


Helping Cardiovascular Professionals Learn, Advance, Heal.

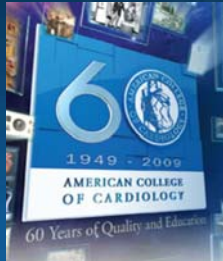
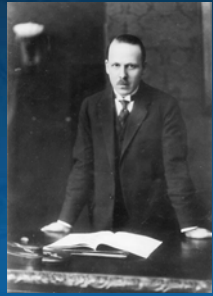
**The Healthcare Landscape:
How the College and Its
Members Can Shape It**

**Michigan Chapter ACC
Conference**

Ralph Brindis MD MPH FACC
President -Elect
American College of Cardiology
October 17, 2009


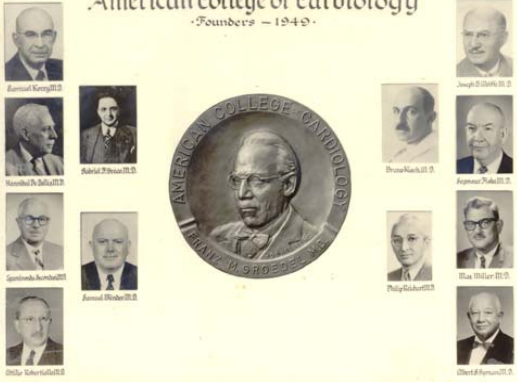


**American College of Cardiology
60 Years of Quality and Education
1949-2009**

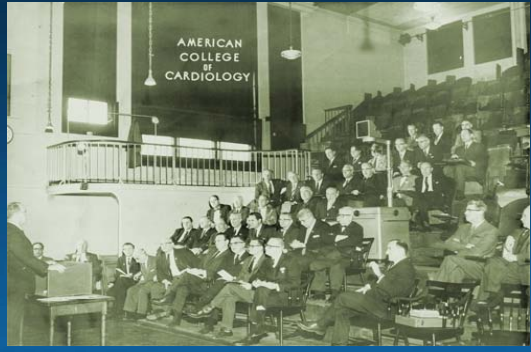



Dr. Franz Groedel- ACC Founder

**American College of Cardiology
-Founders- 1949-**

Early Scientific Sessions



BOG- BOT Partnership




Board of Trustees 2008-2009



August 2008-BOT Initiatives

39 Efforts to Change the World

Science & Quality	Education	Advocacy
<ol style="list-style-type: none"> NCDR Platform Modernization The Year of the Patient NCDR Infrastructure Enhancements CardioPath (Clinical decision support) D2B Transition, Certification Maintenance Project Cardiovascular Recognition Program (CVRP) NCDR Enhance Analytic Services Heart House Fellowship (Outcome Research Health Policy) Integrating the Healthcare Enterprise (IHE) Congenital Heart Disease Registry Define ACC's Role in the Ambulatory Setting -IC3 Project Appropriateness Criteria -SPECT MPI Pilot Expansion Informatics Strategy NCDR PAD Registry Development Medication Adherence Program (MAP) Hospital to Home Project (H2H) 	<ol style="list-style-type: none"> Cardiosource 3.0/ Web Integration Maintenance of Competence - MOC Toolkit Annual Scientific Session Enhancements for ACC 09 Shorten Training Program Pilot & Grant Individual Learner Portfolio (Pfizer) Innovative Educational Programming (Medtronic) Patient Centered Team Based Care Pilot (YR 1) Annual Scientific Session & I2 Summit Satellite Symposia International Education Fulfillment Strategic Assessment for CME/CE Grant Support Innovation in Intervention: I2 Summit 2009 ACC 60th Anniversary ACC Consulting Institute 	<ol style="list-style-type: none"> Quality First/ Health System Reform (Yr 2)

Membership & Engagement

- Expansion and integration of Sections and Councils
- International strategy -Yr 3 Implementation
- Cardiovascular leadership Institute
- Expansion & Integration of Sections/Councils
- Minority Outreach & Diversity Training: Funding Sources Assessment
- ACC Bright Futures (Student & Resident Outreach)
- Workforce Taskforce Lewin Study Results Dissemination Project
- Internal Medicine Residents: Underrepresented Minority Survey
- Cardiovascular Leadership Institute YR 2

Challenging Financial Times and Health Care Reform

Priorities for the President and Congress

Are you going to read you a list of some different things the new president and Congress might try to act on this year. As I read each one, tell me if you think it should be one of their top priorities, very important but not a top priority, somewhat important, or not that important.

