Missouri

CHAPTER

Spring 2004

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Governor's Message

This will be my final letter to you as Governor of the Missouri Chapter of the American College of Cardiology. Alan Forker will be a assuming this role at the ACC annual meeting in New Orleans. The past three years have passed quickly and I am very grateful for the support of our chapter councilors and officers listed in this newsletter. I particularly want to thank Joe Rogers for his help as Education Chairman for two years and now Treasurer. Tonya Ferguson continues to do an outstanding job as our Chapter Executive.

Our Missouri chapter is one of the stronger ACC chapters nationwide, both in terms of activities and finances. This year Chairman of the ACC Board of Governors, Alan Brown, asked each chapter to do a project in the three areas of education, advocacy and quality. We have had two excellent educational programs, one in St. Louis and one in Columbia. Our chapter took the lead in doing a pilot audit of our NCDR™ participating hospitals and we have been active in the Missouri legislature in promoting tort reform statewide as well as nationally, where I am the ACC National Spokesperson for the Doctors for Medical Liability Reform movement. We are also currently finishing up a demographic study of our members and designating contact members in individual groups.

I also want to thank our corporate sponsors over the past three years including: Boston Scientific, Cordis, Guidant, Medtronic, and Merck.

In closing, I would ask your support for Alan Forker as he assumes this position and I would ask each member to make a contribution to the ACC Political Action Committee. The ACC plays a key role in protecting our practice of cardiology and we need a strong voice in Washington DC to continue to do so.

Thank you,

Jerry D. Kennett, MD
Governor, Missouri Chapter
American College of Cardiology

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Alan Forker Becomes Missouri Governor at ACC Meeting

Dr. Alan Forker was officially became President and Governor of the Missouri Chapter of the ACC at the American College of Cardiology Scientific Session in New Orleans.

Dr. Forker is a Professor of Medicine at UMKC School of Medicine, Program Director for UMKC/MidAmerica Heart Institute Cardiology Fellowship, and Co-Director for Lipid and Diabetes Research Center, Saint Luke's Hospital. He was Chief of Cardiology at UMKC/Truman Medical Center from 1990 to 2000.

A graduate of the Kansas University, Phi Beta Kappa, Dr. Forker received his MD from Kansas University.

Dr. Forker became a Fellow of the American College of Cardiology in 1973, Fellow of the American Heart Association in 1974 and a Fellow of the American College of Physicians in 1975. He has held several elected positions including President of the Greater Kansas City Division of the American Heart Association, President of the Kansas Affiliate of the American Heart Association, President of the Nebraska Heart Association and Governor of the Nebraska Chapter of the ACC. Dr. Forker has served several terms as a Councilor of the Missouri Chapter of the ACC. He also served four years as Secretary/Treasurer and one year as President-Elect.

The Missouri Chapter welcomes Dr. Forker and we look forward to his leadership.

Cardiologist for a Day

Members from Cardiovascular Specialists, a practice in Springfield, hosted an ACC sponsored, Cardiologists for a Day program. The purpose of the program was to give policy makers a rare chance to experience the health care system from the physician's perspective. The program organized by Dr. Robert Merritt provided an opportunity for participants to observe a Biventricular Pacing Implant by Dr. Stanley Wiggins, a Stress Echocardiography by Dr. Hong Tjoa, a Coronary Intervention using a Stent by Dr. Kelvin VanOsdol , and an Enhanced External Counter Pulsation by staff.

The program was attended by Barbara Shepherd, Senior Hearing Officer and Gregory Hart, Senior Professional Services Coordinator from CMS, Arnie Balanoff, Medicare Officer from the Division of Medicare Operations, Judy Alexiou, Cardiovascular Health Program Manager from the Missouri Department of Health and Senior Services, Adam Nelson and Denise Garris from the American College of Cardiology and Tonya Ferguson from the Missouri Chapter of the ACC.

This program provided participants an opportunity to discuss ICD implants in MADIT II patients and reimbursement for studies when there is an abnormal electrocardiogram used with left heart cardiac catheterization and other issues facing physicians.

