen, M.D., F.A.C.C., participated. We had a generally productive day. We met with Lieutenant Governor Brad Little, Senate Majority Leader Bob Geddes, Senate Assistant Majority Leader Joe Stegner (my state Senator), Senior Special Assistant to Governor Butch Otter on Health and Social Services Tammy Perkins, and others. I feel that we were well received by the legislators. Several were particularly impressed that some members from our group had traveled from Washington, D.C., to meet with them. Topics discussed included liability exemptions for businesses harboring automatic external defibrillators on premises, alcohol taxes, and tobacco taxes. Idaho has lower tobacco taxes than the surrounding states of Utah, Montana, and Wyoming. It seems likely that this tax will increase, obviously to the benefit of our citizenry.

I was surprised that our legislators were unaware of adverse effects of heavy alcohol consumption on cardiovascular health. I was more surprised that most were unaware of the pervasive medical/cardiovascular problems afflicting our Native American population (obesity, diabetes, heart failure, amputations, alcoholism). We tried to at least make them cognizant of this enormous challenge. Justin was particularly helpful in guiding us through our day. His successor will have “big shoes” to fill.

I sustained an injury five days before the September legislative sessions which kept me from attending. Washington State ACC Governor-Elect Michael Ring, M.D., F.A.C.C., who has an Idaho license and whose large Spokane-based group has physicians in north Idaho, filled in for me. He met with U.S. Senators Mike Crapo and Jim Risch, and with Congressmen Walt Minnick and Mike Simpson. Dr. Ring phoned me upon returning home and advised me that the meetings went well. At the time of this writing, e-mails are in to the Idaho congressional delegation asking for co-sponsorship of the Gonzales legislation.

Horizon CME sponsored an educational dinner program on November 2. The meeting was held at a Boise restaurant. Nine cardiologists and one nurse practitioner attended. All attendees except me were from the Boise area. Our speaker was Peter Kudenchuk, M.D., F.A.C.C., Professor of Medicine and renowned cardiac electrophysiologist at the University of Washington, Seattle. Dr. Kudenchuk’s topic was “Atrial Fibrillation: Challenges in Management.” The presentation was superb and was followed by a lively question and answer session.

The Boise meeting was preceded by our first face-to-face council meeting. Attendees included cardiologists Antonio Lopez, Frederick Emge, Peter Roan, and myself, as well as N.P. Jean Rohrer. Taryn and Justin participated by teleconference. We reviewed considerable demographic data, were updated on the national political landscape, and discussed ways of increasing membership. Taryn was to be contacting all the cardiac surgeons in the state, all the CCA’s, and all the practice administrators (we have no FIT’s). This task will now likely fall to our new executive, Jessica Irizarry.

A survey of hospitals around the state indicates that all track core measures in heart failure and acute MI, though our chapter has yet to become formally involved.

Upcoming challenges include developing a working relationship with a new executive and a new state legislative specialist, broadening council participation, and broadening general membership interest in a geographically large state having a small and widely dispersed population of members. Early next year we expect another state legislative session, may possibly sponsor “Cardiologist for a Day” with state legislators, and may possibly hold a cardiology “clinic” modeled after that conducted at ACC Atlanta.

Lee W. Gould, M.D., F.A.C.C., Governor

## ILLINOIS

The Illinois Chapter of ACC had a very productive 2010. We have continued to hone our organization structure and focus on four major areas of Chapter operation:

- 1) Membership
- 2) Education and Quality
- 3) Advocacy
- 4) Financial/Industrial Relations

### Membership

The membership within Illinois is large and diverse. Members practice in urban, suburban, and rural areas within the state. They practice in academic centers, multi-specialty groups, and single specialty practices. The sizes of these single specialty practices range from 1 to more than 50. There are 7 medical schools and more than 10 cardiology fellowship programs within the state. This year the Chapter completed its inaugural membership directory. This 130 page book was completed under the leadership of the Chapter's membership committee, chaired by Dr. Tom McKiernan; it contains contact information for all IL-ACC Chapter members. Each member was mailed a directory in the fall of 2010 at no cost. We look forward to producing the membership directory every other year.

### Education and Quality

The chapter sponsored or co-sponsored several education events in 2010, all of which we plan to sponsor again in 2011, under the guidance of Dr. Darrel Gumm and Dr. Vera Rigolin:

- In March, we held our **3<sup>rd</sup> Annual Fellows Poster Presentation Forum**. This event was designed to allow fellows to present their posters outside of their own institutions and get feedback from Illinois ACC members prior to presenting at the ACC Scientific Sessions.
- In May, the chapter held its **8<sup>th</sup> Annual Practice Management Symposium**. The program contained many prominent speakers and all were well received. This year also featured a lunchtime political program with Senator Mark Kirk and Representative Steve Kagen discussing hot topics in healthcare and their perspectives on healthcare related political issues.
- Also in May, the Chapter partnered with the AHA to plan and sponsor a dinner meeting entitled **Mission Lifeline: Raising the Bar of Quality**.
- In October, the Chapter held its **3<sup>rd</sup> Annual CCA Symposium**. Cardiac Care Associates from around the state met and participated in a ½ day symposium on timely topics within cardiology.
- In November, the Chapter added a new event for Fellows-in-Training. This evening event was held at the AHA office and featured topics and speakers that provided insight and advice to help Fellows-In-Training transition into real world practice. This program was lead by the FIT Representative to the IL-ACC Board of Councilors, Dr. Michael Tempelhof.

### Advocacy

Our chapter was very active in Washington in 2010. The legislative conference in September was attended by 10 Illinois members who made ~20 visits to various house and senate members. The Chapter also held the first IL-ACC Legislative day at the Illinois Capital. Eight members of the Board of Councilors conducted ~15 visits to various house and senate members. The Chapter looks forward to conducting another IL-ACC Legislative Day in 2011. The Chapter also formed a Carrier Advisory Committee and sub-committee review panels to review and comment on LCD regulation proposals. We are fortunate to have Dr. Joe Messer helping us with this process.

### Financial/Industrial Relations

Despite the financial pressures of the time, the chapter has turned a profit in each of the last two years. David Fishman has helped shepherd this transition and has worked well with our industry partners to create value for them and for our membership.

**Announcement**

The Illinois Chapter is pleased to announce the election of Dr. Marc Shelton as Governor-Elect. Dr. Shelton is President of Prairie Cardiovascular.

Jerome L. Hines M.D., Ph.D., F.A.C.C., Governor

## INDIANA

By way of background, the State of Indiana is often referred to as the “Crossroads of America” and is regarded by many as a typical state, representative of the demographics and attitudes of the entire United States. Cardiology across Indiana is likewise representative of the average practice across the United States. The state has a mix of small and large groups, one large academic center and one medical school. Demographics of the population are similar to the United States as a whole. Our utilization of resources per the Dartmouth map and Medicare figures typically reflect the national trends.

The integration of private practice cardiology groups in Indiana is virtually complete. Every large, single-specialty cardiology group in Indiana is now integrated with their hospital system. There are solo and small-practice groups and one large multi-specialty group that remain independent, but these represent the minority. On a positive note, many Indiana ACC members who have gone through the integration process have had positive experiences thus far with the process, in large part due to careful and thoughtful negotiations with the hospital system to ensure horizontal, rather than vertical, integration.

Despite the withdrawal of AHA resources due to the difficult economy Indiana has continued to advance and embrace the Mission Lifeline concept. The Indiana Chapter ACC has jointly managed this with the local American Heart Association and is moving toward an integrated system of ST elevation myocardial infarction care focused on the patient and quality of care.

Despite the efforts of Dick Kovacs and others to prevent them, the precertification requirements for echocardiography, stress echocardiography, and transesophageal echocardiography imposed by Anthem WellPoint through its radiology benefit manager, American Imaging Management (AIM), began in November. The number of tests has decreased by up to 30% since that time. Wellpoint’s interpretation, of course, is that all of these represent unnecessary testing.

The Indiana Chapter of the ACC had a very successful State Legislative Day in February. It was well attended. Our presence was felt very strongly at the Statehouse. We advocated for a statewide smoking ban and a bill was introduced, but the bill died in the legislative session. We are planning another Legislative Day in 2011 and are very hopeful that it will pass this year. We also had another successful annual meeting in October that was well attended by cardiologists, nurses, nurse practitioners, and practice administrators. We have added a position on our council for a practice administrator. We were also honored to have Dr. Ralph Brindis as a featured speaker.

Our goals for the upcoming year include increasing involvement in the chapter by new and existing members, increasing support for the PAC, and advancing quality initiatives such as Pinnacle. The chapter is fortunate to have Gwen Goldfarb as our chapter executive and excellent support from ACC national staff when needed.

John S. Strobel, M.D., F.A.C.C., Governor

## IOWA

2010 which came in like a lion in Iowa went out more like a lamb. There is less turmoil and uncertainty as we enter 2011 with practices that last year were considering “integrating” with hospital systems now settling into their new world orders. These integrations have brought short term financial security. However, as reality settles in, some of these practices are finding that employment comes with its own set of problems including loss of autonomy, fair market value reevaluations, greater bureaucracy, etc. Ironically, my own practice is now dealing with the business side of medicine far more than we did as a private practice.

ADVOCACY: Elections brought a former republican Governor back into office. This opens the door a crack for tort reform. Recently our chapter was solicited to help drive legislation similar to that in Texas and California mandating insurers to cover cardiovascular screening tests such as coronary calcium scoring. The strategic council is debating what our role should be in this process. Later this winter we plan to organize a legislative breakfast at the state capital.

We have made headway with Wellmark BCBS on precertification but now face similar programs from other payers. We are working with the State Insurance Division to address our concerns. Also our ongoing advocacy with Sen. Charles Grassley lead to his writing a letter to CMS outlining our concerns over last year’s payments cuts and the flawed practice expense survey. He continues to be a strong advocate for Iowa in addressing geographic payment disparities.

QUALITY: We continue to partner with AHA on Mission Lifeline. We are also part of consortium lead by the Iowa Healthcare Collaborative and funded by a CDC grant to reduce cardiovascular disease in the state. And we are working with State Bureau of EMS to develop a statewide pre-hospital therapeutic hypothermia protocol for cardiac arrest survivors.

EDUCATION: We held a successful chapter meeting last spring and are in the planning stages for 2011. February 3<sup>rd</sup> we are cosponsoring a program “Understanding Heart Failure” in Des Moines for patients, their families and the general public.

MEMBERSHIP: Most of our members are at least a little bit skeptical about the future of cardiology and some unfortunately are downright pessimistic. There is, however, reason to be hopeful as we have weathered the storms of 2010 with many practices emerging leaner, meaner, and stronger for having made the tough decisions.

Our council continues to sponsor a fellows’ poster competition with winners awarded travel grants to attend ACC Scientific Sessions. We are looking into supporting a Medaxiom presentation to the fellows this spring and chapter governor Clark will address the fellows at the University of Iowa Cardiology Symposium later this year.

We have added a practice administrator to the strategic council to help increase engage this important member group. Looking to 2011, our primary goal will be to finding ways to increase member involvement.

Craig B. Clark, D.O., F.A.C.C., Governor

## KENTUCKY

Our State Chapter has about 450 members. The Board consists of 10 Councilors, plus a CCA, PA, FIT and a Northern Kentucky Liaison. Our Past-Governors, Dr. David Moliterno and Dr. Albert Mercer as well as Secretary/Treasurer Dr. John Johnstone also serve with our current President, Dr. Juan Villafane, for a total leadership group of 18 volunteers. This year, our Board met seven times, via telephone and once in person. One of our main goals this year was expanding our Board to include CCA, PA, FIT, and gaining representation from other regions such as Northern Kentucky. We have made great advances in advocacy.

We have established and maintained contact with eight legislators, which include Senate Minority Leader Mitch McConnell. We had seven members (and our Chapter Executive Director) visit Capitol Hill during the ACC Legislative Conference. Our visit was very productive. We had a chance to meet with two Senators and six District Congressmen. Dr. Villafane and Mr. Frank Ryan, ACC Director of State Government Relations, went to the National Legislative Conference, celebrated in Louisville, Kentucky, where they met several state legislators including both leaders of the State Senate and House of Representatives. In addition, Dr. Villafane has maintained personal contact via telephone, emails, and letters with several legislators to promote the Gonzales Bill and SGR.

United States Representatives Ed Whitfield and John Yarmuth both participated recently in the “Cardiologist-For-A-Day” Program. Rep. Whitfield visited Western Baptist Hospital in Paducah, Kentucky. Hosts included Drs. Patrick Withrow, and Gwinn Kenneth Ford, as well as the Hospital President and CEO, Mr. Larry Barton. Rep. Yarmuth spent the day with Dr. Jesse Adams. Both legislators had a chance to hear more about the Gonzales Bill, SGR, and the insidious growth of Radiology Benefit Manager, particularly the recent addition by Anthem of pre-certification of echocardiographic procedures. They were also updated on the changes in cardiology practices, as many have been employed either by hospitals or by academic institutions. At the present time we have four more Chapter members making arrangements to have a legislator meet with them as part of the “Cardiologist-For-A-Day” Program.

Our Chapter has Dr. Albert Mercer involved with national PAC. This year, Dr. Vaughn Payne became our Chair in charge of raising money for national PAC. Dr. Villafane and Dr. Payne were acknowledged for their extremely dedicated work on the PAC during the ACC Legislative Conference in September 2010. Just recently, Dr. Jesse Adams was named our State Representative for CAC to monitor Medicare in areas that may affect cardiology care and reimbursement. Finally, we have begun planning our first legislative day in Frankfort for February 9, 2011 through an alliance formed with the Kentucky Chapter of the American Heart Association. Mr. Frank Ryan from national ACC will be joining us.

Dr. Villafane formed a strong coalition involving 12 health-related organizations that are dedicated to advocate against childhood obesity and for a smoke-free Commonwealth. As a result of this coalition, Dr. Villafane was asked to be a member of the State advocacy committee for the Kentucky Chapter of the American Heart Association and to be part of an expert advocacy panel involving five states. In addition, our Chapter Board approved a resolution regarding a smoke-free Kentucky, in collaboration with Smoke-Free Kentucky Coalition. We were able to get Medicaid to approve genetic testing for Cardiomyopathies and LQTS.

Over 75 Chapter members are involved in several ACC quality programs including 13 in D2B and some in H2H. The PINNACLE Registry has five contracted practices in Kentucky, two of which have

submitted data. There are four members from Kentucky currently enrolled in FOCUS. Regarding registries, 25 state hospitals participate in CathPCI, 26 in ICD, eight in ACTION and three in CARE. Our State has been offering support for “Mission: Lifeline.” We started this mission more than three years ago. Dr. Moliterno has spoken at local and regional paramedic personnel conferences about D2B efforts. Data from this pilot project showed a 23-minute reduction in door-to-balloon time, as well as a reduction in hospital length of stay from 2.9 to 2.6 days. Recently the Chapter encouraged participation in the AMI study, which resulted in 19 respondents, or an 85% response rate.

We had our annual CME meeting on September 22, 2010. Faculty included Dr. Richard Kovacs, Chair ACC Board of Governors; Dr. Frank Cetta, Chair Division of Pediatric Cardiology at Mayo Clinic Congenital Heart Center; and Dr. William Miles, Professor of Medicine, University of Florida. A Resident and a Fellow-in-Training each received recognition for research and presentation of their findings.

We are already planning our next Annual Meeting for October 22, 2011, which will include guest lecturers from Cleveland Clinic, Rush University Medical Center, Children’s Hospital Boston, and Northshore University HealthSystem. Our guest speaker will be ACC President, Dr. David Holmes. For the first time, we will pay tribute to an outstanding local senior cardiologist which will receive the “Honorable Maestra” Award. Our program will include participation by Fellows-In-Training and at least two lecturers. We are also planning to bring Dr. Albert Waldo to speak on atrial fibrillation this coming March. Dr. Jesse Adams is helping us form a “Speaker’s Bureau” which will be accessible to our local community, hospitals, and other organizations. Dr. Patrick Withrow wrote an article on “Obesity Collaboration: Scope and Progress” for our newsletter.