Percent saying each should be a top priority

Improving the country's economic and job situation	68%
Making Medicare and Social Security more financially sound	47%
Fighting terrorism	44%
Reforming health care	41%
Reducing the federal budget deficit	39%
Improving public schools	37%
Dealing with continued conflicts in Iraq and Afghanistan	31%
Working to create more clean energy sources	30%

Streamlining the Strategic Ambition

\$1M Reduction in Strategic Expenditures

Rebalancing the Budget

(figures in \$millions)

	YTD Actual vs. Budget			Full Yr. Forecast vs. Budget		
	Actual	Budget	Variance	Forecast	Budget	Variance
Education						
Revenues	28.0	32.7	(4.7)	42.4	47.0	(4.6)
Expenses	(11.7)	(12.9)	1.2	(28.6)	(30.1)	1.5
Surplus/(Deficit)	16.2	19.8	(3.6)	13.8	16.9	(3.1)
Science & Quality						
Revenues	3.3	4.8	(1.5)	21.7	23.4	(1.6)
Expenses	(4.3)	(5.5)	1.2	(24.8)	(24.8)	(0.0)
Surplus/(Deficit)	(1.0)	(0.7)	(0.3)	(3.1)	(1.4)	(1.7)
Advocacy						
Revenues	0.3	0.3	(0.0)	1.3	1.3	0.0
Expenses	(1.2)	(1.3)	0.1	(5.3)	(5.1)	(0.2)
Surplus/(Deficit)	(1.0)	(1.1)	0.1	(4.0)	(3.9)	(0.1)
Membership & Other Programmatic						
Revenues	6.6			29.7		(1.1)
Expenses	(4.4)			(7.7)		0.4
Surplus/(Deficit)	2.3			12.0		(0.7)
General Administrative						
Revenues	0.3			0.8		(0.3)
Expenses	(4.9)	(4.7)	(0.2)	(21.5)		(0.6)
Surplus/(Deficit)	(4.6)	(4.6)	(0.0)	(20.7)		(0.9)
Total Operations						
Revenues	38.4	44.1	(5.7)	94.2	100.2	(5.6)
Expenses	(26.5)	(29.2)	2.7	(98.1)	(99.2)	1.1
Surplus/(Deficit)	11.9	14.9	(3.0)	(3.6)	1.0	(4.5)

\$3.6M Reduction in Operational Expenditures

Organizing Strategic Focus for Nimble Execution

- Executive Leadership developed, Board approved Six Strategic Priorities:
 - Learning Linked to Performance
 - New Products Strategy
 - Patient-Centered Care Transformation/ Patient Empowerment
 - Professionalism
 - Quality First/ IC3
 - Value-based Payment Reform

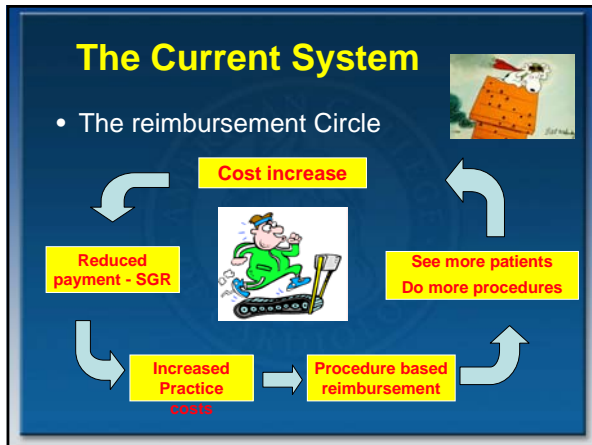
Nothing Lost, Just More Easily Managed

All Board Initiatives Encapsulated under 6 Strategic Priorities



Confusion of CMS Payments & Health System Reform

- CMS payment rule **NOVEMBER 1st**
- Weiner Braley in office imaging
- SGR (Sustained Growth Rate)
- HR 3200 (House), Baucus (Senate)



CMS Proposed Cuts

- Overall 11% decrease in Medicare payments for cardiology services.
- Reimbursement for almost all cardiovascular services would see cuts ranging from 10% - 40%.

