



# Illinois CHAPTER

November/2013

## Upcoming Events

[FIT Cardiology Research Symposium - March 12, 2014 \(Chicago\)](#)

[Practice Management Symposium - May 17, 2013 \(Oak Brook\)](#)

[CV Summit - January 16-18, 2014 \(Las Vegas\)](#)

[ACC.14 - March 29-31, 2014 \(Washington, DC\)](#)

[Best of ACC.14 - May 9-10, 2014 \(Chicago\)](#)

## Membership Directory

Don't forget to visit the Illinois Chapter Membership Directory

- View membership data by name, practice, city, or membership type
- Update your practice information (we will communicate your changes to National ACC).

### [Membership Directory](#)

UserName: email given ACC  
Password: ACC Member ID

## Dear Colleagues:

By now you should have gotten a ballot for the Governor-Elect and I encourage you to vote before the ballot closes at 5 pm on November 18. Dr. William Cotts and Dr. Jay Alexander are both excellent candidates and we are fortunate they have stepped up and offered their leadership.

The Chapter has been very busy planning events:

**CCA Symposium** - The 6th Annual CCA Symposium meeting was held on Saturday, November 2, 2013. The symposium was well attended with about 100 attendees, staff, and vendors present at the event.

**FIT/Early Careers Members Fall Program** - was held on October 3, 2013. We are targeting early career members this year. We want you to be actively involved in the State's activities as you progress in your career. It is important to us that we offer education and information on those key elements of your early career endeavors. So if you have completed your fellowship within the past 5 years and have not received a letter from us please contact Nancy Mueller, our Chapter Executive, at 630-528-4250. We want to make sure you are invited to our events in the future.

**Fellows In Training Research Symposium** - the 2014 poster presentation will be held the evening of March 12, 2014 at the Intercontinental Hotel in Chicago. Members are encouraged to attend and support our Fellows at this critical event.

**Practice and Patient Management Symposium & Annual Illinois Chapter Meeting** - Save the date for Saturday, May 17, 2014, at the Hyatt Lodge in Oak Brook. This is the perfect venue for you and your team to come learn the latest in cardiology - both the clinical as well as the administrative side. As physician value based purchasing joins PQRS, eRx, and Meaningful Use, we want to ensure you have the tools to transition your practice from volume to value.

**The Legislative Conference** held in Washington, DC was very well attended. We had 13 Illinois Chapter attendees, including our CCA's, practice administrators, FIT's and practicing physicians. Dr. Kumar attended and has included an overview of the conference below.

I look forward to seeing you at our upcoming events.

Marc Shelton, MD  
IL-ACC Governor

## Recent Events

### COCA-COLA FAMILY TRACK WALK



On September 15, 2013, the Illinois Chapter partnered for the first time with CardioSmart to participate in the Coca-Cola Family Track Walk at Chicagoland Speedway. The event was free to GEICO 400 ticket holders and gave race fans a chance to walk a lap around the 1.5-mile track alongside the Coca-Cola Racing Family. **Dennis M. Killian, MD, FACC**, from Heartland Cardiovascular Center, joined the ACC team in sharing tips on heart health and the benefits of an active lifestyle.

These types of community events are critical in the cardiology world to try to get our patients actively engaged in their cardiovascular care. Embracing the Million Hearts Initiative, focusing on the early detection of heart disease, and offering preventive screenings are just a few of our Chapter's goals for 2014!

### 2013 ACC LEGISLATIVE CONFERENCE

It was indeed a great opportunity and an honor to represent you all at the Capitol Hill on Tuesday, September 24, 2013 during this critical phase of health care reform in our country. Our advocacy team, including esteemed physicians, fellows-in training, practice administrators and CCA representatives, took important messages to the Congress.

We emphasized the need to repeal the flawed sustainable growth rate (SGR) formula and replace it with a carefully developed system which would serve a long term solution that supports the highest quality care for Medicare patients. We also advocated the need to preserve the in-office ancillary services exception (IOASE) and how keeping our ancillary services would help with easier accessibility of care. We also highlighted the need to incentivize the development and operation of the clinical data registries, quality



measurement and appropriate use criteria and how these could help identify outliers and avoid penalizing the high quality appropriate care we provide - which could be a win-win solution. We also discussed the impact of payment models on physician education which could indirectly affect patient care.

We brought a powerful message to the congressional leaders that our requests are "pro-patient" and not "pro-physician". Our voices were heard and the leaders were receptive to our ideas. We hope this favorably impacts our health care environment.