In Kentucky, a record-high number of cardiologists are becoming hospital-based employees. We are not sure how this will affect patient care and accessibility to cardiovascular services. In addition, there may be some limitations regarding participation by these members in ACC events. Regarding the Affordable Care Act, we are glad that ACC has been actively involved in educating our legislators so that appropriate changes can be made to the law to improve the quality of care for our patients. We are concerned about the recent court challenges to ACA and how this may impact future healthcare.

Juan Villafane, M.D., FACC, Governor

## LOUISIANA

In 2010, the chapter hosted 3 Regional Meetings across the state: Baton Rouge, Lafayette and New Orleans. Through a grant we were able to provide a speaker and host these meetings at local restaurants. The format was a success!

We also hosted our LA-ACC Annual Coding Session. Every year we see growth with this meeting. This year we sold out two weeks before the program and had 155 attendees. The attendees are mostly office staff but more and more cardiologists attend each year. The topics covered this year were CPT Coding Updates and Cardiac Caths and Peripheral Interventions.

From the surveys and feedback we received, this year we are going to offer two coding webinars in addition to the coding session. We are hoping to get the cardiologist involved and to better understand the changes.

2010 was also an election year for the chapter for both Governor and CCA Chapter Liaison. Our chapter may be the first to have a husband/wife team serve as Governor/CCA Liaison. We are excited to get the CCA members organized. This committee has been a work in progress since Katrina.

The Chapter is excited to be the host chapter for the 2011 ACC Meeting in New Orleans and to co-host the Community Project!

Stephen R. Ramee, M.D., F.A.C.C., Governor

## NORTHERN NEW ENGLAND

We are submitting the following as our summary of the current state of the cardiology profession in the states of Maine, New Hampshire, and Vermont.

### Advocacy

- Governors from Maine and New Hampshire were in attendance at the ACC Legislative Conference in Washington DC. Both Governors participated in the legislative visits, provided follow up with their members of Congress and communicated with their colleagues regarding the importance of legislative participation and contributions to the ACC PAC.

### Quality

- Discussions continue with the American Heart Association concerning the ACTION Registry-GWTG quality improvement database focused on high risk patients with STEMI and NSTEMI. It was agreed that combined efforts by the NNE ACC and AHA to reach out to affiliated non-PCI hospitals to promote the registry would yield the best results.

### Education

- Northern New England Chapter of the ACC Scientific Session – October 2011. For the second year, the Chapter hosted a successful annual meeting. Presentations included: Systolic And Diastolic Heart Failure: Two Different Architectural Syndromes by Arnold M. Katz, MD; Percutaneous Valve Replacement by Andrew C. Eisenhauer, MD, Atrial Fibrillation – Point/Counterpoint (Electrophysiology, Rate vs. Rhythm, Ablation) Panel Discussion with Albert L. Waldo, MD and Gregory F. Michaud, MD; Pulmonary Hypertension by Richard N. Channick, MD; ACC UPDATE: Hospital to Home (H2H) by Janet Wright, MD; Coronary Artery Disease: Focus on Drug Eluting Stents by Harold Dauerman, MD. In addition a session was held on Optimal Use of Anticoagulant Therapy in Atrial Fibrillation by N. A. Mark Estes, MD. The meeting attracted over 100 attendees including Cardiologists, Cardiac Care Associates, Fellows in Training, Catheter Lab Professionals, Practice Administrators, and Industry Representatives. Overall feedback from the post meeting survey indicates that attendees benefitted substantially from these presentations and will apply knowledge gained to improve quality of care in their practices. A follow-up survey to the attendees which measures performance and changes in patient outcomes will be released in February of 2011 (3 months after the initial meeting survey). CME was provided for all attendees, including our cath lab colleagues.
- In addition, the AHA and NNE ACC are in discussions to incorporate a portion of the AHA scientific meeting into the NNE ACC Annual meeting, potentially for Fall 2011.

### Membership

- The Chapter has been extremely successful in involving our younger colleagues, nurses, CCAs and fellows in the activities of the organization. In addition to a Governor from each of the three states, the leadership includes a CCA Liaison representative and incoming CCA Liaison from each state.
- The Chapter initiated a poster presentation during the Annual Meeting in order to attract Fellows to attend. Four posters were presented.
- The Annual Meeting continues to attract, almost equally, both physicians and cardiac care professionals, including catheter lab professionals.

### **Chapter Activities**

- Joined with the ACC and the American Society of Nuclear Cardiology in challenging Harvard Pilgrim Health Care regarding their prior-authorization policy for myocardial perfusion imaging (MPI) studies developed by their contracted radiology benefits management (RBM) firm, National Imaging Associates, Inc. (NIA) , and implemented by Harvard Pilgrim Health Care (Harvard Pilgrim). The organizations issued a letter to Harvard Pilgrim expressing concern that while these imaging guidelines purport to rely on the 2002 Appropriate Use Criteria developed by the ACC and ASNC, the Harvard Pilgrim policy instead manipulates the Appropriate Use Criteria to recommend one non-invasive diagnostic imaging modality over another.

### **Chapter Development**

- The Chapter continues to develop its annual meeting program, advocacy efforts and chapter communications. Regular blast emails are sent to the membership with updates on legislative and regulatory affairs, both nationally and locally. The website is regularly updated and we are pleased to be able to offer CAPWIZ capabilities to our membership.

### **Challenges**

- The Chapter continues to face the unique challenge of representing three individual states and addressing each state's regulatory environment. Like the rest of the country, the Northeast has been affected by national healthcare reform, Medicare cuts, economic issues, and the current political landscape. We will continue to work to educate our members and be prepared to respond to each challenge as it occurs.

If you have any additional questions regarding the report, please contact Lorraine O'Grady, Chapter Executive, at 978.927.8330 or logrady@prri.com.

James B. Powers, M.D., F.A.C.C., Governor, Maine  
Robert Capodilupo, M.D., F.A.C.C., Governor, New Hampshire  
J. Christian Higgins, M.D., F.A.C.C., Governor, Vermont

## MARYLAND

### **Cath Lab Accreditation Bill**

2010 has been a demanding year for the Maryland cardiology community as we deal with the fallout from allegations of misuse of stents and the alleged overuse of PCI in several Maryland hospitals. This is a national story that has played out in not only the Baltimore community but received attention from many of the major new outlets such as the New York Times and Wall Street Journal. Upon realizing the massive impact these allegations and subsequent reports in the media have had on our patients, the chapter leadership set forth a new agenda to build back public trust and set a new standard for accountability and transparency. Throughout the early summer we responded with editorials and helped with background on news stories to make sure the public knew we were engaged.

The task of rebuilding public trust involves MDACC, ACC, SCAI and the newly formed Association for Cardiac Excellence (ACE), which is a joint credentialing partnership between ACC and SCAI. In a few short months we've been able to make significant progress. We've met with the administration, the Governors office, the regulators, the health committee chairman and other legislative leadership. Knowing we needed support from other groups we've met with the state medical association and Maryland Hospital Association to gain their insight and buy-in. At each meeting we've stressed transparency and pointed out that a commitment to quality outcomes and adherence to guidelines and appropriate use criteria as well as recommending accreditation of cardiac cath labs and external peer review as the sure way to win back public trust. Because of the allegations of inappropriate use of stents, it is important that we demonstrate that we can, as a specialty, ensure high quality and effective cardiovascular care to our patients, importantly with physician oversight and leadership.

All the groundwork of the early fall cumulated in a draft bill – the 2011 Maryland Cardiovascular Safety Act of 2011 we are still modifying to make it acceptable to our stakeholders. We now have 2 sponsors - Delegate Dan Morhaim, the only physician in the House of Delegates, from Baltimore County and Senator Catherine Pugh from Baltimore City. We will be marshaling support for the bill from lawmakers as session starts mid-January.

The time and hours from members of our Council as well as support staff from national ACC and SCAI to support this effort has been extraordinary. The number of hours devoted to meetings where practicing physicians were presenting has been remarkable. We have called upon leaders in all different facets and would stress that a well-rounded leadership group including members from all types of subspecialties, hospitals, administrators, academics, different size private practices and various geographic areas is key to sustaining the effort. The story is far from over – we've got the heavy lifting during our legislative session and promise to be a presence in Annapolis.

### **Regional Education**

In November the Virginia Chapter, ACC and the MDACC combined with members from the District of Columbia to bring together over 90 members for the second Annual Capitol Cardiology Symposium and Scholarly Exchange. 27 FITs joined us for education and a robust poster session and Young Investigator Presentation. All the training programs in DC, MD and VA were represented. The CME/CNE was excellent and members very much enjoyed being at Heart House. We are planning this as a biennial event.

### **MDACCPAC**

Realizing the large issue we had with cath lab accreditation the chapter leadership realized that a multi-faceted campaign to raise PAC funds was needed (the chapter has a state PAC that was started

in 2007). The campaign to raise funds used letters, personal notes from Council members, an assigned list of calls for each Council member to make and strategically timed emails. We tripled our previous PAC fundraising efforts and brought in over \$8,000. This allowed members to attend a variety of fundraisers leading up to the election.

### **STEMI Program**

In May the chapter partnered with AHA to put on a program that brought together over 100 stakeholders in the state-wide STEMI network. These included EMS, hospital administrators, ED physicians and team members and cardiologists. Not only were regional groups able to identify target goals but the state regulators were able to address issues to the care continuum for the first time. The conference exceeded all expectations in terms of number of participants and the cooperation that will lead to better patient care.

### **Website Improvement**

The Council allocated part of the budget to redo the website in 2010. It was universally acknowledged that the website is one of the most recognizable brands of the chapter. Since our site was not robust in content the website committee not only approved a new design but also took a look at the content that was critical for our membership. It is felt that the site is now fresher in look and has the information members need to understand the issues and those non-members visiting the site will have a better understanding of the chapter and its focus.

Samuel D. Goldberg, M.D., F.A.C.C., Governor

## MASSACHUSETTS

Please accept the following as a summary of the activities of the Massachusetts Chapter of American College of Cardiology in 2010.

### **Coding and Reimbursement**

- In June, 2010, the Chapter held a workshop entitled “Reimbursement & Coding Seminar for Cardiology” for physicians and members of their staff. The workshop was presented by Terry Fletcher, through McVey Associates. The workshop featured a 2010 Diagnosis Coding Update which introduced new & revised codes that impact Cardiology and reviewed those changes, as well as hundreds of CPT changes for 2010. Highlights also included cardiology coding techniques, reimbursement from Medicare, advanced cardiology coding, and special cardiology situations. Over 34 people participated and overall feedback was excellent, most citing the expertise of the speaker and the quality of the presentation. The Chapter will host the workshop again in 2011.

### **Advocacy**

- The Chapter was pleased to assist in the grassroots efforts to promote the passage of the Gonzalez bill and responded to the ACC’s request to reach out to our Senators and Representatives. Letters were sent to thank those members of Congress who co-sponsored the legislation. Letters were also sent to those who had not supported the bill, explaining the severity of the proposed cuts and the importance of their support of Representative Gonzalez’s bill.
- The Chapter was pleased to participate with the ACC in the Capwiz program. The Massachusetts Chapter had been offering the service to members for several years through its own contract with Capital Advantage and was happy to join with the College in offering this legislative contact service to members. The service is accessed via the chapter website and allows members to easily identify and contact their state and national representatives.
- In response to the increased need for legislative participation and action, the Chapter created an Advocacy Committee, chaired by Dr. James Alderman, to address the needs of Massachusetts cardiologists on both the state and national level. Dr. Alderman will work with members of the committee to keep Massachusetts members informed and to coordinate efforts with the College.

### **Quality Issues**

- As part of their subcommittee on Quality Oversight, the Chapter has formed alliances with the the Massachusetts Chapter of the Society of Thoracic Surgeons and Mass-DAC in the study of the risk adjustment/adjudication process. Part of this alliance is a Joint Meeting of both organizations which is held annually to review Mass-DAC data results. In 2010, the meeting was held on March 4 at the Brigham & Women’s Hospital. The presentation referenced “Isolated CABG Surgery and PCI in the Commonwealth of Massachusetts” and presented the data collected from October 2007 – September 2008.

## **Annual Meeting**

- The Massachusetts Chapter was particularly excited to host an annual scientific meeting on December 17-18 in Waltham, Massachusetts. It has been several years since the Chapter hosted an annual meeting and we were exceptionally pleased with the response to this event. On Friday evening, fellows in training were invited to present their research in a competition; the three winners would present their research during Saturday's scientific sessions. The reports presented were so well-received that four papers were selected for presentation. The winning paper presented on Saturday will receive a \$1,000 scholarship to attend the ACC Annual Meeting in New Orleans. A highlight of Friday's program was a presentation by Mark Estes, MD on "Transitions: What you Need to Know in Moving from Fellowship to Practice or a Career in Academic Medicine for Cardiovascular Fellows." Although Friday's program was specific to residents, we were pleased to have many of the Chapter leadership and member colleagues join us. Saturday's session included: An update on Chapter Activities, including advocacy efforts and quality outreach; "Therapies for Today and Tomorrow in Atrial Fibrillation Including Emerging Anticoagulants and Ablation Strategies" by Mark E. Josephson, MD; "The Future of Structural Heart Therapies - Current Status and Looking Ahead at Transcatheter Aortic Valve Implantation (TAVI)" by Frederick Welt, MD, MSc; and four resident papers. A highlight of the day's programming was the Keynote Address by Eugene Braunwald on "The Current State of the Art and Future Directions in the Treatment of Acute Coronary Syndromes." The Chapter was extremely pleased with the support of industry, the participation of the membership, and the success of this event.

## **Other Chapter Initiatives**

- New in 2010, the Chapter reached out to Fellows in Training and to Cardiac Care Associates to seek their participation in Chapter activities. The Chapter created an FIT Committee to increase representation of this group. A member of the committee will be a full voting member of the Leadership Council. In addition, an FIT Committee member will serve as a representative on all other Chapter committees.
- The Chapter also developed a Cardiac Care Associate Committee to help the chapter address the professional needs of CCAs in Massachusetts.
- In response to the tragic earthquake in Haiti in early 2010, the Chapter conducted a fundraising effort and raised \$3,200 for the Mass chapter membership, which was sent directly to the Red Cross.

In addition to the continuation of the above Chapter activities and initiatives, the Chapter will also pursue hosting a series of workshops and educational presentations throughout the state in 2011.

Frederic S. Resnic, MD, FACC, Governor

## MICHIGAN

### ADVOCACY

The Michigan Chapter continues a long-standing partnership with the local AHA affiliate to advocate for legislation to improve cardiovascular care in Michigan. Although our full-time legislature spends a great deal of time dealing with a seemingly bottomless deficit, some substantial legislation has been passed. The Chapter retains a lobbyist and a state PAC. We conduct a 15 minute conference call on the last Thursday of every month – called the Legislative Lowdown -- to keep interested members apprised of issues and efforts. To support the College's effort on a national level we have been recruiting and training individuals to build relationships with legislators. Several in-district meetings have taken place. We also enhanced our state's attendance at the ACC Legislative Conference by providing three travel grants (FIT, CCA, and AA). We were pleased to have 15 attendees from Michigan.

### Legislative and Regulatory Issues

#### 1. Certificate of Need Commission Cardiac Cath Standard Advisory Committee (SAC)

This SAC was formed at the end of this year and will continue to meet through Spring, 2011. It is charged with deciding whether to allow elective PCI at hospitals without on site surgery. Kim Eagle, MD, MACC chairs the committee. Members include Douglas Weaver, MD, MACC, Barry Lewis, DO, FACC, Basil Dudar, MD, FACC, David Dobies, MD, FACC, Ted Schreiber, MD, FACC, Arthur Riba, MD, FACC, and representatives of payers, consumers, and hospitals.

#### 2. Nursing Scope of Practice

The advanced practice nurses have drafted legislation to define their scope of practice. It will be introduced in the new session. The Michigan State Medical Society is opposed. The Chapter Executive Secretary and lobbyist met with representatives of the nursing organizations. The Chapter looks to ACC for model policy so we can work toward legislation that is acceptable to nurses and physicians.