* The CMS cuts are separate from Health Reform efforts!

Troubling Data

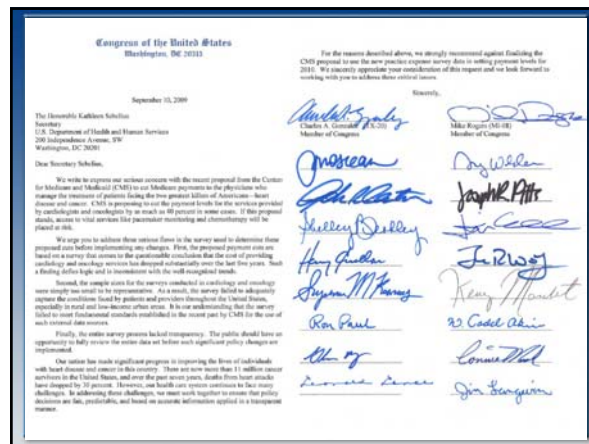
- Practice expense survey data used by CMS to determine cuts were not reviewed or validated.
- CMS used responses from only 55 practices
- Other survey data suggests practice expense has increased
- ACC survey suggests 95% of members in private practice will be affected by cuts, with staff layoffs and service limitations the leading impacts.

ACC Message to Congress

- Stop proposed CMS cuts!
- Replace flawed SGR formula with more sustainable system that reflects increases in practice costs and accounts for appropriate growth in services
- Test models that seek to reduce variations in spending and ensure patients receive evidence-based care

ACC Response to Proposed CMS Fee Schedule

- CMS Fee schedule issue has diverted efforts that would otherwise have focused on health care reform. Leadership and Staff have made this priority number one...
- Mobilization of thousand of ACC members across the Nation.
- Thousands of patient letters sent to legislative branch.
- Hundred's of communications on BOG listserv and e-mail contacts on ACC www.capitolconnect.com/cardiology website



ACC Continues Fight Against Proposed Physician Pay Cuts

- In the House, 59 members have signed on to the Gonzalez/Rogers letter to CMS.
- Twenty-five letters from individual House and Senate members also have been sent to CMS.
- In Florida, the letter had signatures from a majority of their delegation including bipartisan support.

ACC Continues Fight Against Proposed Physician Pay Cuts

- ACC met with the HHS leaders to discuss our concerns regarding the calculation of practice expense relative value units under the proposed 2010 Medicare Physician Fee Schedule.
 - We urged the delay implementing this proposal until there is further review and analysis.
 - The final rule is due out by Nov. 1
 - All-member call scheduled Nov. 12 from 4 p.m. to 5:30 pm EDT.
 - For more on ACC's efforts regarding the proposed rule, visit: <http://qualityfirst.acc.org>.
 - Patient materials and sample letters to lawmakers are also available at www.acc.org/can.

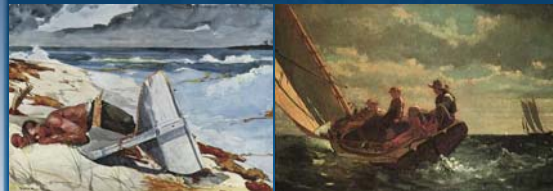
Potential CMS Response

- Place a moratorium on implementation until it can analyze the data and recommend changes
- Use the 2005 data with or without inflation adjustment
- Blend the 2005 and Physician Practice Information Survey (PPIS) data
- Phase in new recommendations as outlined above in No. 2 and No. 3
- Let the rule stand

Two Views of Cardiology's Future

The pessimist complains about the wind; the optimist expects it to change; the realist adjusts the sails.