Our thanks to all of the physicians in the Cardiovascular Specialists practice for their help in putting together this very successful program. The Missouri Chapter hopes to duplicate this program in other areas of the state in the future.

Demographic Study

Our chapter is completing a demographic study that will place all members of the Missouri Chapter into their respective cardiology groups and identify a member in each group as a contact person. If you desire to be named as a contact person for your group, please notify Tonya Ferguson at (314) 863-6232 or tferguson@osgstl.com.

MO Chapter Kicks-off ACC-NCDR™ National Data Audit Pilot Program

The Missouri Chapter of the American College of Cardiology (ACC) recently spearheaded a pilot test of the ACC – National Cardiovascular Data Registry™ (NCDR™) Data Audit Program, which represented the first collaboration between the NCDR™ and an ACC Chapter to assess and improve data quality.

In an effort to validate the methodology and processes that the Data Audit Program will use to verify the accuracy of participants' data submissions, a pilot test of the on-site audit was conducted last fall. The Missouri Chapter led this effort by recruiting Missouri hospitals to participate as pilot sites for the audit, and by securing funding for this pilot project.

Through the support of Dr. Jerry Kennett, president of the MO Chapter, the NCDR™ contracted with Knowledge Management Associates (KMA), the non-profit subsidiary organization of the MissouriPRO, who was tasked with coordinating and conducting the onsite visits. KMA provided its expertise in medical record review and data abstraction, and was responsible for recruiting, hiring, and training nurse reviewers to complete this task.

KMA completed onsite medical record reviews of seven Missouri NCDR™ participant sites and audited a total of 282 records. Selected participants were notified that they had been selected to be audited. Nurse reviewers scheduled onsite visits at each facility and requested that selected patient records be made available to them at the time of their visit. Upon completion of the data abstraction process, KMA submitted their audit findings to the NCDR™. Each site will receive the results of a comparative analysis of their audited data against the data the site submitted to the Registry.

Hospitals Contributing to the Pilot NCDR™ Project

The following hospitals are thanked for their generous support of the Missouri NCDR™ Pilot Project:

Skaggs Community Health Center, Branson, MO
Boone Hospital Center, Columbia, MO
University of Missouri Hospital and Clinics, Columbia, MO
Freeman Hospital and Health Systems, Joplin, MO
St. Luke's Health System - Mid America Heart Institute, Kansas City, MO
North Kansas City Hospital, North Kansas City, MO
Heartland Health Systems, St. Joseph, MO
Barnes Jewish Hospital, St. Louis, MO

The results of the pilot test have been invaluable to the NCDR™ and have helped to validate and refine the structure and design of the Data Audit Program, which is owed in large part to the participation and support of Missouri hospitals. The NCDR™ will officially launch the Data Audit Program nationwide in January 2004.

The Data Audit Program is the newest component of the NCDR™'s Data Quality Program and represents the first national comprehensive onsite audit program of any cardiovascular registry. The overall purpose of the Data Quality Program is to ensure that data submitted to the NCDR™ are complete, valid, and interpreted and collected accurately, ultimately improving the overall quality of the Registry. Performing systematic reviews of participant data allows the NCDR™ to more closely monitor the quality of data submitted to the Registry.

Participating institutions will be randomly selected to be audited. The audit includes an examination of approximately 50 variables that are comprised of risk adjusted elements, clinical risk factors, and patient record identification data elements. These variables were chosen on the basis of their strong association with adverse outcomes following PCI. As such, the NCDR™ is particularly interested in verifying the accuracy of these core data elements. These 50 elements will be audited via a medical record review and data abstraction process.

Last April, the Leapfrog Group announced that it would incorporate into its assessment process an outcomes-based measurement system developed by the ACC. The reliance on this measurement system is contingent upon the implementation of a national auditing program. In addition, the National Quality Forum, a not-for-profit entity that is widely accepted as the source for national consensus on standards for quality measurement also secured their endorsement of NCDR™ risk adjusted mortality rate measure last summer. These endorsements reflect the confidence that the public has in the quality of data and integrity of the NCDR™ . To that end, the NCDRÔ recognized the value and necessity of developing an auditing program to ensure that the NCDR™ remains the leading source for standards that define the quality of cardiovascular care.