#### 3. Trauma Funding

Although a trauma system was previously defined, Michigan had no funding mechanism to coordinate emergency response. In the final days of session, the legislature passed a bill to fund the trauma system with the Crime Victims Fund.

#### 4. Smoke-free Air Legislation

Michigan passed smoke-free workplace legislation in December 2009. Challenges from veterans groups and restaurant/bar owners were launched in 2010 and we anticipate continued efforts to weaken the law in 2011.

#### 5. Healthy Kids Healthy Michigan (HKHM)

The Chapter contributes dollars and manpower to HKHM to advocate for healthy weight in children. Chapter Executive Alice Betz serves as secretary of the coalition composed of more than 100 organizations.

#### HKHM Activity:

- Complete Streets legislation passed in summer 2010.
- Michigan Nutrition Standards were adopted by the State Board of Education in October. HKHM will work to translate the standards to legislation in 2011.

- HKHM is publicizing a Michigan Department of Education pilot that involves four school districts that are implementing nutrition standards (with a budget-neutral goal) for school breakfasts and lunch, a la carte snack lines, school stores, classroom parties, concessions, etc.
- Bills to provide specific guidelines for physical education and health were introduced and HKHM testified in support. HKHM will work toward an effective compromise and passage in 2011.
- HKHM worked with technical and administrative teams to integrate BMI capabilities to the Michigan Care Improvement Registry (MCIR). To ensure that this health surveillance tool is used effectively HKHM will work to initiate administrative rules changes.

#### Additional Policy Priorities for 2011:

- Coordinated School Health Council requirements
- Medicaid coverage for childhood obesity
- Child Care Center nutrition, physical activity, and screen time regulations
- Access to healthy food through community and school gardens

#### **Payer Advocacy**

Wisconsin Physician Services is the Medicare Carrier for eight states. The Chapter coordinated comments from the CAC reps of these states on a draft LCD for Myocardial Perfusion Imaging. In 2010 the Chapter provided comments on BCBSM payment policies for Percutaneous Mitral Valve Repair, Aspirin Resistance Testing, and Infrared Spectroscopy.

## **QUALITY**

### **1. Mission Lifeline**

Eric Bates, MD and Stuart Winston, D.O. chair the Mission Lifeline effort in Michigan. Surveys of referring and receiving hospitals revealed that many hospitals do not have protocols for STEMI patients. To remedy that, focus will shift from statewide education to regional strategies. Leaders are exploring options to fund a part time employee to coordinate efforts at the regional level. The new funding of the state's trauma system will greatly enhance these efforts.

### **2. United Healthcare Pre-notification Program**

When United Healthcare (UHC) launched its pre-notification program in Michigan, the Quality Committee held a conference call with the (UHC) Medical Director to discuss concerns and potential changes that would make the program less burdensome. A UHC response is anticipated in early 2011.

### **3. BMC2 Registry**

An annual update from the BMC2 registry (regional interventional data) has become a standard element in the Chapter's annual conference. Data are reviewed by participants and quality improvement strategies are discussed.

### **4. Michigan Quality Improvement Consortium (MQIC)**

MQIC has one-page practice guidelines that are used by payers in Michigan. The guidelines are reviewed and updated on a regular basis. This year the Chapter provided comments on the MQIC Guideline for Adults with Systolic Heart Failure.

### **5. Michigan Cardiovascular Alliance**

The Chapter is represented in the Michigan Department of Public Health's Cardiovascular Alliance that was formed to reduce incidence of heart disease and stroke. The Chapter participated in the creation of a strategic plan and assists MDCH in implementation of the plan.

## **6. PINNACLE**

The Chapter president created a pilot PINNACLE project. Almost all PINNACLE participants nationally send data direct to PINNACLE utilizing software programs that transfer data from the office EMR. In the pilot, FITs enter data on paper forms. Completing forms in this manner enables them to see the value of the quality of data collections so that they can make observations as to other data that might be helpful or data collected that is not helpful. When quarterly reports are received, the FITs have greater insight into the results from having filled out each form rather than having data extracted from an EMR. An abstract was presented at the AHA QCOR meeting in Washington, DC in May.

## **EDUCATION**

### **1. Annual Conference**

The Chapter Conference continues to grow. Another attendance record was set in 2010 – 249 attendees + 70 reps from 42 exhibiting companies. The concept of “focus sessions” for subspecialties of cardiology, practice managers, fellows, and CCAs has been well accepted and has paved the way for our conference to become a “summit” for Michigan's echocardiologists, interventionalists, and electrophysiologists. In 2011 we hope to engage cardiothoracic surgery as well.

### **2. Fellows Council**

The Chapter convenes a Fellows Council composed of one fellow from each training institution. The Fellows Council helps to coordinate the annual case, research and poster competitions at the annual conference. They also coordinate an annual spring meeting of the Fellows Society that focuses on careers and contracts.

### **3. Women in Cardiology**

2010 saw the inaugural meeting of the Michigan Women in Cardiology. Thirty women attended the dinner meeting and there was a great deal of interest in meeting regularly. FITs who attended the meeting identified a need for mentors. Several mentors have since volunteered and their contact information is posted on the new Women in Cardiology page on the Chapter's website. A February 2011 meeting is planned.

### **4. Practice Administrators**

Cardiovascular Leadership sessions at the Chapter's 2009 and 2010 annual conference were well received by teams of practice administrators and cardiologists.

### **5. Nursing Symposium**

The Chapter co-hosts a full-day, annual nursing symposium with the Ann Arbor VA Cardiovascular Nursing Group. The 2010 meeting drew more than 175 registrants. Chapter President Hank Rosman, MD spoke at the 2010 meeting. President-elect, Claire Duvernoy, MD will speak at the 2011 meeting in March.

### **6. Patient Education**

The Chapter partners with AHA to support their patient education. We have secured a cardiologist volunteer to speak at an elementary school that is celebrating its 10th anniversary Jump Rope for Heart event and connected AHA staff with three practice administrators who have agreed help with Heart Attack and Stroke Awareness projects in local high schools.

## **7. Primary Care Physicians**

The Chapter coordinates two half-day cardiology courses for the Michigan State Medical Society Annual Scientific Session.

### **MEMBERSHIP**

*Describe the mood of your membership at the end of 2010.*

Chapter members are challenged by cuts in reimbursement, burdens of prior notification programs, sometimes redundant data entry, and prospect for hospital integration. Despite an increasingly challenging practice environment, members remain committed to providing quality care.

*What has your Chapter done to engage your membership, especially the newer members such as the FITs, CCAs, and Practice Administrators?*

More than 30 fellows were engaged in the case, research and poster competitions at our annual meeting. We also had FITs compete in a Cardiology Jeopardy session and present cases during the general session. We seek to include FITs on all of our committees and offered an FIT travel award to the Legislative Conference. We have an FIT seat on our Chapter Council.

CCAs presented during the general session at our annual conference this year and the CCA Liaison will explore the demand for a separate session at the annual conference. We look to have a CCA strategic planning meeting in early 2011 at which we will discuss CCA leadership in the H2H initiative in Michigan. The CCA liaison has a seat on our Chapter Council and we have one At-Large Councilor that is designated to be a CCA. The Chapter endeavors to include a CCA on all of our committees. We offered a CCA travel award to the Legislative Conference.

At our October 2010 meeting, the Chapter Council agreed to add a Practice Administrator seat on the Chapter Council. We will continue to offer a practice administrator session at the annual conference. The Chapter sends targeted email to practice administrators to advise them of ACC and Chapter resources.

### **CHAPTER ACTIVITIES**

#### **Chapter development:**

*What are the strengths of your Chapter? What areas do you expect to work to improve over 2011?*

The strength of our Chapter lies in our members. We have a growing core of leaders who are ready and willing to give careful consideration to the Chapter's positions, goals, and activities. The Chapter is ever mindful of fostering new volunteers to keep this tradition alive and well.

#### **Challenges:**

*Are there unique challenges your chapter faced this year – e.g. onerous legislation or regulation, insurance or access issues, manpower issues, major changes in the practice environment?*

The nursing scope of practice legislation (see advocacy section) could be challenging – internally and with MSMS/MOA. The push from the Certificate of Need Commission to regulate elective PCI at hospitals without onsite surgery before ACC guidelines are revised may cause controversy.

There is a looming concern over the Justice Department's investigation of inappropriate testing, specifically ICD placement.

Howard "Hank" Rosman, M.D., F.A.C.C., Governor

## MINNESOTA

This past year was a significant year for Minnesota Chapter members with major advocacy efforts, dissolution of the last big independent practice in the state, and marked expansion of the educational offerings by the Minnesota Chapter by reaching out to Fellows–In-Training and Cardiac Care Associates.

A significant development occurred in Minnesota late in 2010 when St. Paul Heart Clinic, a 34-physician independent cardiology practice, dissolved and the cardiologists joined largely two hospital systems. St. Paul Heart Clinic was a bedrock of the St. Paul cardiac community for 36 years before it was forced to follow the trend to integrated systems. With the exception of just a couple of 1-3 person practices, Minnesota now is a totally integrated state.

In 2010, the Minnesota Chapter significantly improved the value of its 17<sup>th</sup> Annual Conference to members by partnering with the Mayo Clinic to jointly host a two-day, CME educational event. The event, “Controversies in Cardiology,” generated greater attendance and more interest by sponsors and exhibitors than ever before in the history of these meetings. The Minnesota Chapter looks to 2011 as a year of continued growth in engaging members. The joint educational event with the Mayo Clinic on May 21-22 in 2011 will acknowledge and honor the tireless effort to support cardiology in the state by the Mayo Clinic’s David Holmes – who will become President of the ACC in April. It will also feature a poster contest for FITs and plans are in the works to allow CCAs to attend at a rate partially or entirely funded by sponsoring hospitals. Activities to encourage greater participation by Fellows-In-Training, Cardiac Care Associates and hospital systems are anticipated to propel the program to increased attendance and support in 2011. Planning for 2012 now includes plans to shift to a much larger venue in Minneapolis due to the increased participation.

The Chapter added two new events in 2010 specifically targeted to benefit Fellows-In-Training. There are two large training programs in Minnesota (University of Minnesota in Minneapolis and the Mayo Clinic in Rochester). The Chapter funded evening events at each location to help fellows understand how to approach the job market. The Chapter invited FITs to attend at no charge and defrayed its costs with exhibitor support. The Chapter felt that 2010 provided a good building block for future FIT programs.

The Chapter increased its attention to advocacy on both the national and state level in the past year. The Chapter funded a Board member to attend the ACC Legislative Conference, joining the Chapter Governor and Executive Director in Washington in September. A CCA member from the state received a travel award from ACC and this fearless foursome visited all eight Minnesota House offices and both U.S. Senate offices to speak either directly with their elected officers or a member of their staff. Personal follow-up letters were sent on Chapter letterhead within two business days of the visits. Follow-ups either in person or by phone were made to several members of the Minnesota Congressional delegation back in Minnesota. The Chapter also funded monitoring of activity in the Minnesota Legislature. The membership is recognizing the changing face of Cardiology and is more engaged than ever with active board participation. As we move forward into the defining years of healthcare reform, the Chapter will continue to stay abreast of developments on the political scene on both the national and state level and maintain an active advocacy arm to foster proactive relationships with our legislators.

Uma S. Valeti, M.B.B.S., F.A.C.C., Governor

# MISSISSIPPI

## *Advocacy*

The Mississippi Chapter of ACC has had an active year. Early in the year the health-care bill of course ruled the roost. We worked actively with ACC Advocacy and also With the Mississippi State Medical Association (MSMA) to contact elected officials. Through ACC PAC, we contributed to the election campaign and visited with representatives that were up for election.

Last year, we reported on a calcium scoring program for state legislators in the Mississippi state legislature. Each senator or representative can go to the diagnostic center of their choice for a free calcium scoring study. This has been very well received by the legislators. Several have found that they have coronary artery disease and have been guided by their private physicians on the management of this. A few have even had surgery. This is an ongoing program.

In a situation that involves advocacy, quality, and even some education, we have been working with Mississippi Medicaid and with CMS. Medicaid presently does not pay for the radionuclides for a nuclear stress test. This has to do with a rebate program that all Medicaid agencies use. However, apparently, Mississippi is the only state that will not pay for these isotopes. One of our ACC Council members raised this issue. Then through the help of Dr. Kim Williams, ACC Board of Trustees member, we contacted the American Society of Nuclear Cardiology. ASNC has been a tremendous help and has contacted CMS and national Medicaid offices regarding this. This is a work in progress.

## *Quality*

We are organizing a statewide STEMI network. This originated as a passion of one of our ACC Chapter councilors, Dr. Harper Stone. Using an alliance of interventional cardiologists and PCI hospitals, all of the players in the state have now come together and are close to launching this network. Mission Lifeline of American Heart has been a very active participant in this process.

An additional project, Lt. Gov. Phil Bryant sponsored the Lieutenant Governors' Challenge, a national exercise and fitness program. The MS Chapter participated with the Lt. Governor in the announcement of the event and in the program.

## *Education*

Mississippi and Louisiana are co-chairing the ACC Health Fair at ACC '11 in New Orleans. This will take place at the Kingsley House, close to the convention center, and we do hope that all Governors, CCA's, and FIT's will attend and participate.

We held a full day educational symposium as part of our STEMI project. All hospitals and all cardiology groups were invited and almost all were represented. Also, there were some elected officials in addition to the outstanding speakers, highlighted by Dr. Tim Henry of Minnesota and Mayme L Roettig, R.N., M.S.N. of Duke University.



Mississippi Healthcare Alliance Symposium

**Saturday, August 28, 2010**  
7:00 a.m. – 3:30 p.m.

**Butler Snow Building**  
1020 Highland Colony Parkway,  
Ridgeland, MS 39157

*Systems of Care for Heart Attacks (STEMI Network)*

A block of rooms has been reserved until August 6, 2010 at Embassy Suites Jackson - North/Ridgeland, 200 Township Place in Ridgeland. To reserve your room, call 601-607-7112.

For more information, call (601) 968-1297.

### ***Membership***

The mood of our membership has been fairly cautious to even slightly optimistic this year. The doom and gloom of the final rule of 2010 didn't-or hasn't- quite hit us. This was largely due to some October Medicare adjustments. In Mississippi, there was a 2.5% increase in the work GPCI, a 3.5% increase in the practice expense GPCI, and a 2.2% SGR increase. This resulted, at least temporarily, in a slight uptick in Medicare payment. We realize this is just the calm before the storm. Hopefully it won't be another Katrina- though here in Mississippi we grabbed our bootstraps fairly well after that one. Practically all of our membership has worked actively on the STEMI project. This has involved many meetings and the one full-day seminar. This has definitely drawn us all closer together and has focused on quality care for our state.

### ***Chapter Activities***

The highlight chapter activity of our year was a visit of Dr. Dick Kovacs to our annual meeting, in Natchez. He gave an excellent presentation and involved all in a great discussion.

### ***Chapter development***

We are a small chapter and we are divided into fairly distinct service areas. This has been a strength for our chapter. It has helped in a very positive way as we try to improve quality and especially as we establish our STEMI network.

### ***Challenges***

The National Lt. Governors' Association meeting took place in Biloxi, MS in 2010. Justin Beland from national ACC and the Mississippi chapter president attended this meeting and gave an award to Lt. Governor Judge of Iowa for her work with "Your Heart is In Your Hands" campaign. During a forum on the health-care bill at that meeting, Lt. Gov. Bryant noted there was no discussion of what to do when a state goes broke. If PPACA goes through as is, more than 300,000 new Medicaid patients will be added to the state's rolls? An already nearly broke Medicaid system will be even more broken.

As cardiologists, we firmly support our citizens' right for more access to medical care and we believe we have the capacity, the personnel, and the facilities to handle the need. However the payment system to the state and to the providers will have to be fixed and this is quite a challenge.