- William Arthur Ward



Broken by the Tempest

Running with the Wind

Running with the Wind

- ACC 2009 Legislative Conference
 - 350 ACC members from 48 states
- Imaging Win – Weiner Braley Amendment withdrawn
- Active lobbying on CMS rule – 2010 MD Fee Schedule
- PAC \$ 575,576 from 1565 donors

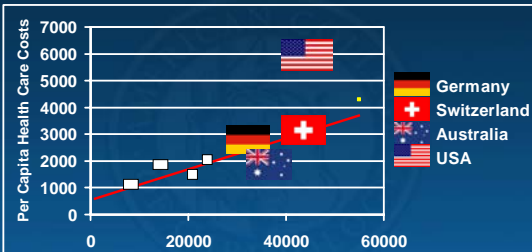
Addressing the Immediate Crisis

Action Steps—Appropriate Use and Practice Management

1. Developing “Life Boat” options and guidance for small practices to survive and thrive
2. “Tools not Rules”—Start building usable, point-of-care appropriate use (AUC), clinical decision support, and NCDR / IC3 tools NOW!
3. Provide feedback to practices on the appropriate use opportunities—identify and communicate significant opportunities to replace cuts with AUC projects.

Cost of Healthcare per-capita vs. GNP

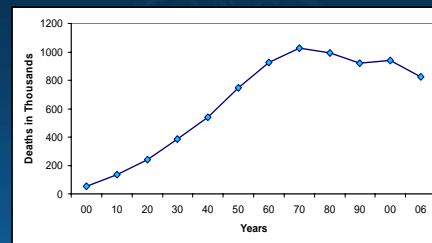
Why is the US so far off the line?



Medicare and Medicaid spending will double in 10 years

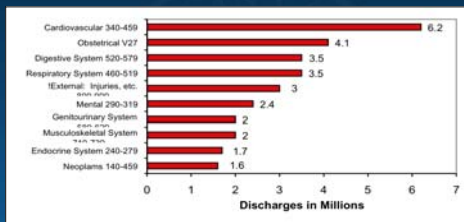
Total Health Cost \$4.4 Trillion by 2018 – 20% GDP

CVD Mortality is declining



Deaths from cardiovascular disease. Source: NCHS and NHLBI

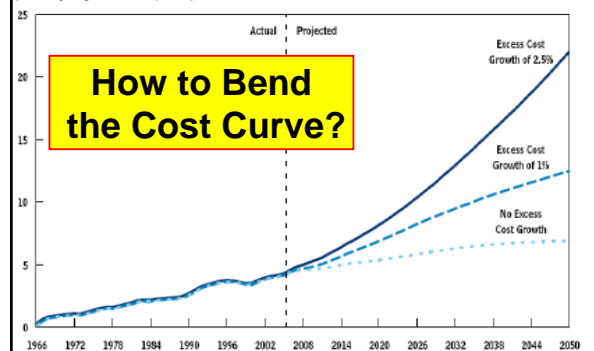
CVD – highest hospital admissions



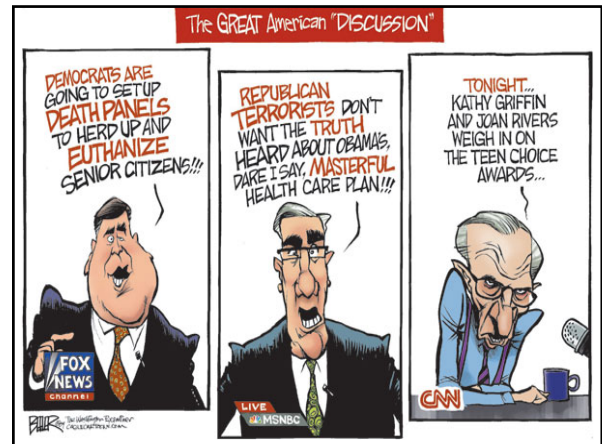
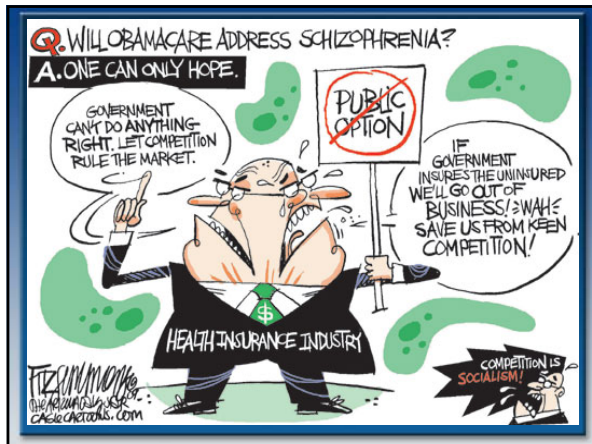
Hospital Discharges 2005 Source: NHDS/NCHS and NHLBI.