ACC-NCDR™

The American College of Cardiology National Cardiovascular Data Registry is a very important depository of outcome data, which is going to become increasingly important in the future as hospitals are required to report outcome data. The Leapfrog Group, which many of you are familiar with, is going to use this information in helping select hospitals that they sign contracts with.

Below is a list of Missouri hospitals that currently participate in the National Cardiovascular Data Registry. If your hospital is not currently a participant, you are strongly encouraged to speak with your CEO regarding participation. There are 58 hospitals in Missouri with cardiac cath labs and as you can see there are 15 currently participating.

Barnes Jewish Hospital, St. Louis, MO
Boone Hospital Center, Columbia, MO
Carondelet Heart Institute at St. Joseph's Health Center, Kansas City, MO
Freeman Hospital, Joplin, MO
Heartland Regional Medical Center, St. Joseph, MO
Lee's Summit Hospital, Kansas City, MO
Mid America Heart Institute, Kansas City, MO
Missouri Baptist Medical Center, St. Louis, MO
North Kansas City Hospital, North Kansas City, MO
Research Medical Center, Kansas City, MO
St. John's Mercy Medical Center, St. Louis, MO
St. Luke's Hospital, Chesterfield, MO
St. Mary's Health Center, Jefferson City, MO
Skaggs Community Health Center, Branson, MO
University of Missouri Hospital and Clinics, Columbia, MO

Medicare and Prescription Drug Improvement Act of 2003
Summary of Conference Agreement, H.R. 1

On December 8, President Bush signed into law a $400 billion Medicare reform package, passed by Congress in November, which will provide for the first time in the history of the Medicare program a voluntary outpatient prescription drug benefit for seniors. The bill also stops a drastic cut in physician Medicare fees from taking effect next year and expands the package of preventive benefits for seniors to include regular physicals and blood tests for the early detection of cardiovascular disease. Below is a summary compiled by the American College of Cardiology (ACC) of these and other provisions most relevant to cardiovascular specialists, as well as a general overview of the new prescription drug benefit.

A Prescription Drug Benefit for Seniors

Medicare Part D

Beginning in 2006, all Medicare beneficiaries would be offered a prescription drug benefit. The benefit would cover 75% of prescription drug costs for those who enroll, after an annual $250 deductible, up to $2,250. It is estimated that the monthly premium will be an average of $35.

Seniors would not have to leave traditional Medicare fee-for-service in order to obtain prescription drug coverage. Beneficiaries will need to compare the cost of remaining in traditional fee-for-service or shifting their coverage to a Medicare-approved private plan where the drug benefit is integrated into broader medical coverage.

The new law will encourage employers to continue providing health care for their retirees by giving employers a subsidy of 28% per beneficiary for drug costs. Medicare beneficiaries can also use the new drug benefit as "wrap around" coverage to supplement the health benefits offered by their former employer.

Relief for Physicians

Medicare Physician Payment Update

The Medicare bill provides physicians with a statutory update of at least 1.5% in 2004 and 2005, averting the 4.5% cut that was scheduled to take effect on Jan. 1, 2004. The only permanent change to the formula provided in the bill is the move to a 10-year rolling average of the gross domestic product for the purposes of calculating the sustainable growth rate (SGR). This change will help lessen the effect sudden changes in the economy have on the formula, and thus the volatility of the payment updates from year to year. However, it is expected that the effects of this change on the overall updates will be minimal. Because the bill does not include any of the long-term fundamental changes advocated by many in the physician community, physicians will again face years of steep reductions beginning in 2006 and continuing until at least 2010. Thanks to technical changes secured by the ACC and other cardiovascular organizations, cardiovascular specialists will generally fare slightly better in 2004 with an average update of 2%.