**Finally** - We look forward to sharing all the States of the States at the Leadership Conference.

Thad F. Waites, M.D., F.A.C.C., Governor and Chair-elect

## MISSOURI

### Advocacy

We had seven members participate in the ACC Legislative Conference. The Missouri Delegation met with representatives from Senators Bond & McCaskill's offices, as well as each Missouri member of the House of Representatives. We communicated the adverse impact of the cuts as a result of the CMS Final Rule and their impact on patient accessibility and care. We were clear in our communication that this issue was separate from the SGR issue. We encouraged each Member of the House of Representatives to sign on as a co-sponsor of the Gonzalez legislation, which was offered during the lame duck session of Congress. Additionally, we encouraged both Senator Bond and Senator McCaskill to champion companion legislation in the Senate. Our focus was on letting Members of Congress know the direct impact of these cuts on their constituents. Subsequent to the ACC Legislative Conference, Dr. Greg Flaker met with Blaine Luetkemeyer (R-MO-9), his representative regarding these important issues.

### Quality

The Missouri Chapter worked with the representatives from the Yale/ACC Acute MI Research Team to encourage participation in the study. The data collection is wrapping up in early December, 2010.

### Education

The Missouri Chapter held our Annual Scientific Update Program on October 9, 2010 in St. Louis. The chapter partnered with Washington University School of Medicine to produce this program. There were 54 attendees, including 12 faculty members. Three CCA's attended at no charge. There were 6 other Allied Health Professionals. Overall attendance was down 26 attendees from the prior year. Several factors contributed to this: time constraints and competition from other CME offerings held at the same time of year. This will be taken into consideration as we plan for the 2011 Annual Scientific Update. Industry support was also down this year. Overall, we managed our costs well and were profitable on the offering. Our event chairs, Dr. Victor Davila-Roman, MD, FACC and Dr. Andy Kates, MD., FACC did an excellent job in coordinating this educational program.

Sessions included:

- ◆ Session I: Management of Advanced Heart Failure: Current Views
  - Cardiac Biomarkers, Imaging and Medical Management of Advanced Heart Failure
  - ICD's and CRT in Patients with Heart Failure: Indications and Outcomes
  - LVAD and Cardiac Transplantation in Advanced Heart Failure
  - Panel Discussion and Questions & Answers
- ◆ Session II: General Cardiology
  - Sudden, Unexpected Cardiac Death in Children and Youth
  - Atrial Fibrillation: Current Management Options
  - CAD and Renal Failure: Contrast Nephropathy
  - Panel Discussion and Questions & Answers

## **Membership**

As we close 2010, we are completing a re-organization of our website, which will include a member listserv for discussions related to issues in Missouri. We are also launching social media for the chapter including a Facebook Fan Page, Twitter Account and LinkedIn Group. We are endeavoring to communicate more frequently with our members regarding issues they are facing in their practice of cardiology. Dr. Andy Kates is planning a reception in conjunction with ACC 2011 in New Orleans that will give the Fellows a chance to interact with Chapter members and become more engaged in the ACC.

## **Chapter Goals for 2010**

### **Goal 1: Support Time Critical Diagnosis efforts in the state by educating members on how the STEMI system is set up and how it will work.**

From Dr. George Kichura, MD, FACC: The written regulations are finishing an internal review in the dept of health and senior services (DHSS), followed by a legal review before presentation to the Governor for signing probably in early 2011. I have been involved in some of the fine tuning with the regulations. We have also been having regional meetings with the stakeholders through the AHA bringing more people up to date. I suspect applications for hospital STEMI designations will be in the latter part of 2011. I have been asked to present an update at the April ACC meeting in New Orleans.

### **Goal 2: Double the Missouri CCA membership**

During this transition year, we have maintained our 79 CCA members. This will be a focus area in 2011.

### **Goal 3: Strengthen Advocacy Efforts in State and on a National Level**

We have done several electronic communications to the membership regarding the Gonzalez legislation. Most of the communication took place in response to ACC requests for communication to the membership. The website is updated on a regular basis.

We promoted the ACC Legislative Conference widely to the membership. In response, seven of the Missouri Chapter members attended. Specific follow up was done with several of the Representatives with whom we had met.

### **Goal 4: Increase involvement of Fellows in Chapter Activities**

Dr. Andy Kates, MD, FACC is working with his colleagues to hold a reception in conjunction with ACC 2011 in New Orleans. At this event, Dr. Kates and his colleagues will query the fellows as to how the chapter can be most beneficial to them.

### **Goal 5: Hold Annual Meeting with Educational and Advocacy Focus**

The Missouri Chapter held our Annual Scientific Update Program on October 9, 2010 in St. Louis. There were 54 attendees, including 12 faculty members. This was down 26 attendees from the prior year. Several factors contributed to this: time constraints and competition from other CME offerings held at the same time of year.

### **Goal 6: Publish a Missouri ACC directory for members.**

The directory is being made available on the Missouri ACC website.

## **Chapter development**

We have a very dedicated Board. This was a transition year for the Missouri Chapter. Our long-time Chapter Executive, Tonya Ferguson, retired. Beth Quick-Andrews, CAE was hired as Tonya's successor in June 2010. Beth comes to the chapter with over 20 years of association management experience. As Beth works through her first year with the ACC, she is getting up to speed on all things

ACC. The dedicated volunteers working together with Beth will continue to endeavor in 2011 to advance the ACC Strategic Imperatives: Science and Quality, Advocacy, Education, Membership and Engagement.

Greg C. Flaker, M.D., F.A.C.C., Governor

## MONTANA

Montana healthcare delivery continues to be challenged by demographics and geography. In our large, sparsely populated state folks still travel long distances for cardiovascular care often having to deal with severe weather and other difficulties. Specialty cardiovascular care remains concentrated in a small number of cities. Fortunately, many cardiologists from those cities participate in outreach clinics bringing excellent cardiovascular care to smaller towns. However, that practice is waning because of increasing financial constraints faced by our membership. Some practices in the state utilize telemedicine to bring Cardiology evaluation to smaller towns and this model is certainly gaining momentum and has met with significant patient satisfaction and provider satisfaction. Of note is that many practices in Montana also care for patients outside the state such as northern Wyoming and the eastern Dakotas.

There is a need for more “linkage” and collaboration for cardiovascular care across the state. We are in the process of recruiting physician champions for an AHA Mission Lifeline western state affiliate led by Dr. Ivan Rokos, who recently became chairman. In addition, we recognize the great work of Dr. Blair Erb, private practice cardiologist from Montana, who is physician champion for the ACC Pinnacle Network. He was also part of the D2B Alliance. We also are trying to engage cardiovascular surgeons across the state with the ACC in an effort to increase cardiologist and cardiovascular surgeon collaboration.

Our very young chapter continues to work toward developing an annual chapter meeting, but is challenged by the long distances that separate the various Cardiology practices across the state. We are hopeful that once an annual meeting can be established that the momentum will mount toward increasing participation. We have considered whether, because of our small number, it would be more beneficial to link up with another state such as Wyoming to have concurrent meetings.

Once our chapter is fully functional, we feel we will be able to branch out in providing educational opportunities for our membership, developing more chapter activities, as well as promulgating a coordinated advocacy effort at the state legislative level.

J. Scott Millikan, M.D., F.A.C.C., Governor

## **NEBRASKA**

Consolidation of physician practices continued through 2010. Most consolidation has occurred through hospital integration of practices. Nebraska appears to be ahead of the curve for hospital integration compared to the rest of the country. The majority of practices in Nebraska are now integrated. Electronic health record integration on the other hand appears to be lagging compared to the national trends.

The legislative climate in Nebraska has been very quiet, no significant legislative activity occurred in 2010 that directly impacted cardiology. In general, the litigation climate remains very favorable and quiet. Nebraska has a cap on damages.

The Nebraska ACC elected its new Governor for the chapter. Dr. Dale Hanson will assume responsibilities for the chapter during the 2011 American College of Cardiology meeting.

Michael G. Del Core, M.D., F.A.C.C., Governor

## NEVADA

The Nevada ACC Chapter is currently working on the Heart Save Brazil project. A local hospital has donated a cath lab which will be disassembled and sent to a hospital in the State of San Paolo in Brazil. The Chapter, along with the ACC Brazil Chapter, has been working with the Brazilian government to facilitate this move and has been raising funds for its transport.

A Lobby Day in Carson City has been set for March 24<sup>th</sup> to be held in conjunction with the Nevada AHA to meet with state legislators. In-District meetings with congressional legislators will be made during the next Congressional recess. Joe Heck, D.O. is the new representative for Las Vegas area. He is an emergency medicine physician who serves in the United States Army Reserve and has served both in the field and stateside.

This past summer, the chapter hired a medical student to interview and videotape various cardiologists across the state for an advocacy public relations project. These videotapes, usually about 2 minutes in length, are to be emailed to legislators in place of correspondence and will outline not only our positions on issues but also our strongly held feelings about the practice of medicine, why we went into medicine as a career and our commitment to quality patient care.

Nevada has a new Republican Governor that many of our members supported. We will be looking to Brian Sandoval for help in any future fights, especially those affecting tort reform. On the Senate side, Harry Reid maintained his seat and we will work to maintain an open relationship with him on health care issues.

Robert "Wes" Wesley, Jr., M.D., F.A.C.C., Governor

## NEW JERSEY

In our last year's report we stated: "2009 has been a most interesting year." 2010 was perhaps more interesting and active. One major issue was part 2 of our problems with the largest managed care payer in New Jersey- Horizon Blue shield- Blue Cross. The major issue was a decision in September 2009 to only pay for one dose of the radioisotope in nuclear stress testing. This was patterned after Trailblazer Health Enterprises (the Medicare intermediary for Texas). Despite local discussions and involvement of ACC national, this remained the policy. One large group in NJ filed suit that this violated their consent agreement of a previous litigation. The Compliance Review Officer ruled in December that proper notice was not given and that they would have to pay retroactively from September 2009. However, they could in the future decide to pay for one radioactive isotope upon 30 days notice. The managed care company is in the process of making a future decision and our local chapter and national ACC as well as the nuclear cardiology societies are attempting to convince the company to reverse its policy.

In terms of advocacy, Dr Teichholz, President of NJ Chapter and Governor for NJ and Ken Kutscher, President-elect and Governor-elect of the NJ chapter attended the legislative conference and met with several members of Congress to present the ACC's views. In addition, the contributions to the PAC from doctors in NJ were among the highest in the country. The council voted to support the repeal of the Independent Physician Advisory Board in the Health reform bill.

In terms of education, the NJ Chapter of the ACC again co-sponsored the annual meeting of the Hypertrophic Cardiomyopathy Association in June and Dr Teichholz presented the opening remarks and introduction. The chapter also contributed \$10,000 to the ACC National Jim Dove Lectureship Fund.

Dr. Teichholz represents the NJ chapter of the ACC on a NJ State Legislative Task Force on the Screening of High School Athletes. This committee has revised the history and physical forms and is working on other issues. The NJ-ACC council voted to recommend that every school in NJ have an AED (Automatic External Defibrillator). This was taken to the panel and it appears that this will be an important recommendation. It should be noted that this is not currently mandated by state law in NJ. In addition, leadership and other interventional cardiologists participated in a conference call with ACC to discuss the newly formed ACE and to see how this might be used by NJ hospitals.

Last year we held a very successful unstructured "Town Meeting" to get the views of our cardiologists in relation to various national and local issues including the health care reform, the CMS rules, the SGR, etc. Therefore this year instead of scientific (CME eligible) lectures at our annual meeting in October, we based it around the health care reform, economic issues, employment models, etc. Dr Teichholz, Mr. Fanberg (an attorney well versed in employment models, etc.), and Saiza Elayda (specialist, payer advocacy of ACC) spoke. The ACC management survey was presented and there was a lively question and answer period and open discussion. The feedback was that this was very helpful. In addition, as we did last year, there was a fellow's poster presentation.

Dr. Mark Zucker, past-president of the NJ chapter was appointed Co-Chair of the ACC Carrier Advisory committee and Dr. Teichholz has been appointed to the ACC Patient Centered Care Committee and the Cardiovascular Patient Centered Medical Home Sub-Committee.

Louis E. Teichholz, M.D., F.A.C.C., Governor

## NEW MEXICO

On October 9, 2010, the New Mexico Chapter held a well attended dinner meeting in Albuquerque. At this meeting, the Chapter President, Dr. Michael McGuire, shared the New Mexico Practice Census results, the New Mexico practice landscape post CMS-cuts, with the attendees. Dr. James Fasules spoke on “the Rule, Reform and Going Forward in 2010” to the attendees about the recent legislative efforts of the College, the predicted outcome of the upcoming elections and what to expect in 2010-11.

Lane Wallace, a note aviator, adventurer and lecturer, was our guest speaker and spoke to us about how to react when your training has not prepared you for your current situation. Lane Wallace is the founder and editor of No Map. No Guide. No Limits. She is an internationally-known columnist and editor for Flying Magazine and has written six books for NASA on flight and space exploration. She has also worked as a writer and producer on a number of television and video projects. For the past 20 years, Wallace has worked as a pilot and adventure writer. She has climbed mountains in Nepal and Europe, kayaked the Na Pali Coast of Hawaii, gone wreck diving in French Polynesia, and explored glaciers in Alaska. Her adventures have also included flying relief supplies in both the Amazon jungle and conflict zones in Africa, as well as donning a space suit to fly an Air Force U-2 above 70,000 feet. Her latest book, Unforgettable, is a collection of some of her best adventure tales. Wallace graduated with honors from Brown University, with an A.B. in Semiotics. She is also an honorary member of the United States Air Force Society of Wild Weasels and won a 2006 Telly Award for her work on the documentary Breaking the Chain. She owns and flies her own airplane, a Grumman Cheetah, which she keeps in California.

Everyone very much enjoyed the meeting and all are looking forward to the tenure of our Incoming Governor, Dr. Anthony Sandoval starting in April 2011.

Michael R. McGuire, M.D., F.A.C.C., Governor

## **NEW YORK**

The New York State Chapter of the American College of Cardiology is a vibrant, organization, which comprises approximately 3,200 members, including physicians, nurses, nurse practitioners and physician assistants; all specializing in the field of cardiovascular medicine. Due to the size and number of cardiologists in the state, the New York State Chapter has an upstate and a downstate governor. Currently John Bisognano, MD, PhD, serves as the upstate governor and Andrew Van Tosh, MD, serves as the downstate governor. The New York State Chapter works in collaboration with The New York Cardiological Society, Inc. which serves as its educational arm. The New York State Chapter Council includes representatives from seven districts in New York State, as well as delegates to the New York State Medical Society and the New York State Cardiac Advisory Board. The Council is supported in its efforts by committees including the following: Education, Advocacy, Quality, Nominating and Audit and Finance. Additionally, there is an Executive Committee composed of the two current governors, the two immediate past governors and the secretary-treasurer. The New York State Chapter mission is to maintain the highest level of cardiologic care throughout the state through its educational initiatives and to actively advocate for cardiologists among all players in the health care process, including, but limited to, governmental agencies, insurance companies and hospitals.

### **ADVOCACY**

The New York State Chapter has significantly increased its advocacy activities in 2010. In addition to active participation in national advocacy initiatives, including excellent representation at Legislative Day and a significant number of the New York State legislators signing on to the Gonzalez bill; the New York State Chapter engaged in grassroots efforts among them organizing numerous visits with local legislators in their home districts and participating in the distribution of ACCPAC funds to New York State legislators. Additionally, the New York State Chapter Annual Meeting included a visit from and brief presentation by a local upstate legislator with ample time allotted to discuss pertinent cardiological issues.

At its most recent meeting, the New York State Chapter Council recommended increased membership on the Advocacy Committee and committed to continued and expanded advocacy activities on both the state and national levels. At the state level, the Chapter collaborates with the Medical Society of the State of New York (MSSNY) and has a direct representative on its Council of Subspecialties. The major legislative and regulatory issues in New York include medical liability reform, increasing liability insurance rates and efforts to promote the right of physicians to collectively bargain with major health insurance providers. At the national level, the state chapter has become increasingly active in lobbying its Congressional representatives in Washington D.C. and in their home districts. During the recent election period, New York State Chapter representatives met with numerous legislators, to show our support, acquaint them with ACC's efforts for quality and health care reform, as well as to gain their endorsements for the 2010 version of the Gonzalez legislation.

