



Missouri Chapter

News - October, 2006

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A Message from the Governor



Dear MO-ACC Member:

In the near future you will be receiving an invoice from the ACC for your Chapter dues. **You will see on the invoice that your dues for 2007 will not be deductible.** This is because the Chapter hired a lobbyist two years ago to monitor and stop adverse legislation that would impact our profession.

According to the IRS, if the Chapter conducts lobbying activities, a portion of the dues may not be deducted by the member or their company, which ever pays the dues. The first year we hired a lobbyist the decision was made after the ACC dues invoices went out so the non-deductible portion of the dues were not shown on the invoice for that year. So, technically we are playing “catch-up for 2005 and 2006.

Why a lobbyist? There were four key issues that we have been tracking and we believe that a lobbyist is needed at this time to stay abreast of changes that will quickly happen once the legislative session starts in January of 2007. **If there ever was time to pay your ACC Chapter dues, now is the time.**

I have briefly outlined the issues below. For a more in-depth synopsis of the bills that have been proposed please go to our web site at www.moacc.org. I urge all members to get educated regarding the political process and get involved. As we were taught over and over again at the Legislative Conference: “Facts are important, but political power is more important in passing a bill.” I always get a little upset when I hear this from political experts, since I am a “fact man”, but that is the way our government works. You need to see this for yourself, and develop personal relationships with your state and federal senators and representatives. Become a reliable, honest, level-headed source of information and be heard.

Imaging

The radiology technicians made another run in 2006 with their Medical Imaging and Radiation Therapy Quality Assurance Act. This legislation has been filed for several years and has always had problems. After many attempts at compromise language that appeased the physicians and dentists among others, it seemed that this year was the year. However, the legislation became part of the larger professional registration bill (SB 1124), which died in the last days of session due to an unrelated provision. We expect to see this legislation again in the 2007.

Medical Malpractice Insurance

A medical malpractice insurance bill passed this session. The legislation gives teeth to the Department of Insurance in regards to data collection and regulation enforcement issues. The final provision of the bill creates the Health Care Stabilization Fund Feasibility Board within the Department of Insurance to analyze medical malpractice data to determine whether a health care stabilization fund should be established in Missouri. As part of its duties, the board will conduct a comprehensive study on whether a health care stabilization fund is feasible within Missouri, or specified geographic regions thereof, or for specific medical specialties. If a healthcare stabilization fund is feasible within Missouri, the report will also recommend to the General Assembly on its structure, design and funding. Members in the Kansas City area are aware that a similar type fund has been in existence in Kansas for many years and are not as concerned about the establishment of this fund as are other members in the rest of the state.

Medicaid Fraud

The Senate and Governor’s office was very interested in seeing a Medicaid fraud bill in 2006. The House was resistant to the Senate bill (SB 1210) and the issue died before the end of session. There has been some talk of a special session on this

issue if a compromise can be reached. At this point it is highly unlikely that will happen before the start of the regular session in January.

The bill would have created a state whistleblower law much like federal law. However, this version has a lower standard of “knowingly” than the federal law; it also created a financial incentive for whistleblowers by allowing them to collect 10 percent of what was recovered from the provider.

The bill also required providers convicted of Medicaid fraud to serve 80 percent of their sentence before being eligible for parole. These provisions, among others, were why the provider community was highly concerned about this piece of legislation. Expect the issue to return next session. If you know your state Senator, please contact them and let them know you are opposed to this bill.

Certificate of Need

Certificate of Need (CON) and Specialty Hospitals were high profile topics during the 2006 legislative session. There were several bills brought before the legislature addressing various components of these issues. At the forefront of the issues was the very public fight between a physician-owned outpatient surgery center and a hospital, both located in Moberly, Missouri. As a result a bill was filed altering the definition of “community” in regards to the statutes governing ASCs.

More comprehensive legislation was filed in both the House and Senate, as well. The Senate was not comfortable with SB 1005. This bill was combined with SB 1245 in the Senate. Both bills were originally heard in the Senate Aging Committee. SB 1245 was sent to a subcommittee to study the issue in-depth, which they did during the session. The result was a bill that was equally appalling to both physicians and the hospital community.

The Senate established an interim committee to study the certificate of need process during the fall. This committee recently met to take public testimony from different stakeholders. This will be a big issue once again in the upcoming legislative session. Four Senators who are well-respected in their caucus, and are future leaders of the Senate Republicans, feel very strongly about this issue. Senators Bartle, Crowell and Goodman are very supportive of the physician perspective and will continue to push for the loosening of restrictions for ambulatory surgical centers. These three will be a powerful force against the Missouri Hospital Association on these issues.

