



Upcoming Events

CV Team (previously CCA) Symposium

November 7, 2015
Lindner Conference Center
Lombard, Illinois

Fall FIT Program

October 1, 2015
SAVE THE DATE

ACC 2015 Legislative Conference

October 18-20, 2015
Washington, D.C.



Jay Alexander, MD, FACC
IL-ACC Governor

As I have spent most of my involvement with the ACC in advocacy and the PAC, I thought that I would center my time as governor on issues of advocacy which affect us in Illinois. And for those who have never been to

the [ACC legislative conference](#) it is a great way to get involved in advocacy. This year the meeting in Washington will feature the usual updates on legislative and regulatory issues and end as always with a day of advocacy on Capitol Hill. It's a great way to learn the art of dealing with our federal leaders. It's also a good way to learn more about the importance of the ACC PAC.

My purpose in writing this article is to get your thoughts on some issues that plague us not only here in Illinois but nationally. **I am most interested in your thoughts, solutions and issues that we can discuss in future newsletters.**

I had an interesting issue which occurred to a member of our group. My partner had an active 50 Y/O male come in with new onset angina who underwent angiography and had a complex proximal LAD lesion near the left main. He underwent successful PCI. We elected to place this patient on Ticagrelor and the patient, prior to discharge, was clearly instructed on the importance of not interrupting therapy. He left the hospital and went to his local drugstore chain with his prescription and was told that he would have to wait to obtain his Ticagrelor until he received approval from his insurance's preauthorization program. Three days later he was rushed to another local hospital with acute stent closure and after leaving that hospital found a message approving his Ticagrelor.

I queried our colleagues on the Board of Governors and heard story after story similar to what happened to our patient. **So my question is what are we across Illinois doing to avoid such potential calamities???**

In looking into this, we elected to discuss with our hospital system the idea of developing a "med to bed" program for critical medications. This is despite a policy not to allow physicians to have and distribute samples. So with the cooperation of our Pharma friends we hope to develop a "samples" pharmacy for new critical drugs such as antiplatelet therapy, newer heart failure drugs and novel anticoagulants. For those who need these medications and cannot afford them on a more chronic basis, we are talking to members of congress and the state legislature to develop guidelines for preauthorization of critical dose drugs for both Medicare and private insured populations. I would be happy to hear your thoughts and ideas for legislation.....

We have also been approached by Governor Rauner's administration for thoughts on non-cap medical tort reform. There has been federal legislation that unfortunately received little traction which offered safe harbors for those physicians that document following published guidelines which could be applied statewide. I would be happy to hear thoughts on such a concept for Illinois.

Finally in an attempt to develop a more cooperative relationship with our AHA colleagues we plan to discuss how the Illinois Chapter can help advocate for their initiatives with the Illinois legislature including Mission Lifeline.

In future articles, I hope to keep you abreast of the continuing saga of ABIM's MOC and issues of relevance for our practices: private, academic or employed.

Let me know any comments on these or other pressing issues at jalexandermd@gmail.com.



ACC Legislative
Conference 2015

October 18 – 20
Fairmont Hotel
Washington, DC

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ACC EFFORTS RESULT IN MOC CHANGES

Decision to Decouple Board Certification from MOC Enrollment: In a major reversal, the American Board of Internal Medicine (ABIM) just announced it is reversing its policy requiring physicians who have passed the initial Certification exam in 2014 or later to have enrolled in the Maintenance of Certification (MOC) process in order to be listed as board certified. Effective immediately, physicians who are meeting all other programmatic requirements will not lose certification simply for failure to enroll in MOC. [Get more details on the reversal and what this means for physicians.](#)

ABIM Eliminates 'Double Jeopardy' MOC Requirement:

In response to input provided by the ACC and other cardiology specialty societies (SCAI, HRS and HFSA) around the American Board of Internal Medicine's (ABIM's) new requirements for Maintenance of Certification (MOC), the ABIM announced in July that it is eliminating the requirement to maintain underlying certification in a foundational discipline in order to remain certified in a subspecialty. Eliminating the double jeopardy faced by interventional, electrophysiology, adult congenital heart disease and advanced heart failure colleagues who initially had to pass both the general cardiology and sub-subspecialty boards is among the several [changes strongly recommended by the College](#) and the broader internal medicine community. [Read More](#)

These and several other major changes to MOC over the last year have occurred as a result of continued advocacy by ACC, other cardiology specialty societies and internal medicine stakeholders on behalf of their members. The ACC and its members are being heard and this will no doubt continue. The College is continually engaged with ABIM with a goal of engendering a constant dialogue and an atmosphere of change for the benefit of our members and their patients. An ACC Task Force is currently identifying how best to work with the ABIM to address additional recommendations, while a second ACC Task Force is also exploring alternatives to ABIM MOC accreditation. Recommendations of both Task Forces are due to the Board of Trustees this month.

Stay tuned to ACC.org/MOC and the [ACC in Touch Blog](#) for continued updates.

EDUCATION AND CAREER GROWTH

ACC 2015 Legislative Conference

Oct. 18-20 in Washington, DC. The conference will provide the inside scoop on regulatory changes, legislative action and the state of cardiology to empower ACC members to become effective advocates for patients and cardiovascular professionals. You're also invited to join your colleagues for a special ACC Political Action Committee-sponsored reception and dinner featuring Pulitzer Prize-Winning syndicated columnist, political commentator and psychiatrist Charles Krauthammer, MD. [Register Now!](#)

Registration Now Open: ACC In-Training Exam

Participation in the ACC ITE has been tremendous — more than 93% of all U.S. cardiology training programs took the 2014 exam. The 2015 In-Training Exam will take place on Oct. 20 and 21, and will continue to give training programs the data they need to benchmark their program, meet ACGME requirements, validate the need for curricula changes and provide educational counseling to their fellows. Contact Julie Bainbridge at 202-375-6633 or jbainbri@acc.org. [Read More/Register](#)

2015 Recent Advances in Clinical Nuclear Cardiology and Cardiac CT: Meeting on Demand™ Now Available

Prepare for the nuclear cardiology or cardiac CT Boards, secure the relevant nuclear medicine hours required to meet accreditation requirements and review numerous cases to increase interpretive skills with this online program. [Read More](#)

ACC CV Board Review For Certification/Recertification

Join the nation's leading cardiologists from around the country for an engaging and comprehensive review in general cardiology. Whether preparing for the ABIM Board Exams to certify or re-certify or just wanting a comprehensive review in general cardiology, the ACC Cardiovascular Board Review for Certification and Recertification course has everything! Don't delay – take advantage of the lowest registration rates today. [Learn More](#)



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CV CARE TEAM SYMPOSIUM 2015

Illinois Chapter
Wisconsin Chapter

SATURDAY
NOVEMBER 7, 2015
LOMBARD, ILLINOIS

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ADVOCACY & HEALTH POLICY NEWS

How and When to Use KX Modifier for Single Chamber and Dual Chamber Permanent Pacemakers

[See National Coverage Decision \(NCD\) details](#)

QRUR reports to be released in August

The Value Modifier is out and 2014 data is schedule to be published this month. There are a fair number of "enhancements" and changes in reports this year. PQRS measures will be reported by provider to compare providers to their peers. Going forward the data will be scored and not just reported. Make sure your report is reviewed to assess any penalty risk.

[How to Obtain Your QRUR](#)

MACRA Policy Brief Available on ACC.org

The *Medicare Access and CHIP Reauthorization Act of 2015* (MACRA), legislation which permanently repeals the Sustainable Growth Rate, establishes a framework for rewarding clinicians for value over volume and streamlines quality reporting programs into one system, was signed into law in April. ACC Advocacy has developed an [in-depth policy analysis of the legislation](#), including a timeline of when MACRA payment updates go into effect. Information is also available on the transition to quality-based payment through two payment pathways MACRA will implement for clinicians. Starting in 2019, clinicians will choose from one of two pathways: the [Merit-based Incentive Payment System](#) or [Alternative Payment Models](#).