### **QUALITY**

In 2010 the New York State Chapter was involved in the Hospital to Home (H2H) and the IPRO New York Care Transitions Initiatives. Additionally the New York State Chapter continued to work collaboratively with the AHA, to hold representation on the Interspecialty Committee of the Medical Society of the State of New York, to review and comment upon Local Carriers Documents (LCDs) and to work with the New York City Department of Health in support of its health initiatives (in particular the Salt initiative in 2010). The Quality Committee of the New York State Chapter continues to evaluate and select possible quality initiatives

### **EDUCATION**

The New York Cardiological Society serves as the educational arm of the New York State Chapter. The mission of The New York Cardiological Society, a 501(c)(3) organization, is to provide Continuing Medical Education in the Cardiological specialties for the State of New York. Programs include lectures, seminars, workshops and other presentations focused upon topics of broad appeal with direct clinical application to an expanded audience composed of physicians in primary care, geriatrics, pediatrics and family practitioners, in addition to cardiovascular specialists. In addition the New York Cardiological Society encourages, wherever appropriate, other health professionals to participate in its educational programs. Objectives and outcomes of these programs include expanded medical knowledge of cardiovascular care, support of advances in cardiovascular care, increased availability of cardiovascular care and positive changes in the competence and performance of physicians who participate in the programs; all contributing to the improved quality of care available to patients and positive patient outcomes. In 2010 The New York Cardiological Society was awarded a four year Continuing Medical Education Certificate of Accreditation by The Medical Society of the State of New York in cooperation with the Accreditation Council for Continuing Medical Education.

The 2010 New York State Chapter Continuing Medical Education activities included the Annual Scientific Session, Cardiology 2010: The Best of the Empire State, which was held in Albany for the first time; two annual endowed lectures entitled in 2010: Pulmonary Arterial Hypertension: Newer Concepts in Pathobiology and Treatment held at the University of Rochester Medical Center and Acute Decompensated Heart Failure held at the State University of New York at Stony Brook. An additional lecture, Systems Pathobiology and Human Disease was also held at the University of Rochester Medical Center. The extremely successful CCA program, The Third Annual Cardiac Care Associate Symposium, was presented in New York City in June 2010. This symposium brings together cardiologists, cardiac nurses and nurse practitioners, physician assistants and all members of cardiac care team to discuss the latest developments in cardiac diagnosis and treatment. Another important educational activity co-sponsored by the New York State Chapter was Cardiology at Mohonk, a symposium dedicated to cardiovascular care and treatment.

In 2010 in order to best serve its membership, the New York State Chapter focused upon presenting its numerous educational programs in areas of New York State which historically had not been the sites of these educational programs. Programs were held on the eastern end of Long Island, in the Rochester area, in the Hudson Valley and in Albany. This geographic spread allowed members throughout New York State to conveniently avail themselves of the important and timely scientific sessions presented by the New York State Chapter and to earn Continuing Medical Credits.

Additionally, the New York State Chapter continued to work with the New York City Department of Health in developing and promoting its health initiatives, the most recent being the salt initiative, and continued to co-sponsor meetings with the Founders Affiliate (NJ-ME) of the American Heart Association. Important to note is the fact that in support of one of the New York State Chapter goals for 2010, educational events were made more accessible to a greater number of members.

## **MEMBERSHIP**

Reimbursement issues continue to weigh heavily upon our members. There is a good deal of frustration and disappointment with the overall state of healthcare. Having said that, our members remain committed to offering the best possible patient care, resulting in improved patient outcomes. Both Cardiac Care Associates and Fellows-in-Training have been integrated into the New York State Chapter and play an important role, including representation on the New York State Chapter Council and various committees. As previously noted, once again in 2010, a very successful Cardiac Care Associate Symposium was presented. Planning has begun for a Fellows-in-Training program in 2011. The New York State Chapter remains very mindful of the fact that we are a statewide organization with various membership categories and has worked to make activities appropriate for and available to all members.

## **CHAPTER ACTIVITIES**

Highlights of the activities of the New York State Chapter in 2010 include the following:

### **Education**

**Goal:** Successfully complete the Continuing Medical Education re-accreditation survey and receive full accreditation status.

**Action:** In June 2010 The New York Cardiological Society, the educational arm of the New York State Chapter, was awarded a four year Continuing Medical Education Certificate of Accreditation by The Medical Society of the State of New York in cooperation with the Accreditation Council for Continuing Medical Education.

**Goal:** Make educational events accessible to a greater number of members

**Action:** The 2010 Annual Meeting was presented at an upstate venue (Albany) for the first time.

Venues throughout the state are being chosen for the presentation of our numerous evening lectures.

### **Relevancy**

**Goal:** Make the New York State Chapter more relevant to member needs.

**Action:** As a first step, the New York State Chapter Council recommended that new programs for Fellows-in-Training be developed and old programs be expanded. A sub-committee has been formed to explore the development of new programs which will best address the needs and interests of our members in a timely fashion. The sub-committee will present its recommendations to the full New York State Chapter Council at its next meeting at the ACC in April 2011.

### **Committee Responsibilities**

**Goal:** Role of the Committee on Nominations be expanded

**Action:** In addition to the Committee on Nominations preparing a slate of candidates for the Council elections, the Nominating committee will evaluate the role and responsibilities of Councilors and make related recommendations to the Executive Committee.

### **Governance**

**Goal:** Expand the terms of Councilors and the Secretary –Treasurer to 3 years with the ability to be elected to two consecutive terms.

**Action:** This recommendation was presented to and approved by the Executive Committee and proposed bylaw revisions sent to the ACC for approval.

### **Advocacy**

**Goal:** Become strong advocates for patients and the profession

**Action:** Council members will be expected to explore ways in which to organize advocacy efforts within their respective districts.

## **CHAPTER DEVELOPMENT**

The New York State Chapter is a large chapter with membership in excess of 3000. New York State is the home to cardiovascular experts in a wide ranging set of fields, offering the New York State Chapter an excellent professional base.

New York State remains in the forefront, worldwide, in the areas of both cardiovascular research and patient care. In 2011, strong emphasis will be placed upon engaging our membership in New York State Chapter activities, particularly in grassroots advocacy efforts and quality initiatives.

## **CHALLENGES**

The New York State Chapter faced numerous challenges this year. Included among them were reimbursement issues resulting in layoffs and reduced patient access to care, manpower distribution issues, liability reform, managed care issues and overall changes in the general practice environment.

John D. Bisognano, M.D., Ph.D, F.A.C.C., Governor, Metro Area

Andrew VanTosh, M.D., F.A.C.C., Governor, Upstate

## NORTH CAROLINA

### Advocacy

In 2010, the NC Chapter held “Cardiology Week in NC”, a Cardiologist for a Day program in a different region of the state every day during the week of August 30 – September 3 for a total of 5 Cardiologist for a Day programs. The program was attended by 22 legislators and their staff. Members of our state and federal government were able to visit practices across North Carolina and experience what cardiologists do very day in clinical medicine. In addition, the Chapter is proud to have increased PAC donations to 10% of our membership and has contributions from 100% of our Chapter councilors and officers. And, to further our legislative influence, Paul Colavita, MD, FACC, attended political events for Sue Myrick and Richard Burr and other Chapter leaders attended the 2010 Legislative Conference as well as going on Hill visits.

We routinely meet with the state legislature (Justus Warren Heart Disease and Stroke Prevention Task Force) and more recently with the Governor Beverly Perdue’s office regarding our efforts in organizing acute cardiovascular care. In addition, the Chapter has worked with the North Carolina Office of EMS to establish uniform ST elevation myocardial infarction diagnosis and treatment protocols.

Poor communication and cooperation with local and state medical societies will be the major legislative and regulatory obstacles to overcome in 2011 in North Carolina.

### Quality

North Carolina has 5 active quality programs including STEMI, D2B, IC3, H2H, Pinnacle.

**IC3:** NC was instrumental in identifying and referring the software vendor who was ultimately awarded the IC3 data collection contract. The pilot program for IC3 was Asheville Cardiology. Dr. Oscar Jenkins, Chapter Governor, is with this group and assisted in working on the clinical criteria for the program.

**H2H:** Dr. Oscar Jenkins, NC Chapter Governor, serves on the ACC Quality Workgroup, which is addressing H2H and many of these other quality programs.

**D2B & STEMI:** We have expanded D2B activities to include all point of entry (hospital door, EMS, and hospital transfer, and other cardiovascular emergencies (see below).

**Pinnacle:** Dr. Oscar Jenkins serves as a member of the Pinnacle Development Committee

Our major quality initiative is our Regional Approach to Cardiovascular Emergencies [RACE] system. This work involves an extension of the door to balloon project to emergency medical service and hospital transfer activities. We have implemented the NCDR ACTION registry in all 21 PCI hospitals in North Carolina, established statewide protocols and training for EMS and inter-hospital STEMI care, established regional and state leadership, and provided routine NCDR reports to the state and individual hospitals and EMS agencies. Our system now encompasses 119 of 121 hospitals in North Carolina and over 500 EMS agencies. Four thousand patients with STEMI are treated in our system each year, and we have achieved some of the fastest aggregate treatment times ever reported. In concert with our efforts, STEMI mortality has steadily fallen from 8% prior to D2B initiation to 5.7% in our most recent quarter. In our state, the American Heart Association Mid-Atlantic Affiliate has begun to assume a supportive role, providing approximately 1 and ¼ full time equivalent support for organization and training. Based upon our success, we are now expanding our approach to include other cardiovascular emergencies, focusing on cardiac arrest as our next condition (RACE CARS - Cardiac Arrest Response

System. Our current activities include hosting 5 regional leadership meetings, establishing a uniform cardiac arrest database, implementing an organized healthcare arrangement to allow for the exchange of protected health information, authoring standard protocols for every point of care from bystander CPR training to hypothermia induction and acute coronary angiography. Within 5 years, our goal is to increase out of hospital cardiac arrest survival by 50%. ACC members and councilors across the state have been instrumental in establishing our RACE system. Our efforts will expand from hospital and EMS to public training in myocardial infarction and cardiac arrest recognition, 911 activation, chest compression only CPR, and AED use.

Care for acutely ill cardiovascular patients becomes more challenging each month. Our state has been hit particularly hard by the current economic climate. For example, the rate of patients with acute coronary syndromes who lack any health insurance has risen from 14 to 20% over the past 3 years. For those who have insurance, the dominant insurer in the state, Blue Cross Blue Shield of North Carolina continues to erect higher barriers to cardiovascular care, including increasing out-of-pocket obligations, \$45 dollar per visit copayments, and review of diagnostic tests by a radiology benefits manager. The specific vendor, American Imaging Management, relies on non-specialty physicians, some of whom appear to lack practical training or experience in U. S. health care, to support denials.

Access to cardiovascular care in rural communities for the chronically ill has become increasingly difficult, as practices are forced to consolidate facilities or be purchased by hospital corporations in the face of declining revenues. Anecdotally, hospitals have become more aggressive in pre-screening and denying non-urgent cardiovascular services

From a disease prevention standpoint, North Carolina continues to be challenged by obesity (29% - state rank 10) and cigarette smoking (22% - state rank 16). Despite the generally poor level of health among our population, heart disease death rates have continued to fall (235 per 100,000 – state rank 25) to the point where cancer has assumed the leading diagnosis leading cause of death. While to causes of declining heart disease death rates have not been fully elucidated, we believe that improved acute care in our state has contributed to lower death rates.

## **Education**

Our chapter provides an annual meeting which provides continuing education to attendees.

Asheville Cardiology and Mission Health System sponsored free "Love your Heart" Community Seminars in Asheville for "February is Love your Heart Month". Attendees were able to come learn about heart health from area cardiologists and enjoy free heart-healthy food. Plus, each attendee will receive a free 30-day pass to The Rush Fitness Complex, with a chance to win a free one-year membership.

As above, the RACE system is planning collaborative events for public education in myocardial infarction and cardiac arrest recognition, 911 activation, chest compression only CPR, and AED use. In the case of STEMI, North Carolinians wait an average of 90 minutes before seeking medical attention and reduction in this time can potentially improve mortality as much as improved EMS and hospital care. In the case of cardiac arrest, one of the most important determinants of survival involves bystander CPR, yet in our state, fewer than 20% of victims receive such care. We are currently organizing a plan to widely educate the public in myocardial infarction and cardiac arrest recognition, 911 activation, chest compression only CPR, and AED use. Initially, we will take advantage of the state educational standards to provide such training by 8th grade, working with AHA, health care professionals, hospitals, and school administrators to provide this training. Pilot programs will begin this year, with an eventual plan to educate all 8th graders each year.

## **Membership**

State wide there is the shared concern about the health care environment – and the need for CV specialists to look at other employment models – particularly hospital mergers. Many members are concerned about financial and access issues.

The Chapter will be hosting a second Fellows-in-Training Day in 2011 in conjunction with the Annual Meeting. Membership information and targeted emails have been sent to FIT, CCAs and Practice Administrators. CCAs and FITs are part of the council.

## **Chapter Activities**

The Chapter successfully held “NC Cardiology Week” with a Cardiologist for a Day program being held in each region across the state one day per week. 22 representatives plus their staff from NC experienced how policy decisions affect medicine and patient care in a way they have not see before. Participants learned about electronic medical records, toured heart centers where they witnessed a coronary interventional procedure with stent placement.

The Chapter will hold its second FIT Day in conjunction with our 2011 Annual Meeting. Ten fellows and one resident attended FIT Day in 2009 representing all the medical schools in NC. All fellows expressed interest in attending another FIT Day in 2011. In 2011, the Chapter will hold a quality program with an increased number of participants, more topics and without a high cost to the Chapter. FIT Day will be used as a recruiting tool in the future as free training that academic programs are unable to provide.

The Chapter will work to extend emergency cardiac care system to cardiac arrest and increase overall out-of-hospital cardiac arrest survival rates by 50% over five years by taking a regional approach to overcoming systematic barriers. The Chapter has Support community to state-wide initiatives that focus on a “systems-based” approach to out-of-hospital cardiac arrest.

The Chapter was able to accomplish our goal of Increase PAC support statewide to 10%. As of November 3, 59 members of the NC Chapter have donated totaling \$20,630. All Chapter Councilors and Officers have donated.

## **Chapter development**

The Chapter enjoys high participation and involvement in leadership retreats by our councilors, annual meetings (both as faculty and attending) and high participation on committees. The Chapter is extremely dedication to our mission as demonstrated by our RACE program. In addition, the RACE program has evolved into phase two – Cardiac Arrest Response System as described above.

The Chapter will work to improve the 2011 FIT Day in conjunction with the Annual Meeting to get a higher participation from fellows. The Chapter will also work on improving donations from our membership to the PAC to achieve a higher percentage of member donations than in 2010.

Oscar Jenkins, M.D., F.A.C.C., Governor

## OHIO

### **Advocacy**

The Ohio Chapter organized a state legislative day in Columbus on April 27, 2010. Chapter members joined other Ohio physicians in fundraising events for two Supreme Court justices who pledged to uphold the current tort reform laws. The ACC Legislative Conference in Washington was well attended by Ohio Chapter members, CCAs, FITs, and practice managers. Ohio-ACC offered 6 travel stipends to its members. The legislative climate in Ohio has been quiet except for unsuccessful attempts to overturn smoking bans and tort reforms.

### **Quality**

The Ohio Chapter and the Ohio Thoracic and Cardiovascular Data Management Group held a hands-on skills workshop for the NCDR Cath-PCI Registry on May 14, 2010. This conference attracted 72 participants from Ohio, Kentucky, Michigan, and Wisconsin. Tony Herman, R.N., M.B.A., C.P.H.Q., Associate Director, Cath-PCI Registry helped the participants gain understanding and confidence about data definitions and entry. Although the NCDR has many tools available on its web site to assist with the implementation and management of the registry, many inconsistencies on interpretation and application of criteria during the data abstraction process remain a challenge for coders.