National News

Compared to two years ago the SGR (Sustained Growth Rate) was not even on the table for discussion. The SGR is used by Medicare for their fee structure, i.e. increase in fees tied to inflation rate of our economy without any relationship to our practice expenses. Now the good news is strong bipartisan support is present in Congress to change it. But this being election year, don't look for any changes soon. The ACC staff continues to apply constant pressure on this

topic, and so should we at the local and state level.

Pay for Performance (P4P) continues to be strongly pushed at the federal level. The Chairman of the ACC Board of Governors is Dr. Mike Valentine of Virginia. His hospital in Lynchburg is one of the national leaders in establishing P4P in their community and state. BC/BS is already using incentive payments in Virginia for documented performance, as established by ACC/AHA and their published Clinical Practice Guidelines. The ACC stands for quality, a core principle of our organization. As the battle with radiology and the American College of Radiology rages on Capitol Hill, we took the high route focusing on quality through our educational programs and documenting training, experience, and competency. The proliferation of new courses in advanced imaging is another adaptation to the rapidly increasing educational needs of the academic and practicing cardiologist. The next step is establishing curriculum in all cardiology fellowships re: cardiac CT and cardiac MR, which is in phase one of development in many academic centers. And it was announced at the September meeting that Appropriateness Criteria for CT, CMR, SPECT myocardial perfusion imaging will be published in JACC in the very near future. Echo criteria are also being prepared.

If we are to succeed in the P4P concept, then Health Information Technology (HIT) is a must, so outcomes can be accumulated and measured. We were informed that less than 15% of US practices have HIT in their offices. We emphasized to Senators Bond and Talent, and Representative Kenny Hulshof how time consuming and expensive this effort is. Some federal support is reasonable, at least some tax deductions, for the significant investment in computers and software. The ACC is very educated on the different software, and a good source of advice. Tonya Ferguson informs me that a cardiology practice in Saint Louis is currently changing to

the computerized medical record (CMR). We are interested in receiving feedback, both good and bad, with the idea of presenting a program in the future on this topic.

Just a note to let you know that the ACC staff moved this past week into the new Heart House which is much closer to downtown and the Capitol. I think you would enjoy visiting the new facility whenever you are next in Washington, DC. The new address is at 2400 North St. NW, Washington, DC 20037.

Other Chapter Activities

GAP (Guidelines Applied in Practice) D2B (Door-to-Balloon Time)

I recently attended the ACC Legislative Conference in Washington, DC. While at the conference every governor of every state was asked to commit their Chapter to recruit hospitals into the GAP D2B program. This quality improvement initiative will be launched at the AHA meeting in mid-September. GAP D2B: *An Alliance for Quality* focuses on lowering door-to-balloon time to less than 90 minutes for 75% of ST-segment elevation myocardial infarction (STEMI) patients presenting at facilities capable of performing primary PCI. ACC recognizes the initiative's potential public health impact on a significant patient

population served by the Medicare and Medicaid programs. Our Chapter Executive, Tonya Ferguson, is in the process of identifying Cardiologist Champions within the Chapter. Additionally, letters will be sent to the CEOs of targeted hospitals asking for their support of the program. If you would like to be involved in this process, please call our office at 800-362-1672.

Reimbursement and Coding Seminar for Cardiology

We have scheduled a full day of coding for physicians and staff in the Kansas City and St. Louis area in November. Mr. Ray Cathey of McVey & Associates will be the presenter. The seminar will include a 2007 diagnosis coding update introducing new and revised codes that impact Cardiology. The seminar will be held in Kansas City on November 14th at the Kansas City KCI Airport Hotel. The St. Louis seminar will be held on November 16th at the Crowne Plaza – St. Louis Airport Hotel. Both seminars will be held from 9 a.m. to 4:00 p.m. The complete brochure can be found on our web site at www.moacc.org.

The needs of our members have changed over the years. We no longer conduct an annual meeting because our members have told us that they have plenty of CME opportunities and time is always a factor. Recently legislative issues have taken the forefront on both the local and national levels. We will continue to work on your behalf effectively using your dues payments in the furtherance of your needs. So when the dues payment reaches your desk, please be sure to include your Chapter dues payment when the check is sent to the ACC. If you have comments or questions about Chapter activities, please contact me at aforker@saint-lukes.org.

Sincerely,

Alan D. Forker, MD, FACC, Governor