The overall impact on cardiologists by type of procedure in 2004 Medicare fees for cardiovascular procedures:

Type of Procedure	Change in Fees
Echocardiography	+2.7%
Heart rhythm	+0.5%
Nuclear	+2.7%
Invasive	+4.1%
General	+3.1%

Please note that these numbers are preliminary and are likely to change when the revised final rule on the 2004 Medicare fee schedule is published.

The bill also calls for a study by the General Accounting Office (GAO) on the "appropriateness" of the conversion factor updates and the sustainable growth rate (SGR) formula in 2002 and succeeding years. The GAO report will examine the stability and predictability of the updates and will report on alternatives.

Geographic Price Cost Index

The three components of the Medicare fee schedule; work, practice expense and malpractice expense, are geographically adjusted prior to being converted into Medicare fees via the conversion factor. Under the bill, the work portion of the geographic price cost index will be increased to 1.0 for any locality, primarily rural areas, where the current work geographic index is less than 1.0 (which represents the national average) beginning in the 2004 through 2006. This will have the following effects on net reimbursement for Missouri: Rural Missouri +3%

Other items that are covered in the bill include:

1) Increased payments for physicians and physician scarcity areas.
2) Medicare reimbursement for covered outpatient drugs.
3) Establishment of a chronic care improvement disease management program.
4) Enhanced benefits for seniors including, cardiovascular screening blood tests for cholesterol and triglyceride levels and preventive physical examinations.
5) Financial incentives for voluntary electronic prescribing.
6) A moratorium on specialty specific hospitals for eighteen months.

For more information, members can go to the ACC Website and read more about this legislation, which went into effect Jan. 1, 2004.

National Tort Reform

As all members know, Tort Reform on a national level is one of the top legislative priorities for the American College of Cardiology. The American College of Cardiology has joined with several other specialty associations to form Doctors for Medical Liability Reform. This is a new public education campaign called Protect Patients Now, launched in early February. The purpose of the campaign is to educate and inform patients, physicians, business leaders and lawmakers about the destructive effects that the medical liability crisis is having on this country's health care system, with the ultimate goal of achieving the enactment of federal medical liability reform.

Last year, after partisan politics once again stood in the way of medical liability reform in the U.S. Senate, the American College of Cardiology (ACC) and other physician specialty organizations got together and decided it was time to mount the type of hard-hitting campaign that we think is necessary to get a medical liability reform bill passed through the Senate. The result was the formation of DMLR. Today DMLR includes organizations collectively representing more than 230,000 physicians. In addition to the ACC, DMLR's membership currently includes:

American Academy of Dermatology Association
American Association of Orthopedic Surgeons
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American College of Surgeons Professional Association
American Urological Association
National Association of Spine Specialists
Neurosurgeons to Preserve Health Care
The Society of Thoracic Surgeons

This public education effort will fail without a strong, coordinated grassroots effort that involves every member of the ACC. Each ACC member is encouraged to educate themselves about the problem and to contact our senators and encourage them to support national medical liability reform.

The debate on liability reform is currently going on in the U.S. Senate with discussion of an incremental bill that would protect obstetrician gynecologists initially. The Republican leadership in the Senate hopes that by getting some bill passed in the Senate and then go to conference committee with the bill already passed in the U.S. House of Representatives which is a comprehensive bill covering all physicians; that out of that conference committee can come a good bill that would only require 51 votes in the Senate for passage.

2004 Missouri General Assembly

The Missouri General Assembly is in full swing, and a wide variety of health-related bills are under consideration.

Comprehensive tort reform is medicine's highest legislative priority. The key reforms include a limit on venue shopping, restoring reason to the statute of limitations on cases involving minors, tightening Missouri's affidavit of merit law, allowing collateral source payments to be discovered, eliminating joint and several liability, capping non-economic damages at $250,000, tightening the standards for punitive damages, and capping total damages for trauma and emergency room care at $150,000.