### **Education**

The Ohio Chapter organized a “Spring Summit” dedicated to CCA education in Cleveland on April 21, 2010. This was followed by the Ohio-ACC’s 47th Annual Carl J. Wiggers Memorial Lecture and Dinner attended by more than 100 chapter members.

### **Membership**

A Practice Managers Council was incorporated into the Ohio-ACC Chapter. A “Practice Managers’ Workshop” was held on October 16, 2010 during the Ohio ACC Annual Meeting. Topics included financial efficiency, corporate structure, tax reduction, benefit planning, health care system integration, employment models, Ohio legislation and regulations, and the evolving landscape of cardiovascular practices.

### **Chapter Activities**

The Ohio-ACC Annual Meeting was held in Columbus, Ohio on October 16, 2010. The meeting included FITs, CCAs, and practice managers. FIT research competition has been a standard component of the meeting. Prizes for the best posters and best oral presentation were awarded.

### **Chapter Development**

The Board of Trustees remains engaged and enthusiastic. The chapter’s educational activities are well-attended. Advocacy events and legislative days are becoming more popular with the uncertainties of reimbursement and health care reform.

### **Challenges**

More than half of the cardiology practices in Ohio have integrated into large medical systems. Many cardiologists are age 55 or older and the possibilities of retirements loom in the face of declining reimbursement or over-regulation.

Robert E. Hobbs, M.D., F.A.C.C., Governor

## OKLAHOMA

Health care reform and Obamacare dominated the medical landscape in Oklahoma this last year. Oklahoma's delegation is predominantly Republican, but small, and therefore primarily attempted to block most of the reform issues. 4 of 5 House members are (R) and with the Republicans controlling the House we expect more attempts to obstruct implementation of the Obama plan. State ACC members have repeatedly impressed our legislators that the status quo is also not acceptable, and our current system has led to dramatic Medicare reductions in cardiology reimbursement. We were able to obtain considerable face to face time with all 5 of our House members and 2 Senators in 2010, including the September ACC Legislative session. They support the Gonzalez bill to reduce the Medicare cuts for imaging. As with all our ACC colleagues, we are waiting to see what the new health care reform rulings will mean for our practices on a day to day level.

The wave of hospital - private cardiology practice integrations continues unabated in Oklahoma. Surveys done by the ACC show Oklahoma among the highest percentages of employment models in the nation. Poor payor mix probably accounts for some of this movement.

Mary Fallin will become our new state governor in January. She is an (R) and replaces a (D), Brad Henry. The state ACC and the OSMA campaigned hard for her. She resigned her House seat in D.C. which was won by another (R), Langford. The major issues on a state level are continued tort reform begun 2 years ago, and Medicaid funding.

C.A.Sivaram, M.D., former ACC governor, put together an outstanding spring meeting in April 2010. Speakers from around the nation informed a great crowd of state cardiologists in Oklahoma City. This year's meeting in April is expected to be just as good, and hopefully will break attendance records.

The state ACC council met twice in 2010. Once face to face in Oklahoma City, and once on a conference call. Two similar meetings are planned for this year. The council's main focus is to support the spring meeting and to help with legislative issues. Stan DeFehr M.D., current ACC governor, was asked to serve on the Board of Trustees for Oklahoma State Medical Association (OSMA) and hopes to use that venue to represent cardiology perspectives in the state. We expect 2011 to be dominated by both federal and state legislative agendas.

Stan DeFehr M.D., F.A.C.C., Governor

## OREGON

The State of the Oregon ACC Chapter is strong. Despite and perhaps partially due to a membership base that is smaller than that of many chapters, the Oregon ACC continues to engage leadership and member participation from throughout the state, reaching out to develop new education programs, quality initiatives, and active advocacy goals which benefit our members, our patients, and the health of Oregonians.

One cannot address the “state of the state” of cardiology as 2010 comes to a close without acknowledging that this has been a year of unprecedented challenges. Our leadership recognized that our members were faced with cataclysmic structural changes stemming from the “Rule”, and initiated a survey to categorize this impact which then was adopted across the ACC nationally, providing data to support understanding from legislators, patients, and the house of medicine of the consequences of the changes. Our state mirrors activities of the country with over half of our private practices now “integrated” into hospital systems. As we engage members throughout the state, we encounter anger, fear, and resignation. There is a feeling within some of the membership of an external wave of destruction of the cardiology they have known. Our challenge is to change this anger and fear into a realization of the opportunities for leadership from cardiology as Healthcare Reform, Accountable Care Organizations, and Novel Delivery Systems evolve.

### **Education and Funding**

Our 8th Annual Oregon Cardiovascular Symposium was held in June of 2010. Featuring some of the country’s top cardiovascular authorities, presenting on cutting-edge cardiovascular issues, this CME symposium continues to be the leading cardiovascular education event in the state. Once again, the Symposium featured a new record attendance, positive revenues, and reviews from the attendees that indicate the meeting provided a high level of value to those in attendance. While Oregon ACC has, and will continue to set high goals for its leadership, staff, and members, we cannot rely solely on membership dues from our small base to fund staff and activities. One major source of funding for the Chapter has been the Cardiovascular Symposium, which is currently being planned for June 2011.

### **Membership Engagement**

The Chapter continues to strive to involve its membership in Chapter activities.

- The Chapter hosted three “Heart Club” dinners in 2010. These serve as both networking and educational sessions featuring guest speakers, as well as provide members with the opportunity to meet and greet their fellow CV professionals outside of their own respective practice settings.
- We hosted a special “pizza and beer” dinner for our Fellows and Council the night before our Annual Councilors meeting. Nearly half of the State’s Fellows attended the event along with three quarters of our Council. So successful was this informal event that our Emeritus Councilor and his wife offered their home for the next Fellows and Council gathering. Fellows were also provided the opportunity to attend the Symposium as our guests, and three select Fellows were asked to provide case study presentations at the Symposium meetings.
- Between our past and current Governor, Oregon ACC produced 9 Chapter newsletters and several other e-news alerts that were sent to the entire Oregon ACC membership
- While geographically Oregon is a large State, our Governor continued the Oregon “road show” tradition of visiting practices in four different cities located outside of the metropolitan Portland area. Plans have been made to visit the remainder of the State’s practices in 2011.

- A Practice Administrator Councilor was elected to the Council. One of his first missions was conducting an online survey of the State's Practice Administrators and the formation of a Practice Administrator's listserv.
- The chapter received grant support from the Women in Cardiology Council for an event which brought together private practitioners, Adult and Pediatric Cardiologists, and Cardiac Fellows for a first networking and mentoring event.

The ultimate benefit from engagement of the membership in Oregon ACC activities is demonstrated by increased member participation in activities throughout the state. Our success is characterized by the 2011 education committee which consists of more than 50% of committee members who have never served on a previous committee.

### **Advocacy**

During the 2010 Legislative Conference in Washington, DC, Oregon's contingent including our Governor, Treasurer, Advocacy Chair, and Chapter Administrator met with every one of our elected officials' offices. Recognizing the significance of the 2010 elections, Oregon ACC teamed with the ACCPAC to host 2 different fundraisers for key congressional races – one for Senator Ron Wyden at Governor Lewis' home and another for Representative Kurt Schrader at Advocacy Chair Kirk Walker's home. Both Wyden and Schrader were reelected to office, and have reached out to Oregon ACC for ongoing leadership. While we continue to believe that having our own state lobbyist would benefit the Chapter, budget constraints make this impossible. Instead, the Oregon ACC has strengthened our relationship with the OMA and we are confident that our interests can be met by the OMA and ACC Oregon advocacy teams.

### **Quality**

The Oregon ACC is fortunate to have ACC members like Chapter Councilor Dr. Ty Gluckman, who chairs the Quality Committee. Ty recognizes the significance of ACC's quality initiatives and the connection of these initiatives to improve the cardiovascular health of all Oregonians. In early October he encouraged the Oregon Council to commit to having Oregon serve as a test State for statewide adoption of the ACC's Pinnacle Network. In doing so he proposed that Oregon's ACC leadership make the commitment to lead the rest of the country and get ALL Oregon providers to sign on to the Pinnacle Network by the end of 2012. Since our Council meeting in early October, Ty has taken the initiative to set up and lead a conference call with ACC National leadership who enthusiastically responded with appreciation for the innovation of Oregon's leadership in getting behind the Pinnacle Network program. In addition, the Chapter leadership has developed a strong relationship with Dr. Bruce Goldberg, Chair of the Oregon Health Authority, and impressed upon him the benefit of using the ACC's registries as key examples of developing a similar registry program in Oregon.

In the upcoming year Oregon ACC will work with National leaders to bring ACE certification to our hospitals and laboratories, participating in the National Initiative.

### **A Look Ahead**

Oregon ACC is ready for 2011 – with whatever challenges or opportunities are presented. We continue to work to conserve our resources for maximum benefit. We are committed to leading change in healthcare in Oregon with our data registries, guidelines, and appropriate use criteria, but also with our most important resource: our members. We have a committed team of Officers, Councilors, Committee Members, and administrators who believe in the value of the Oregon ACC.

Sandra J. Lewis, M.D., F.A.C.C., Governor

## PENNSYLVANIA

The year 2010 represented numerous opportunities and challenges for the State of Pennsylvania and its cardiovascular specialists. With regard to education, we had two Cardiac Care Associate meetings in the Eastern and Western parts of the state this year that were well attended and very favorably reviewed. We also had a Fellow-In-Training conference along with our Annual Chapter Meeting in October, which likewise received high marks. This was accompanied by a poster competition.

The Chapter Meeting in October was a 2-day meeting that dedicated ½ day to practice survival strategies. Presentations from the Chapter Meeting are posted on our website. In addition, we have a twice annual newsletter that is sent to members of the Chapter.

Advocacy proved to be quite an important focus of activity. We have been threatened by Radiology Benefit Manager-initiatives from the western part of the state, specifically Highmark Blue Cross and Blue Shield. We have therefore put together a Task Force to meet with Highmark to try to get them to modify their test substitution and precertification protocols and make them consistent with Appropriate Use Criteria. We have met with Highmark once and have a follow up meeting scheduled for late January 2011. If we fail to get satisfaction from our meetings with Highmark, we have been documenting deviations from appropriate use guidelines and are considering taking it to the state Department of Health and to the state Insurance Commissioner and leave open our option to take it to US Senator John Rockefeller's committee, as well.

Also along the lines of advocacy, we have identified practice champions that can disseminate information on state legislative issues and we have identified point persons for members of Congress as well as state legislators. This is to allow rapid mobilization for lobbying and certain legislative threats such as Pennsylvania House Bill 2522, which had the potential for threatening the availability of in-office cardiac testing.

Regarding the governance of our Chapter, we have an executive council that will now be voting representatives from the FIT category of membership, as well as CCAs. We are actively recruiting a practice administrator who will also be a voting member of the executive council. We are also active participants in the AHA Mission Lifetime program. We have also as a chapter twinned with Italy and had Dr. Leonardo DeLuca visit us at our Chapter Meeting and spoke about the Italian Stem1 system of care. This will be carried forward with a joint session between the Pennsylvania chapter and the Italian Federation of Cardiology at the ACC national meeting.

Special thanks go out to the head of our Highmark Task Force, former Pennsylvania governor Dr. William Follensbee, as well as Dr. William VanDecker, representing the eastern part of the state. In addition, Dr. William Combs has been active as our advocacy chairman and Dr. Vince Figueredo has been active in bringing the CCA eastern and western meetings to their current level and has also been instrumental in expanding the FIT meeting and its poster competition. We also wish to thank Dr. Dan Edmundowicz and Dr. Paul Casale, our Immediate Past Governors, whose tutelage made the transition smooth.

Looking forward, we consider that our missions of advocacy, quality, education and membership to all are important; however, we see a special need for equipping practices within the state to adapt to the changes of healthcare reform and the medical market place in general. We would like to help our practices be able to adopt the Electronic Health Record and to right-size their practice in a way which will allow them to be viable going forward. In addition, we certainly have to be actively involved in our state legislature when legislation threatens the viability of practices and access of patients to

cardiovascular practitioners and advanced cardiac testing. We will continue to be active in our efforts to roll back the impact of Radiology Benefit Managers and to hopefully encourage insurers to transition to the use of FOCUS as a point of service tool for cardiac testing.

John U. Doherty, MD, FACC, Governor, Eastern District  
Rene Alvarez, MD, FACC, Governor, Western District

## PUERTO RICO

During the 2010, the Puerto Rico Chapter of the ACC devoted most of its efforts to the areas of education, quality, advocacy and membership which are delineated below.

The PR Chapter of the ACC has continued to increase their participation in the **Advocacy** arena. This year Dr. Rodriguez-Ospina participated in the legislative conference and met with Resident Commissioner of Puerto Rico, Honorable Pedro Pierluisi. The issues of SGR's, the Gonzalez bill, and other problems related to low Medicare physician reimbursement in Puerto Rico compared to other states and territories were reviewed with the Resident Commissioner. The participation of the ACC members in advocacy is a real challenge in our chapter in view that our territory has representation in Congress but no voting right. Consequently, our membership is not as eager to participate in the PAC arena. We have created a new Political Action Committee who is working with the local issues related to reimbursement and to promote participation at the national level.

Our chapter has continued its involvement in **quality** programs. Several years ago, our chapter started a round of conferences related to guidelines applied to practice (GAP), in order to improve the quality of patient care at the local level. We have recently started to work with a group of interventional cardiologists in the D2B alliance initiative, which is presently being led by Dr. Orlando Rodriguez-Vila. The goal is to implement the STEMI guidelines, which include patient education, improvement of the emergency medical system and the door to balloon time. We hope that this project will significantly impact the care of our patients, and that its multidisciplinary approach will lead to greater impact and better implementation.

Our commitment to patient and membership **education** has continued to improve during this year. This year the PR Chapter celebrated its 21st Scientific Meeting on May 28-30 at the Ritz Carlton Hotel in Isla Verde. The meeting was entitled **CARDIOLOGY IN THE TROPICS**. The convention was dedicated to our foremost renowned pediatric cardiologist Dr. Amalia Martínez Picó. Her outstanding legacy in the education of our pediatric cardiologists, management of the PR childhood cardiovascular diseases and her dedication to the welfare of the PR health status earned her this distinction. There were a total of 311 participants with 241 physicians, 56 RN's, 6 PharmD and 8 cardiovascular technicians. The participation of our membership was excellent with 75 FACC's, for a participation of 80 percent of our members. Concomitant with our 21<sup>st</sup> Meeting the CCA's member held their 4<sup>th</sup> annual convention with 70 participants. Both scientific meetings had the participation of expert cardiologists from the local and national level. Our commitment with patient education has continued with our community conferences, which are now held at different island locations. This year we held our eleventh community conference at the Municipality of Guaynabo with a total of 200 participants. FIT participated in both the scientific meeting by presenting their cases or original research, and during the communitarian conference as speakers. The Chapter has continued to support and participate at the Cardi-Day which is a health fair organized by the Puerto Rico Medical College of Physicians, by providing speakers and volunteers.

The ACC PR chapter has continued to work with the engagement of its **membership** by increasing the number of committees and inviting new members for the scientific, community and political action committees. There have been some complaints by some members regarding the high cost of the ACC membership, which has been addressed on an individual basis. We are providing them with quality, free CME activities and all the resources available by the national ACC. Regarding the FIT's they have representation in each of our board meetings, and one representative of each cardiovascular diseases training program is invited to all of our meetings. The FIT's are planning their second conference regarding "new challenges in the private cardiology practice for next year", in addition the FIT's present at our scientific meeting, and we have reserved four slots for their presentations. This year, the FIT's

were invited as speakers for the communitarian meeting with an excellent response from the audience. The number of CCA's has continued to increase, they have their own scientific convention, and presently they are organizing their 5<sup>th</sup> annual convention. In addition CCA's have been incorporated also as speakers in the communitarian conferences. Presently, we have not been able to recruit practice administrators but this will be one of our goals for next year.