Dr. Prasanna Kumar, Councilor  
Illinois Chapter ACC

## Important News

### NEW ACC/AHA PREVENTION GUIDELINES ADDRESS BLOOD CHOLESTEROL, OBESITY, HEALTHY LIVING AND RISK ASSESSMENT

The ACC and the American Heart Association (AHA), in collaboration with the National Heart, Lung, and Blood Institute (NHLBI) and other specialty societies, today released four guidelines focused on the assessment of cardiovascular risk, lifestyle modifications to reduce cardiovascular risk and management of elevated blood cholesterol and body weight in adults. [See Guidelines](#)

### ACC GUIDANCE ON UNITED HEALTHCARE MEDICARE ADVANTAGE NETWORK CHANGES

Your ACC is deeply concerned about the negative impact of United Healthcare's (UHC) unexpected decision to eliminate an undetermined number of medical providers from its Medicare Advantage (MA) program. The Connecticut Chapter of the ACC alerted us that numerous members received termination "without cause" letters from UHC effective Feb. 1, 2014. ACC members in other states including New Jersey, Rhode Island and Florida have reported receiving similar termination notices. The letter provides only limited details on the payer's rationale and selection criteria for this action; however, it does provide an option for appeal which must be submitted within 30 days.

#### **If you receive a letter from United please let us know ASAP!**

The severe cutbacks threaten to disrupt established physician-patient relationships and interrupt the continuity of care for some of the nation's elderly and most vulnerable patients who have complex medical needs. These cuts to provider networks are also likely to lead to reduced access to appropriate and timely care. For example, patients will likely have to wait longer to see the greatly reduced number of physicians in the network.

**What can you do?** This lack of transparency around UHC's decision leaves physicians with little recourse to appeal and/or communicate with patients about their options. However, the ACC recommends that practices affected by the change take the following actions:

- Consider appealing the termination. You have 30 days from receipt of the termination notice to appeal the decision.
- Notify affected patients that you will no longer be accepting UHC MA effective February 2014 due to a unilateral decision by UHC. The College has drafted a [sample patient letter](#) to help ensure continuity of care.
- Remember this change applies only to the UHC MA products and leaves other provider networks unchanged.

**What is the ACC doing?** Your ACC is joining forces with the American Medical Association and other medical specialty societies to clarify this issue, identify possible remedies and address patient care concerns. We are also currently in contact with officials at the Centers for Medicare and Medicaid Services and state insurance representatives. Stay tuned to [CardioSource.org](http://CardioSource.org) and [The Advocate](#) for any new developments.

## QUALITY AND RESOURCE USE REPORTS (QRUR)

### **DO YOU PRACTICE IN A GROUP WITH AT LEAST 25 PROVIDERS?**

Your Confidential 2012 Quality and Resource Use Report (QRUR) became available on **September 16<sup>th</sup>** at <https://portal.cms.gov>. These reports show how your group would fare under the policies CMS has finalized for the Physician Value-Based Payment Modifier (VBPM). In order to access you must be sure your group has set up an Individual Authorized Access to the CMS Computer Services (IACS) account at

<https://applications.cms.hhs.gov/category.html?name=acctmngmt>

with a group-specific Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System role.

### **ARE YOU IN A GROUP OF < 25 PROVIDERS:**

Take heart as your report will be available in mid 2014. As a reminder ALL physicians will be under this program in 2 short years (and if you are in a group >10 YOU **may** be impacted January 1, 2014, depending on the final rule from CMS)

For more information, contact Eileen Hagan, ACC Staff, at [ehagan@acc.org](mailto:ehagan@acc.org).

## BCBSIL RADIOLOGY QUALITY INITIATIVE (RQI) PROGRAM TO INCLUDE NEW CARDIAC CARE SERVICES

Effective Jan. 1, 2014, Blue Cross and Blue Shield of Illinois (BCBSIL) is expanding the RQI, administered by AIM Specialty Health® (AIM), to include certain additional cardiac services. New modalities in the RQI program include:

- Stress Echocardiography
- Resting Transthoracic Echocardiography
- Transesophageal Echocardiography

[Click here for more information](#)

## NEW INPATIENT QUALITY REPORT (IQR) MEASURE

CMS has announced yet another new measure for cardiology. As we begin to see the impact of moving from Volume to Value, this is just one of the many measurements they will be introducing. In the IPPS FY 2014 Final Rule, CMS has added an AMI payment measure to the Inpatient Quality Reporting (IQR) program. CMS is planning on publicly reporting this measure on Hospital Compare, and while reporting this measure is still being debated we know the purpose of all these measures is to increase transparency. They are looking at both the cost and outcome related to the provision of care to patients with a diagnosis of AMI from admission to 30 days post admission. The plan is to compare MI mortality with this cost.

RESOURCE LINKS (AMI Payment Measure):

[QualityNet.org Website](#)

[AMI Dry Run -FAQs](#)

[AMI Dry Run - Information and Instructions](#)

Another major change in the Inpatient fee schedule is the 2 midnight rule. Effective October 1st it is sure to impact all of our cardiac practices. See the resource links for more information.