[Read More](#)

CMS Adds Flexibility to ICD-10 Implementation

The Centers for Medicare and Medicaid Services (CMS) has announced that it will allow flexibility in Medicare claims during the first year of ICD-10 transition by not denying claims based on the accuracy or specificity of the diagnosis code. The medical codes America uses for diagnosis and billing have not been updated in more than 35 years, and the implementation of ICD-10 should help advance public health research and emergency response through detection of disease. However, CMS and the American Medical Association (AMA) recognize that health care providers need assistance with the impending transition to ICD-10, and the organizations will be working in parallel to educate providers through webinars, on-site training, educational articles and national provider calls. The ICD-10 transition will officially take place on October 1.

[Read the CMS/AMA announcement for more details.](#)

NCDR Public Reporting – Phase I Set to Launch for Cath/PCI and ICD

In 2015, hospitals participating in the CathPCI Registry and/or ICD Registry will have the option to take part in an ACC public reporting effort. The ACC encourages hospitals to take advantage of this quality reporting opportunity. [Read More](#)

CMS Releases Proposed 2016 Medicare Physician Fee Schedule and Hospital Outpatient Rules

The Centers for Medicare and Medicaid Services (CMS) has released the [proposed 2016 Medicare Physician Fee Schedule](#), which addresses Medicare payment and quality provisions for physicians in 2016. Under the proposal, physicians will see a 0.5 percent payment increase on Jan. 1, 2016. Next year will be the first of several years of predictable payments resulting from the legislation that permanently repealed the Sustainable Growth Rate (SGR) this spring. CMS estimates that the physician rule will neither increase nor decrease payments to cardiologists from 2015 to 2016. This estimate is based on typical practice and can vary widely depending on the mix of services provided in a practice. The Physician Fee Schedule comes on the heels of the [proposed 2016 Hospital Outpatient Rule](#) released last week, which indicates a -0.1 percent payment update for hospitals. Shortly before the final rules are released, experts will discuss the proposed rules, ACC's comments, and other relevant regulatory items during a panel at the [ACC'2 2015 Legislative Conference](#), Oct. 18-20 in Washington, DC. Don't miss this opportunity to learn about the hot button issues facing health care and ensure the voice of cardiology is heard on Capitol Hill.

[Read highlights from both rules on ACC.org.](#)

ACC Council Assesses Cardiac Rehab in HFrEF Patients

Although the U.S. Centers for Medicare Services has extended cardiac rehabilitation (rehab) coverage to patients with heart failure with reduced ejection fraction (HFrEF), enrolling these patients in cardiac rehab may prove difficult, according to a Council Perspective published June 15 in the [Journal of the American College of Cardiology](#). As part of a new series of perspectives from different ACC Councils in the *Journal*, members from the [ACC's Prevention of Cardiovascular Disease Section](#) assessed the challenges and opportunities that cardiac rehab presents for HFrEF patients. [Read More](#)

Download ACC's Advocacy Action Mobile App

Be sure to download the [ACC Advocacy Action mobile app](#) to get easy access to ACC's advocacy priorities and timely talking points to share during congressional visits. The app was designed to help members engage with lawmakers

and influence health policy. Download it today on [iTunes](#) and [Google Play](#) (Android devices).



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Get Up-to-Speed on Meaningful Use Proposed Rules

The Centers for Medicare and Medicaid Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC) recently released two separate proposed rules for the Electronic Health Record (EHR) Incentive Program, also known as Meaningful Use. The rule for Meaningful Use Stage 3 contains the proposed criteria that eligible professionals, eligible hospitals and critical access hospitals would need to meet in order to qualify for EHR incentive payments and avoid penalties for non-participation. In [comments to CMS and ONC](#), the ACC, which has been a long-time supporter of EHR adoption as a driver of improved patient care quality, recognized the agencies' efforts to ease the constraints and complexities established in Stages 1 and 2 of the program and their attempt to further clarify EHR certification. However, "Overall, the ACC believes the proposed requirements for Stage 3 set the bar for success too high," wrote the College. "The Meaningful Use criteria should encourage the appropriate, purposeful and accurate use of health IT solutions, rather than mandate completion of tasks based on a particular timeline." CMS and ONC also released a proposed rule aligning Stage 1 and Stage 2 meaningful use objectives and measures with the long-term proposals for Stage 3. Get a [detailed summary](#) of the proposed rule.