The ACC PR **Chapter activities** for 2010 were: the 21<sup>st</sup> Scientific Meeting, the eleventh communitarian symposium, the 4<sup>th</sup> CCA's scientific convention, and the distinguished citizen award which was given to one of our renowned pediatric cardiologist. We achieved our goals regarding education of our membership, with an excellent participation of our members at our local scientific meeting. We have been able to recruit new members for our scientific committees with 50% new members, which will be the future leaders of our chapter. Patient education was accomplished with our communitarian symposium which was held at a different location in order to reach other communities. We have created a new Facebook page, with excellent response by the FIT's and young graduates, this page is being administer by the governor and a FIT's member.

Regarding **Chapter development**, the strength of our Puerto Rico chapter continues to be education and membership involvement. Our scientific meeting continues to be well recognized by our cardiovascular specialists in the island and the membership involvement of FIT's and new members continues to increase. We need to improve in the quality area, by the implementation of the D2B alliance initiative during 2011.

The major **challenges** for 2011 will be engaging new membership such us practice administrators, improving quality involvement with the STEMI task force and the local insurance issues that the region faces at this time such as capitation and decrease access to care.

Luis Rodriguez-Ospina, MD, FACC, Governor

## RHODE ISLAND

Rhode Island is the smallest state but the second most densely populated in the union. It is poor and has been hit exceptionally hard by the economic downturn where unemployment remains among the highest in the country. There is broad ethnic diversity, a large population of very elderly people (7<sup>th</sup> in the nation per capita for individuals over the age of 85) and a high prevalence of cardiovascular disease. In 2007, the cardiovascular mortality in Rhode Island was 25% higher than in either bordering states, Massachusetts and Connecticut.

While there is no paucity of interesting clinical material, the business side of medical practice in Rhode Island has always been challenging. Reimbursement has traditionally been very low, the result of two factors; a large Medicare population and lack of competition in the private insurance market. The CMS cuts have wielded their influence in that two of the largest groups representing 35 physicians (about half of the states practicing cardiologists) are first merging and then integrating with Lifespan, Rhode Island's largest healthcare system.

While reimbursement is important, we believe maintaining clinical decision making autonomy is crucial. The primary focus of the RI ACC Chapter this year has been to redefine the relationship with the largest payer, BCBSRI, around the issue of pre authorization. Payers need to control costs. Minimizing expensive testing is an obvious way to do that and nuclear stress testing became low hanging fruit in 2010. The ascendancy of Radiology Based Managers has been fueled by the traditionally adversarial relationship between practitioners and payers. The unspoken presumption has been that the doctors are gaming the system and need to be controlled. We are challenging that assumption. After several conversations and an upbeat, productive meeting with leaders at BCBSRI we are embarking on an effort to reclaim control over clinical decision making as it relates to cardiac imaging and stress testing.

For the first six months of 2011 we will be performing internal preauthorization evaluations on all requests for nuclear stress tests, based on the ACC Appropriate Use Criteria. Data will be collected in parallel and compared with results from the pre authorization protocol mandated by MedSolutions Inc, the RBM contracted by BCBSRI. If a physician applied screening tool proves a robust filter, BCBS has expressed interest in partnership opportunities. We believe a risk sharing model between practitioner and payer offers the potential to remove RBMs from the clinical decision making process. Success in redefining the relationship with payers now offers the greatest chance of avoiding the intrusion of RBMs into other sectors of our practice in the future.

Michael Gilson M.D., F.A.C.C., Governor

## **SOUTH CAROLINA**

The South Carolina chapter was incorporated in 1994. We have approximately 450 members with a large percentage continuing their support with membership in the national college. There is representation of both fellows-in-training (FITs) and cardiac care associates on our council. At our last academic sessions, we had a high level of involvement of FITs with a case presentation and discussion format.

Heart disease and strokes continue to occur at overwhelming numbers in our State. However, there has been a decline which mirrors the national trend. Sixty-five percent of South Carolina's adults are overweight/obese, 10% are diabetic and 53% are sedentary. In 2010, the legislature was able to override the Governor's veto of an increase in the cigarette tax. The increase was from the lowest in the nation at \$0.07 per pack to \$0.57 per pack. This amount compares to \$4.35 in New York.

At the State House, our lawmakers are wrestling with the balance budget requirement and the desire not to raise anyone's taxes. The State's top three expenditures are education, Medicaid, and prisons. There is currently a major shortfall in the State's allocation to Medicaid versus the anticipated cost. There are Federal matching dollars of 3:1. But, we are considering opting out of the Federal matching dollars to avoid raising taxes.

Mission Lifeline has been very successful with 100% participation of hospitals providing interventional services. We had a recent "Cardiologist for a Day" with our Governor-Elect, Dr. Elberle, and more are planned for 2011.

Our challenges continue to be those faced by Cardiologists nationwide. Most members continue to work in the private practice setting with a strong movement towards integration.

Charlie W. Devlin, MD, FACC, Governor

## **SOUTH DAKOTA**

South Dakota cardiologists communicated via letters, emails, calls, and some meetings with our senators and representative in Washington with particular respect to the SGR and the CMS Rule. There was no organized effort but I believe many of our chapter members expressed their opinions on the healthcare bill to our representatives in Washington as well.

Mission Lifeline South Dakota was the recipient of a multi-million dollar grant from the Helmsley Foundation in April 2010 directed toward the establishment of “systems of care” for improving quality of care and access to care for STEMI patients in South Dakota. Prior to the grant we had structured a broad based committee to attain these goals, with the intent that the chair of this Committee would be the current American College of Cardiology Governor of South Dakota. I have chaired the M: L SD Committee for the last two and a half years.

With the efforts that have gone before, and the grant in hand, we are moving ahead at a brisk pace to improve quality and access to care for STEMI patients in our mostly rural state.

Part of our Mission Lifeline work is directed toward increasing participation of healthcare institutions throughout the state in ACC-NCDR-PCI and ACC-NCDR-ACTION-GWTG and other ACC-sponsored validated databases to advance quality care. Currently all three major cardiac centers in South Dakota utilize ACC-NCDR-PCI and ACC-NCDR-ICD programs and two of us also utilize ACTION-GWTG.

With Mission Lifeline as the ACC-AHA vehicle, we are sponsoring two symposia, one in Sioux Falls in the fall and one in Rapid City in the spring, on STEMI, and general cardiology and STEMI respectively. Additionally, we are beginning our outreach STEMI-focused educational efforts for STEMI referring locations in the state. Much of this is outside the Mission Lifeline Project, particularly regarding the VA facilities and Indian Health Service locations.

Generally speaking, cardiologists of South Dakota remain greatly concerned about cutbacks in reimbursement (SGR and CMS Rule phase-in) and what this means for access to cardiac care and services provided. Two large cardiology groups have already moved to hospital-employment relationships and a third is rumored to be negotiating. Uncertainty also reigns as to how the healthcare bill will affect our rural state. Cardiologists are beginning to have concerns with respect to the concept of “Medical Homes” and “Accountable Care Organizations” and how these will fit with the overwhelming trend toward primary care physicians dropping out of the hospital care arena, leaving this care to hospitalists and subspecialties like cardiology.

James S. Walder, MD, F.A.C.C., Governor

## TENNESSEE

### *Advocacy*

Multiple members of the Tennessee Chapter attended the ACC Legislative Conference this fall and spoke to legislators on Capitol Hill. The Chapter is fortunate to have many state Senators and Representatives who understand the issues facing the cardiology profession today. As evidence, Tennessee had three cosponsors and two signatories on the Gonzalez bill. The legislative and regulatory climate in Tennessee is very conservative and very friendly toward most of our issues. 2011 state issues are perceived as not significant. Tennessee had Tort reform a few years ago and since that time there have only been 300 medical malpractice cases filed. Prior to that it was well over 1500 per year with most being nuisance cases.

### *Quality*

D2B is an active and extremely successful program in our state. Strong anti-tobacco efforts have been fairly successful. Tennessee continues to struggle, however, with rampant obesity.

### *Education*

The Tennessee Chapter sponsors cardiology coding seminars offered through McVey and Associates and has for the past ten years. Two such seminars were offered in 2010 with Ray Cathy and Rhonda Granja as the scheduled speakers. The Chapter also discussed instituting 'Cardiologist for a Day' programs to increase legislative knowledge on the state level. We attempted to have our first ever state-wide meeting this year, but had little interest. We will regroup and are considering having three meetings in the various regions of the state. Tennessee is challenged because it is almost 600 miles from one end of the state to the other.

### *Membership*

The mood of the Tennessee Chapter remains indifferent. Efforts have been made through electronic newsletters and notices to alert members to important topics, but little has changed in terms of chapter members' involvement. The Chapter attempted to hold a state-wide meeting for the first time ever but was forced to cancel it due to extremely poor registration numbers. The geographic nature of Tennessee continues to make it difficult to procure more active and engaged members.

### *Chapter Activities*

We made efforts to be more present to our members and successfully accomplished that in terms of the number of times we communicated with them over the past year. The website continues to be a work in progress and one that improved in increments throughout the year. The Chapter also successfully filled all open Council vacancies including the position of Governor-Elect.

### *Chapter development*

The Tennessee Chapter remains committed to finding ways to increase its activities and member involvement. We hope to have more successes than setbacks in 2011 and continue to look for ways to improve.

### *Challenges*

Tennessee is unique in terms of its geography making it difficult to bring the west, middle, and eastern portions together into one, cohesive whole. This has been an ongoing problem and one that while frustrating, does not deter the chapter from continuing to find ways to avert this geographic hurdle. In terms of practice environment, Tennessee has converted almost entirely to alignment with hospitals.

George H. Crossley, III, M.D., F.A.C.C., Governor

## TEXAS

The State of Texas is strong.

### **Advocacy**

TCACC advocacy efforts have yielded personal grassroots relationships with a number of House members including Charles Gonzalez, Pete Sessions, Michael Burgess, Kenny Marchant and Solomon Ortiz. We have close business level relationships with many others at the Federal level. In addition, at the state level, we have many close personal relationships. The Texas Chapter has hosted and participated in fundraising events for a number of Texas House and Senate members and has provided campaign support for over thirty successful candidates. In Texas, just as nationally, we have seen a dramatic shift to a significant Republican majority and we are working to establish relationships with policy leaders.

We have developed a positive advocacy or “white hat” program in Texas that screens high school athletes for ASH and congenital electrical disorders that may preclude participation in high school athletic programs. The TCACC, in conjunction with the Championship Hearts Foundation and their affiliated registry Texas Adolescent Athlete Heart Screening Registry (TAAHSR), have this year screened at no charge over 2000 high school students with EKG and limited echocardiography bringing the total to over 15,000 students in the last 11 years. In 2011, we have plans to provide screenings in Austin, Midland and San Antonio and, for the first time, will screen all 5,100 athletes in the Lewisville Independent School District. This will be our first all district screening effort.

Our regulatory environment is favorable with strong tort reform measures still in place and a well defined scope of practice statute. Both of these measures, as well as in-office imaging and the Texas corporate practice of medicine prohibition will be under attack in this bi-annual session of the Texas legislature. Our excellent relationships with the Texas Medical Association and the other subspecialty societies provide a strong, unified House of Medicine defense to such efforts and will hopefully make our proactive efforts to define quality and appropriate use in medical rather than legislative terms fruitful.

### **Quality and educational efforts**

Efforts to enhance quality and provide educational opportunities are important to the Texas Chapter of the American College of Cardiology. The TCACC has co-sponsored a number of educational meetings including Cardiology Fiesta, (a general cardiovascular medicine meeting in San Antonio), the Multimodality Imaging Conference in Houston and a Regional STEMI Program development course in conjunction with Scott and White in Temple, Texas. Programs to enhance the accuracy of practice reporting thru coding in both general cardiology and peripheral angiography and intervention by McVey and Associates have been a well attended part of our effort this year.

Monthly all member conference calls with leaders in cardiovascular medicine have been instituted this year. Our guests have included Marcus Williams, MD, President of the Association of Black Cardiologists who discussed disparities in health care, Darren McGuire, MD of UTSWMC who discussed the relationship of diabetes and cardiovascular disease, Michael Mack, MD discussing the PARTNERS trial and TAVI and William Zoghbi, MD who reviewed imaging in cardiovascular medicine.

Regional meetings with the cardiologists in the Rio Grande Valley have introduced them to the H2H program and established relationships with practicing cardiologists in the Harlingen and Brownsville

areas that here to fore did not exist. Follow up meetings to further develop the H2H program in the area are scheduled for 2011.

### **Challenges we face**

The challenges we face are similar to those in other states. Efforts to reduce or eliminate the tort reform provisions that have made Texas an attractive state in which to practice are ever present. Attempts to expand the scope of practice of non-physician practitioners and remove the prohibition on the corporate practice of medicine are perennial issues. A more subtle issue is the effects of “integration” on the views and beliefs of previously independently practicing cardiologists. Although we have seen no effect on membership to date, our executive team is ever vigilant to the early signs of erosion in the membership of TCACC.

Our ability to engage our fellows in training has been poor. Initial attempts in mid 2010 using social networking sites has not borne fruit as many of our training programs have begun to block those sites for a variety of reasons. Our executive committee is re-visiting our FIT effort to develop new strategies including sponsorship of FIT to attend to regional and national meetings.

A unique challenge to the TCACC is the physical size of the state. A trip from Dallas to the Valley in south Texas is equivalent to a trip from Washington to Atlanta. For a member in East Texas to provide a program for El Paso is a trip from Washington to Memphis. The TCACC is using a regional meeting strategy to try and overcome this difficulty.

### **The Future**

The TCACC plans to continue our advocacy efforts by establishing relationships with policy makers to respond to new challenges and help shape the future of healthcare in Texas. An expansion of the Championship Hearts Foundation screening program will provide a positive public image for the TCACC and engage our physicians in chapter activities.

Bringing cutting edge educational material and updates to our members will remain a priority with innovative electronic means linking the far flung regions of the state.

David C. May, M.D., Ph.D., F.A.C.C., Governor

## UTAH

2010 has been a momentous year for the Utah Chapter of the ACC. During this year, we received our charter and are now functioning as an official chapter. In February, we participated in a Lobby Day at the Utah State Legislature where we were able to meet with many of our elected representatives. We feel we had some positive influence on the legislation that was passed. Our chapter executive committee was successfully formed and has met several times. We had our first official chapter meeting which was attended by close to thirty physicians. Several members of our chapter attended the National Lobby Day in September and were able to meet with every national representative from our state. Additionally, we held a “Cardiologist for a Day” program in which several of our state and national legislators visited a cardiology practice, shadowed a cardiologist as he met with patients in clinic and then went on a tour of the hospital. We are now in the process of planning our first extended educational chapter conference.

With these many positive firsts happening to our members in the Utah Chapter, it should be noted, however, that various governmental initiatives recently put in place throughout the country have affected our members similarly to other parts of the Country. Many of our members previously acting as independent practitioners have been forced to align themselves (in other words be hired by) with one or another of the major hospitals in the State. Some members are still holding out as independent practitioners, but are very concerned they will not be able to survive financially.

Otherwise, we are still enjoying the privilege of taking care of our patients and providing the best cardiovascular care available anywhere in the world. We hope and pray that external forces will not unite to destroy this tremendous opportunity.

J. Brent Muhlestein, MD, FACC, Governor

## VIRGINIA

The Virginia Chapter, American College of Cardiology's focus for 2010 was to continue to support its major quality initiative, the Virginia Heart Attack Coalition, increase engagement of CCAs and fellows-in-training, and continue to offer education that included the new benchmarks of interaction and measuring the effect of education on practice patterns.