RESOURCE LINKS (2 Midnight Rule):

[CMS 2 midnight rule - FAQs](#)

[CMS Hospital Inpatient Admission Order and Certification](#)

[Definition of "Inpatient Admission" Clarified](#)

## ICD-10: WHAT YOU NEED TO KNOW

On Oct. 1, 2014, the ICD-10 system replaced the ICD-9 codes. ICD-10 implementation will change the way coding is currently done, with the code-set growing from its current 14,315 diagnosis codes to more than 69,099 codes. These changes will require a significant effort to implement the new system and now is the time to start preparations in your practice. Information and resources to help you prepare are now available on [CardioSource.org](#): [click here](#) to research ICD-10 codes and guidelines, review a webinar, watch videos and more.

## NEW NCDR REPORT SHEDS LIGHT ON CCV TRENDS

A new report highlighting data from the ACC's National Cardiovascular Data Registry (NCDR) provides a snapshot of the many unique ways clinical registry data can be used to assess quality of care and outcomes associated with broad populations of patients with cardiovascular disease. The report, published in the *Journal of the American College of Cardiology*, features highlights from five of the ACC's hospital-based registries (ACTION Registry-GWTG; CathPCI Registry; CARE Registry; ICD Registry), as well as its practice-based PINNACLE Registry. Topics addressed include door-to-balloon times, ICD device trends, opportunities for anticoagulation and hypertension management improvements, and more. [Get the details](#), plus watch a video with NCDR Senior Medical Officer Fred

Masoudi, MD, FACC, and download an [infographic](#) highlighting key report results.

## SAPIEN TRANSCATHETER HEART VALVE FDA UPDATE

The Food and Drug Administration (FDA) has approved revised labeling for the SapienTranscatheter Heart Valve, making the device available to an expanded group of patients who have inoperable aortic valve stenosis. Data from the [STS/ACC TVT Registry™](#), created by the ACC and the Society of Thoracic Surgeons (STS) to monitor the safety and efficacy of transcatheter aortic valve replacement for the treatment of aortic stenosis, played a key role in the decision to expand the indication. [Read more about the decision.](#)

## HEALTH INSURANCE MARKETPLACE LAUNCHED

Enrollment for the Health Insurance Marketplaces opened Oct. 1 and will run through March 31, 2014, with coverage kicking in on Jan. 1, 2014. Physician offices and their staff should be prepared to respond to general marketplace inquiries by patients. It will be important for providers to confirm patient eligibility for coverage before the date of service. It is also important that providers take an active interest in their contracts, discuss market competitive rates with payers and understand the fine print. Providers should work with payers to fully understand the network criteria within exchanges.

[Navigate the new marketplaces with this guide.](#)  
Watch an [archived webinar on the topic here.](#)

In addition, private practices were obligated to deliver a letter to their staff by October 1<sup>st</sup> outlining key elements related to the provision of insurance coverage. For more information [click here](#).

You may also want to alert your business office so you have a plan in place for the ACA's process that will allow patients to continue receiving care while they may not be paying their premiums - for 90 days! This could have a retrospective impact on your practice's finances so please research this element of the new law.

## Upcoming Events

### FELLOWS IN TRAINING CARDIOLOGY RESEARCH SYMPOSIUM

Wednesday, March 12, 2014  
Intercontinental Hotel  
505 N. Michigan Avenue | Chicago, Illinois

Members are encouraged to attend and support our Fellows at this critical event.



### PRACTICE AND PATIENT MANAGEMENT SYMPOSIUM & ILLINOIS CHAPTER ANNUAL MEETING

Saturday, May 17, 2014  
7:00 am - 4:15 pm  
The Hyatt Lodge at McDonald's Campus  
2815 Jorie Boulevard | Oak Brook, Illinois



Save the date!

## CV SUMMIT HEADS TO VEGAS IN JANUARY 2014

January 16-18, 2014  
Aria Casino and Resort Hotel  
Las Vegas, Nevada

Focus on the Future - Make Effective Change

- *Is your cardiology practice as financially profitable as it should be?*
- *Do you and your team possess the leadership skills necessary for success?*
- *Are you maximizing the use of your data?*
- *Can your cardiovascular service line beat the competition?*

To ensure your financial and professional success in the field of cardiovascular medicine and answer yes to all these questions, make plans today to attend the Cardiovascular Summit: Solutions for Thriving in a Time of Change. You will explore strategies and solutions with colleagues and expert faculty in interactive, small group workshops and dynamic educational sessions including:

- Finance - Focus on the Future!
- Data = Money: Documenting for Quality and Revenue
- Leadership - Time to Make Effective Change
- The Service Line and Service - Beating the Competition

Visit [CardioSource.org](http://CardioSource.org) for more information or to register.

## ACC.14 - 63RD ANNUAL SCIENTIFIC SESSION AND EXPO

Registration for ACC.14 on March 29 - 31, 2014 in the nation's capital is now open! To learn more or to register [click here](#).



## BEST OF ACC.14 - CHICAGO

May 9-10, 2014  
Radisson Blu Agua Chicago

For more details or to register [click here](#).

If you have any questions or comments regarding the information provided in this newsletter, please email us at [ilacc@ilacc.org](mailto:ilacc@ilacc.org)