ACC to Launch Two AFib-Related Registry Programs

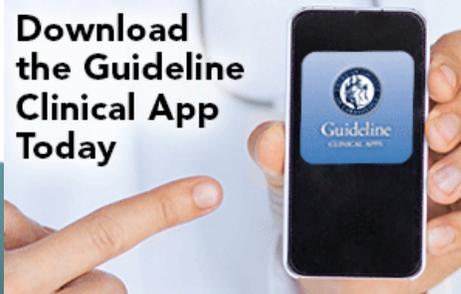
The ACC announced today that it will launch two new clinical registry programs to track real world outcomes for the treatment and prevention of stroke in patients with atrial fibrillation (AFib). The two new registries, which will focus on AFib ablation and left atrial appendage occlusion (LAAO), will bring the ACC's total number of hospital and outpatient registries under the NCDR umbrella to 10.

The college is also planning the AFib Ablation Registry to assess the clinical characteristics, acute management, and outcomes of patients undergoing atrial fibrillation ablation procedures. The data will provide an understanding of care and outcomes in this patient population and support the development of evidence-based metrics to support quality improvement.

[Learn more about the new registries.](#)

Get Guidelines On The Go!

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the Guideline
Clinical App
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IMPORTANT DIGITAL ACC RESOURCES

ACC Archived Webinars

Find archived webinars from throughout the years at accwebinars.ACC.org. You must have an ACC.org log-in and use the confirmation code and webinar access link emailed to you once you register. Questions? Contact ACC's Resource Center at Phone: 202-375-6000, ext. 5603 or 800-253-4636, ext. 5603 or resource@acc.org.

Stay In Touch with the ACC via Social Media

Stay in touch with the ACC and the latest clinical and advocacy news through ACC in Touch. ACCinTouch connects ACC members and those interested in cardiovascular news through popular social networking channels like [Facebook](#), [Twitter](#), [LinkedIn](#) and [YouTube](#). For more information about ACC's social media channels, visit ACC.org/ACCinTouch.

FDA UPDATES

FDA Advisory Committee Recommends Approving New Cholesterol-Lowering Drugs

Two novel lipid-lowering drugs should be approved by the U.S. Food and Drug Administration (FDA) according to the agency's Endocrinologic and Metabolic Drugs Advisory Committee which met on June 9 and 10 to discuss the safety and efficacy of Sanofi and Regeneron Pharmaceuticals' alirocumab and Amgen's evolocumab for reducing low-density lipoprotein cholesterol (LDL-C). The drugs, if approved by the FDA, would be the first in a new class of drugs known as proprotein convertase subtilisin/kexin type 9 inhibitors and would offer the more than 70 million patients with high LDL-C an alternative treatment option to statins which have dominated the market for decades. The pharmaceutical companies are seeking approval of the drugs, which are both injectable and administered subcutaneously, for use in patients with high LDL-C who are not benefiting from statins; people who are high risk due to a previous myocardial infarction or those with diabetes for which statins are not effective; and patients with high LDL-C who are statin-intolerant. [Read More](#)

PUBLICATIONS

Some Good Press in the New York Times

TAVR Article: Building a Better Valve: A new approach to replacing narrowed heart valves allows older and sicker patients to survive treatment. (6/20/15 by Gina Kolata)

D2B Article: A Sea Change in Treating Heart Attacks: The death rate from coronary heart disease has dropped 38 percent in a decade. One reason is that hospitals rich and poor have streamlined emergency treatment. (6/19/15 by Gina Kolata)