The Virginia Heart Attack Coalition (VHAC) hit a major obstacle in its goal to coordinate STEMI care in the state when the American Heart Association pulled its funding and staff resources on June 1<sup>st</sup>. What could have been a fatal blow to the program actually reinvigorated the core volunteers. VCACC along with individual members pledged \$80,000 over a two-year period to allow the AHA to reserve its course and hire a full-time on the ground director for VHAC. This two-year position will allow the coalition to reach its goals and provide a structure for data measurement. VHAC thrives because it has a commitment from the cardiology community, EMS, the Commonwealth and the emergency physicians. This year VHAC hosted 2 in-person meetings and 4 webinars.

It was important to the Council to devote resources to CCAs and FITs this year through specific programming. CCAs have continued to build their community through Facebook, monthly conference calls and an e-newsletter that is sent each quarter. Two seats on our Council have ensured that their thoughts are included in chapter decisions and goal setting. FITs programming included a Young Investigator Award oral competition at our annual meeting along with a poster session and 2 hours of programming focused on life after fellowship.

The chapter hosted two meetings at Heart House, one in May and a cosponsored meeting in November with the Maryland Chapter. The program directors incorporated the newest ACCF ideas on education to make the meeting more meaningful for learners; at both events an audience response system was employed, and the audience was evaluated on before-and-after practice patterns to show change after the new information was presented.

John Dent, M.D., F.A.C.C., Governor

## WASHINGTON

The Washington State Chapter remains fairly strong. Our membership has continued to grow. CCA membership increased to 72. We have conducted three surveys of our members that have attempted to assess the current status of cardiology practice in the state and member satisfaction and needs.

This year we were successful in reinvigorating our council. The new council is made up of a particularly strong group of busy well respected cardiologists from around the state. The reorganization of our council has given us the opportunity to increase the involvement and input of cardiologists in the WA Chapter. At the kickoff meeting of the new council, we had a lengthy, candid and informative discussion about what members thought the role of the ACC should be and what the WA Chapter could reasonably accomplish. We also identified new committee members and appointed new committee chairs.

We expanded the number of educational programs offered to our membership this year. At our annual meeting, we sponsored a full day of CME – the morning session focused on atrial fibrillation and the afternoon session focused on stroke. We held four CCA programs and five CME dinner meetings across the state.

The WA ACC partnered with WA AHA for the sixth annual Olympia Day. In addition, WA ACC successfully partnered with WA AHA to promote the passage of legislation designed to identify centers around the state that provide appropriate emergency services for the treatment of STEMI and stroke. We continued our working relationship with the Washington State Medical Association. We also continued to work with WA AHA and the WA State Department of Health on the Emergency Cardiac and Stroke Technical Advisory Committee.

WA ACC continued to promote Mission Lifeline in partnership with the AHA. In addition, we promoted a number of ACC initiatives to our membership (GAP, Imaging in Focus, Pinnacle Network and H2H). We also encouraged more hospitals to register for the ACTION Registry.

We saw an unprecedented change in the practice environment in Washington State over the last year. Many practices are now “integrated” or are about to be “integrated” into large hospitals or health systems. Some practices are trying to avoid integration. However, these practices are struggling with the economic challenges inherent in trying to remain independent. Many cardiologists are reasonably content with their new relationships. It is my impression that practices in larger cities have fared better than practices that serve smaller, generally rural communities. There does not seem to be a trend for early retirement. Many practices have decreased staff. Fewer practices are hiring new cardiologists. It has been more difficult for graduating fellows at the University of Washington to find jobs in the region. It is my impression that most cardiologists in our state are resigned to the new economic realities of clinical practice but remain enthusiastic about practicing cardiology.

Daniel P. Fishbein, M.D., F.A.C.C., Governor

## WEST VIRGINIA

Currently, West Virginia has 198 members of the College actively participating. There are 23 fellows-in-training divided between Marshall University and West Virginia University. There are 32 CCA members. The vast majority of cardiologists in West Virginia have been in practice for over 20 years. This is compared to only 44% incidence of this seniority nationally. In addition, the average cardiologist in West Virginia is at least four years older than the national average.

Reviewing the ACC Cardiovascular Practice Census, which was published in September, it is evident that in West Virginia, we have far more solo practitioners and far fewer cardiovascular groups. It is also alarming that the majority of these solo practitioners have made no changes and intend to make no changes in response to the CMS reimbursement issues. This leads to the logical conclusion that many of these older experienced physicians are “biding their time” in anticipation of just simply retiring. This will leave a significant vacuum in care in the State. I predict a significant manpower shortage in the near future in this State.

Comparing our subspecialties, we have fewer electrophysiologists on a percentage basis than most states. We have fewer cardiologists who identify themselves as trained in nuclear cardiology than most states. We have many fewer pediatric cardiologists than most states.

Over the past year, our Chapter has been active. We have made inroads in that I have traveled to both of West Virginia's training programs. I have visited Huntington, West Virginia, to meet with the Fellows at Marshall University. I have also traveled to Morgantown, West Virginia to meet with the Fellows at West Virginia University. I explained the College and our goals. We had an excellent, and I believe mutually beneficial, exchange of ideas and concerns and perspectives on cardiology, as well as the future of cardiovascular practice, particularly here in West Virginia.

On a political note, Medicaid reimbursement has been a chronic problem in our State. The Appalachian Regional Hospital group is attempting to file a lawsuit against the State and their Medicaid reimbursement practices. A colleague who used to practice in Charleston has been appointed as the Department of Health and Human Resources secretary under our current new Governor, Governor Tomblin. I am hopeful that once he is in place I can meet with him and try to advance concerns for cardiovascular health and issues in the State, as well as the concern over Medicaid reimbursement.

Our Chapter is actively involved in several quality projects. We have hospitals in the State involved with D2B, as well as H2H. Weirton Medical Center is in the data collection stage. Dr. Paulette Wehner, our new Governor Elect, is involved in the West Virginia Cardiovascular Health Council. This Council includes directors of Medicaid, the Hospital Association, and other players in the local scene. Dr. Wehner will attempt to coordinate getting more appointments to this committee from the cardiovascular community. One of our former Governors, Dr. Ganpat Thakker, participates in the Pinnacle Registry already and, in fact, is working with his EMR provider to help streamline that process.

At our annual meeting, we have put two spots specifically dedicated to highlight a faculty member and topic from our two Fellowship training programs in the State. Our meeting this year highlighted Dr. Robert Hull, an electrophysiologist from West Virginia University, as well as Dr. Sarah Rinehart from Marshall University discussing heart disease and imaging in women. Incidentally, our annual meeting this year was quite successful with the largest turnout to date.

In summary, as far as West Virginia is concerned, I believe the description of “a perfect storm” remains applicable. First, our manpower, as far as cardiologists, is limited. I expect it will be more profoundly

limited in the not-too-distant future. Our average ages are higher than National averages. Our “payer mix” is clearly unfavorable and becoming more so. We have an older and, in general, “sicker” population than average. I believe that with the changes that have already occurred and the further changes that will occur, in part due to CMS regulations, as well as health care reform, will further limit and compromise the delivery of cardiovascular care in the State of West Virginia. As a native West Virginian, I am extremely proud of my colleagues and our accomplishments to this point, but I personally have grave concerns for the future.

Steven L. McCormick, M.D., F.A.C.C., Governor

## WISCONSIN

As the year 2010 comes to an end, we close a chapter in delivery of cardiovascular services within our state. As of December 31, 2010, all large, independent groups will have completed sales to hospital systems. This statement also provides the background to understanding the opportunities and challenges that face our Chapter and State.

As groups have become employed, many members have become apathetic to advocacy efforts both locally and nationally. Issues surrounding repealing SGR, safeguarding the quality of health care and the, "Doctor - Patient relationship," have become one more step removed from their practice. In the new and complex environment, our physicians have not yet learned how to navigate the politics of working within health care systems to effectively change opinions of hospital leadership and understanding of issues important to physicians with respect to delivery of evidence based, cost sensitive, quality health care. Those who try to educate, risk their employment status and seem slow to get involved.

As 2011 begins, the Wisconsin Chapter, with the assistance of many staff and members of the National Organization, have been working with our State Medical Society to change perception of cardiovascular specialists from pawns to Knights, leading the discussion on these issues. Forces within our state have enacted an, "all payor claims database," and used this claims-only data to analyze care delivered on a System, Hospital, and Physician basis. We have been taking steps to wage war on the claims-only approach by demonstrating glaring flaws within the data, and providing alternative ways to get this information.

We are actively working on combining the ACC NCDR registries with the claims data to determine the strengths and weaknesses of claims versus clinical data, and to determine what benefits or challenges would be identified with utilization of this data to stratify the quality and cost effectiveness of the care within our state. As the claims database has been enacted by a consortium made up of the Hospitals, Insurance Companies, Business Community and State regulatory agencies, we will not be able to block this process. There are many within the consortium who believe claims data is not necessary, and they are more than willing to enact measures without our involvement or approval. We therefore see this integration as our best chance at accurately reflecting cardiovascular care, while also providing information to help determine why the variation in the care delivered was necessary, not wasteful. We are also actively working on implementation of ACC AUC for cardiovascular imaging with our colleagues in AAFP, ACP, SMS; closer integration of registry data collection with system EHRs; trailing new NCDR Cath-PCI data collection which incorporates AUC for interventions; ramping up educational and Chapter leadership opportunities for our Fellows-in-Training; and creating a role for Cardiovascular System Administrators to participate in our Chapter and Board of Directors. Thus far, we have learned that reaching out to organizations outside of our professions has identified numerous allies. We will continue to build on these relationships in order to more effectively direct cardiovascular health care delivery and assessment.

Matthew R. Wolff, M.D., F.A.C.C., Governor

## CCA MEMBERSHIP

### Cardiac Care Associate (CCA) Membership & Cardiovascular Team Council & Section

The Cardiac Care Associate (CCA) Member Segment is comprised of individuals who participate primarily on cardiovascular care team -- with the majority (53%) working in the private practice setting. This membership segment was formally launched by the ACC in 2003. CCA members include: Registered Nurses (“RN”), Nurse Practitioners (“NP”), Clinical Nurse Specialists (“CNS”), Physician Assistants (“PA”), and Clinical Pharmacists (“PharmD”).

Significant progress has been made toward further integration of Cardiac Care Associate members in the College, primarily through the creation of the Cardiovascular Team Council and Section. The Cardiovascular Team Council and Section advocates for increased opportunities for CCA members to participate, alongside their physician team members, in initiatives within mission-critical areas including: advocacy, education, quality and research.

<b>Cardiac Care Associate Membership Composition</b>				
<i>As of December 16, 2010</i>				
Professional Type	# of Members	% Total CCA Membership	# to Drop CY 2010 <sup>1</sup>	# of AACC Members
Nurse Practitioners (NPs)	1,860	42%	158	48
Registered Nurses (RNs)	1,531	35%	167	7
Physician Assistants (PAs)	760	17%	106	10
Clinical Nurse Specialists (CNSs)	131	3%	9	2
Clinical Pharmacists (PharmDs)	131	3%	7	1
<b>TOTAL</b>	<b>4,413</b>	<b>100%</b>	<b>447</b>	<b>68</b>
<b>Note:</b>				
<sup>1</sup> CCAs in arrears for two years of membership dues will be dropped from the ACC member rolls in CY 2010.				

#### Cardiovascular Team Section – 2010 Successes!

##### I. National Appointments for Cardiac Care Associates

In 2010, Cardiac Care Associate participation at the National-level increased by over 45%.

1. In 2010, 52 Cardiac Care Associate members are serving in 100 capacities on committees, councils or task forces at ACC National. Since 2008, continued management of the committee appointment process for National-level groups has contributed to a more than 30% increase in CCA participation. CCAs are matched to committees/councils/ task forces/ working groups based on talent, specialty, and interest.
2. With the launched of the Cardiovascular Team Section and its working groups at ACC.10 in Atlanta, 64 CCAs are now participating on National-level section working groups. The Cardiovascular Team Section’s seven (7) working groups focus on topics including research and practice outcomes, advocacy, and publications. Additionally, working groups were also created for each of the professional types that comprise the Cardiac Care Associate membership group in order to address the specific needs of each type (advanced practice nurses, physician assistants, etc.).

##### II. Strategic Initiatives – Cardiovascular Team Council

1. **Cardiovascular Team Section Dues**, in the amount of \$35, were approved by the Executive Committee in 2010. Optional for Cardiac Care Associates and mandatory for Associates of the ACC (AACCs), Cardiovascular Team Section Dues were included in the dues billing for 2011. The revenue generated will allow the council and section working groups to pursue additional activities for Cardiac Care Associate members.
2. **Associates of the ACC (AACC) will participate in the Annual Convocation Ceremony**, along side the new Fellows, on Monday, April 4, 2011. Approved by the Executive Committee in July 2010, AACC will be gowned and fully incorporated into the ceremony. The AACC Oath is currently being developed by the Cardiovascular Team Council for the Credentialing and Membership Committee and Executive Committee in Q1 2011.

3. The **Partners in Care (PIC) member type for Cardiovascular Technologists** was approved by the Board of Trustees in December 2010. PIC is a general, non-voting membership category that distinguishes its individuals from cardiologists and Cardiac Care Associates. Membership will be comprised of cardiovascular technologists that are registered with the Cardiovascular Credentialing International. CCI is governed by a Board of Trustees composed of professionals representing several prominent cardiovascular societies including the American College of Cardiology.
4. **Cardiac Care Associate International (CCA-I)** was endorsed by the Credentialing and Membership Committee as a new category that will extend (most of) the benefits of CCA membership to cardiovascular care team members practicing abroad, with a annual dues rate of \$50. The Cardiovascular Team Council will submit this proposal to the Board of Trustees in April 2011.
5. A proposal for a **CCA Student Membership** was submitted to create a pipeline for the Cardiac Care Associate membership type. CCA Student membership would be open to nurses, physician assistants, and clinical pharmacists, enrolled in an educational program and with experience working in cardiology. The proposal will go to the Credentialing and Membership Committee in January 2011.
6. A proposal for a **CCA Chapter Discount Program** was developed and approved by the Credentialing and Membership Committee. The program would allow cardiovascular nurses, physician assistants and clinical pharmacists to join the ACC at the discounted rate of \$85, should they join during an ACC Chapter-sponsored educational program or networking event. This discounted rate would be limited to the first year of membership and includes a waiver of the \$25 application fee.

### III. CCAs/ Cardiovascular Team Section at ACC.11 in New Orleans

The following educational, networking and professional development opportunities are planned for Cardiac Care Associates during the Annual Scientific Sessions:

- 1) Education for Cardiac Care Team Members
  - Cardiac Care Team i2 Spotlight – Saturday, April 2<sup>nd</sup>
  - Pharmacology Spotlight – Saturday, April 2<sup>nd</sup>
  - Cardiac Care Team ACC.11 Spotlight – Sunday, April 3<sup>rd</sup>
- 2) Networking opportunities for Cardiac Care Associates
  - Cardiovascular Team Section Meeting – Saturday, April 2<sup>nd</sup>
  - Cardiac Care Associate Reception – Saturday, April 2<sup>nd</sup>
  - CCAs in the PAC Suite – Sunday, April 3<sup>rd</sup>
- 3) Career development opportunities for Cardiac Care Associates
  1. CCA Lounge – CVT Section Working Group Open Forums (Dates TBD)
    - CVT Advocacy Working Group
    - CVT Practice Research and Practice Outcomes Working Group
    - CVT Physician Assistant Working Groups
    - CVT Advanced Practice Nurse Working Group
    - CVT RN Working Group
  2. The Power of Collegial, Team-based Research (Sponsored by the CVT Section Research and Practice Outcomes Working Group) – Monday, April 4<sup>th</sup> from Noon-2p.m.

### IV. CCAs/Cardiovascular Team Section – Beyond ACC.11

The Cardiovascular Team Council and Section will pursue the following initiatives in 2011:

- 1) Integration of CCA/Team metrics into the CPIP Program
- 2) CV Organization Collaboration/Outreach Project (AANP, AAPA, ACCP, etc.)
- 3) CCA patient education program template (An ACC Chapter initiative)
- 4) Canadian CCA member strategy
- 5) Recognition award for CCA Members