Total Federal Spending for Medicare and Medicaid Under Different Assumptions About Excess Cost Growth, 1966 to 2050

(Percentage of gross domestic product)



How to Bend the Cost Curve?



Health Care Reform Debate

- Avoid spin and disinformation
- "Lies, damn lies, statistics"
 - Benjamin Disraeli
- "Lies, damn lies, and extreme partisan rhetoric- current debate
- "You Lie!" Rep. Joe Wilson
- "No Professional Society is an island"
- Need to have a unified House of Cardiology within the House of Medicine.
- Efforts with American College of Physicians



We must all hang together, or we shall surely all hang separately

Benjamin Franklin , Philadelphia, 1776



ACC Principles for a Health System

- Provides **universal coverage**
- Provides coverage through an expansion of **public** and **private** programs
- Focuses on **patient value**
- Emphasizes **professionalism**
- Ensures **coordination** of care
- Reward **quality** and ensures **value**

ACC Principles for a Health System

- Provides access to affordable health care for all
- Includes delivery and payment system reforms that provide incentives for improvement of quality/outcomes
- Repeals the sustainable growth rate (SGR) formula used to calculate Medicare physician payment
- Improves care coordination across sources and sites through interoperable health information technology
- Implements medical liability reforms that reduce legal and defensive medicine costs
- Promotes CER to better inform guidelines, performance measures and appropriate use criteria.

Why Emphasize Quality?

- Improve outcomes
- Improve efficiency
- Improve public data
- Improve uniformity of care
- Avoid legislative burdens

Senate Finance Committee Approves Health Reform Bill 10/14/09

- The Senate Finance Committee on Tuesday approved its version of HCR legislation in a 14-9 vote with CBO favorable assessment cost-wise (\$900 billion).
- The Senate leadership will now merge the Finance Committee legislation with the legislation approved by the Senate Health, Education, Labor and Pensions Committee for a Senate floor vote.

Senate

S. 1776 - the Medicare Physicians Fairness Act

Michigan Senator Debbie Stabenow has filed Wednesday a separate bill that:

- would permanently repeal the SGR
- wipe away past debt
- set physician payment updates starting in 2010 and beyond at zero/freeze
- cost of the bill is \$245 billion

Voting could occur this coming week in the Senate - support of Dem leadership and WH

House

- Pelosi and House Leadership is reconciling HCR versions from three committees with a final bill is expected to receive a floor vote the last week of October.
- The House bills include a permanent SGR fix, but do not provide funding.
- Conservative Blue Dogs do not oppose the SGR fix, but they want it to be funded.

House

- Letter being circulated by Rep. Carolyn McCarthy (D-NY) opposing the inclusion of imaging payment cuts in health reform.
- While the letter focuses on CT, MR, PET and cancer, the overall message is consistent with ACC's.
- Encourage your Representative to sign the letter.

Public Option????

- Three ideas for finessing/financing public option:
 - Create nonprofit cooperatives (Senate Finance Bill)
 - Insert a “trigger” as Sen. Stowe suggests – if other steps leave too many Americans uninsured
 - Leave it up to the states to create option if they choose

Pay the Piper??

- House Democrats want surtax on the wealthy
- Senate Finance –tax on “Cadillac” health insurance policies
- Decrease subsidies to middle-class families buying insurance policy
- OMB projections related to decreased CMS reimbursement, etc.
 - Imaging a big target

ACC HCR Activity/Positions

- Actively discussing HCR with administration officials and lawmakers, but not fully endorsing any legislation.
- The ACC appreciates the SGR reforms and PQRI incentives contained in the House legislation, as well as the CMS' Innovations Center in the Senate legislation.
- The ACC is disappointed that the Senate legislation does not contain a longer term SGR fix, and does not support the Senate bill's PQRI penalties or penalties for physicians who are outliers based on resource use.