Other important battles are being fought, too. The state's dire financial straits have caused Medicaid officials to recommend cost-containment schemes, which are objectionable to physicians. For example, it is proposed to charge Medicaid patients a copayment ranging from 50¢ to $3.00 for medical services. The physician would have to collect the copayment (if possible) because Medicaid would deduct it from the physician's reimbursement. It is also proposed to no longer pay Medicare copayments and deductibles for those patients eligible for both Medicaid and Medicare (the so-called crossover claims).

As for insurance issues, the Missouri State Medical Association is pursuing legislation to prohibit health plans from bundling and down-coding claims for reimbursement without first notifying the physician, and is seeking to end HealthLink's policy of charging physicians an administration fee for the privilege of doing business with them. Mental health parity is also being pursued, as is legislation to require insurers to cover surgical treatment of morbid obesity where medically indicated.

As is customary, a broad range of scope of practice issues have arisen. Legislation is pending to legalize the practice of lay midwifery, to grant full medical licensure to naturopaths, to allow pharmacists to modify a prescribed drug therapy, and to grant controlled substance prescriptive authority to advanced practice nurses.

And although their passage is a long shot in an anti-tax state and especially in an election year, several proposals are pending to increase the tax on cigarettes and other tobacco products.

The issues are many and they are varied. And the house of medicine has its hands full.

American College of Cardiology, Political Action Committee

Invest in your future…ACC advocacy efforts have helped to prevent a scheduled reduction in Medicare physician reimbursement in 2004 and 2005. In Missouri, cardiovascular specialists will receive, on average, over $43,000 due to the recently passed Medicare Prescription Drug Bill of 2003.

There is more work to be done. Although we successfully averted cuts through 2005, physicians face steep reductions in 2006, and subsequent years, unless physicians groups act to alert their elected officials.

By becoming a member of the ACC PAC, you are helping the ACC support legislators who vote with patients and physicians in mind. In this, an election year, it is important for our members to get involved and support the reelection of our allies. The ability to effectively deliver the ACC's policy position on patient access to care, and physician practice issues, to Capitol Hill ensures our voice in shaping sound legislative policy.

To learn more about the PAC and its activities, go to http://www.acc.org/advocacy/advocacy.htm or contact the ACC PAC directly at 800-435-9203.

Enclosed in this newsletter is an envelope to return your contribution to the Political Action Committee. All Missouri ACC members are encouraged to make a contribution of at least $100 to the ACC PAC. A contribution of $500 or $1000 would be even better. A contribution of $1000 entitles you to be a member of the Leadership PAC and attend the annual PAC dinner with a national legislator at the ACC annual meeting.

Please take a moment and send at least $100 now to the ACC PAC.

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The Missouri Chapter continues to be financially strong. Here is a recap of our balance sheet as of December 31, 2003:

ASSETS	
Checking/Investments	$125,457.50
TOTAL CURRENT ASSETS	$125,457.50
LIABILITIES & EQUITY	
Code Fax Grant	$1,932.17
Pre-Paid Dues Income	9,785.00
TOTAL LIABILITIES	$11,717.17
EQUITY	
Retained Earnings	$94,169.13
Net Income	$19,571.20
TOTAL LIABILITIES & EQUITIES	$125,457.50

Regional Meetings

Meeting in Columbia - From left to right, Dr. Randall Meyer (Councilor), Dr. John Lasala (Speaker), Dr. John Best (Councilor), Dr. Greg Flaker (NCDR Chairman), and Dr. Jerry Kennett (Governor).

The Chapter recently held two very successful regional meetings in St. Louis and Columbia. Our thanks to Dr. Michael Cain of Washington University, and John Ross of Medtronic, who spoke in St. Louis on ICD Therapy for the Prevention of a Sudden Cardiac Death: A Review of Current and Future Practice, Regulation and Reimbursement. Our thanks to Medtronic who sponsored this meeting.

A special thanks also to Dr. John Lasala of Washinton University who spoke in Columbia on Stereotaxis and to Cordis who sponsored the meeting.

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Quality Improvement Committee
Richard G. Bach, M.D., F.A.C.C.

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