ACC HCR Activity/Positions

- The ACC opposes imaging equipment use rate change in both the House and Senate legislation, which will result in lower payments for imaging services.
- ACC staff and leaders' continuous lobbying and advisory roles in Congress, White House and OMB
- ACC CEO Jack Lewin attended White House Rose Garden address on health care reform last week & private visit with the POTUS in Oval office.
- For more on ACC's health care reform efforts, visit: <http://qualityfirst.acc.org>

What You Can Do

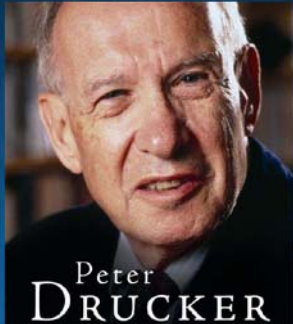
Contact your senators and ask them to:

- Repeal the SGR formula
- Test delivery system and payment models that reward quality improvement and outcomes
- Reform the current medical liability system

What You Can Do

- Tell your senators how the proposed CMS cuts will affect your practice, your patients and your ability to successfully participate in reform efforts.
- Give concrete examples and stories
- Sample letter you can send to your senator on [CardioAdvocacy Network](#).

"...The best way to predict the future is to create it..."



ACC Political Action Committee (ACCPAC)



- BOG Members "Lead by Example"
- \$1000 from a 1000 campaign
- ACCPAC contributes to the campaigns of those Members of Congress who support the College's legislative agenda
- The PAC facilitates **BETTER** access to high profile legislators, especially committee chairs and leadership
- The PAC helps to build grassroots and fundraising potential to bring about election results favorable to our advocacy goals



Member Resources

- Patient Materials:
www.acc.org/Chapters
- Health IT Resources:
www.acc.org/healthit
- Lewin Report Online Forum
lewinreport.acc.org

ACC Theme 2010-2011 Professionalism

- Is a 2009 Strategic Priority set by the BOT
 - "Professionalism and Self-Regulation"
- Promotes the Value of the Cardiologist
 - Presently under siege in the HCR debate

ACC Theme 2010-2011 Professionalism

- Builds on past 5 years of our ACC Presidential agendas :
 - ACC Mission - Pam Douglas
 - Relations with Industry – Steve Nissen
 - Quality - Jim Dove
 - Education – Doug Weaver
 - Year of the Patient - Fred Bove

Roles of Professional Medical Societies

- Physicians form professional associations to:
 - Create a supportive, learning "community" for fellow physicians of a given field or specialty
 - Improve the care of the sick
 - Advance the health of the public
 - Ensure that fellow physicians are faithful to this mission
- Some feel that the history of professional medical associations reflects a constant tension between self-interest and these ethical ideals
Pellegrino & Relman (JAMA 1999)

Professionalism: ACC Values

- Implications of New Yorker article by Dr. Atul Gawande (June 2009):
The Cost Conundrum



ACC Theme 2010-2011 Professionalism

- Commitment to:

- Prof...
- h...
- A...
- Scient...
- Maintaining trust by resolving conflicts of interest
- Professional responsibilities

Promoting the
Value of the
Cardiologist

Professionalism: ACC Core Values

- **Professionalism:** The interests of patients are primary
- **Knowledge:** The College must promote growth, dissemination and application of knowledge about cardiovascular medicine.
- **Value of the cardiovascular specialist:** The cardiovascular profession makes a distinct contribution medical care that should be recognized and enhanced.
- **Integrity:** Honesty, compliance with legal requirements, and ethical behavior are essential in all activities.
- **Member driven:** The College and its major activities must be led by active members and must promote volunteerism.
- **Inclusiveness:** The College involves a broad range of volunteers that reflects the composition of its membership.

Professionalism 2010-2011

- Promotes the value of the Cardiologist
 - Empower and rejoice in what it means to be a FACC
 - Not a lecture !!!
- Promotes a proper environment for patient-physician "social contract"
- ACC continues to provide the tools to enable the FACC professional to insure we are **stellar** CV Professionals



Helping
Cardiovascular
Professionals
Learn,
Advance,
Heal.



National Data Repository for Comparative Effectiveness Research

