Break News: Affordable Care Act largely survives Supreme Court scrutiny -- by a vote of 5 to 4! Stay tuned for more information.

Well, it was certainly a busy Spring time in Chicago! We had our most successful FIT poster session ever with 39 Posters.

Congratulations to our winners:

1st place - Olusegun Oyenuga, MD (University of Chicago) - Acute Reduction in Mechanical Dyssynchrony After Cardiac Resynchronization Therapy is Associated with Long Term Outcome
2nd place - Jason Mitchell, MD (Advocate Hope Children's Hospital) - Shades of Bradycardia: Fetal Heart Rate Predictors of Long QT Syndrome
3rd place - Marianne Manankil, MD (Advocate Illinois Masonic Medical Center) - Non-fluoroscopic catheter ablation of cardiac arrhythmias in adults: feasibility, safety and efficacy

March also brought ACC.12 back to our state -- an excellent conference filled with the latest technology and late breaking clinical trials.

And finally -- May brought our annual meeting and symposium. Participants were engaged for the entire day in learning the latest in readmission issues for our CHF patients as well as learning what is new in "the business side of cardiology"! We hope more of you will plan to attend next year.
As part of our annual meeting we welcomed new faces and thanked those who have provided countless hours to make the Illinois Chapter of ACC so successful. A huge thank you to Dr. Wallis as she completed her 3 years of service as Past Governor, as well as to Dr Fishman for his incredible financial acumen that allowed the Chapter to enter 2012 in a sound financial state. Plaques memorializing the astounding contribution from our leaders were given to Drs. Wallis and Fishman -- thank you again to both of you!

Marc Shelton, MD
IL ACC Governor

Important News

NEW SURVEYS ARE OUT --- if you receive an email please respond!!!

EKGs, extracranial duplex studies, transitional care management, and complex chronic care management. If you are randomly selected and receive a survey, please take 10-20 minutes to thoughtfully complete it. Contact James Vavricek at 202-375-6421 or jvavricek@acc.org if you have any questions.

APPLY NOW --- Have your voice heard in Washington!!!

Now is the time to apply for the FIT and Practice and CV Service Line Administrators Travel Awards for the 2012 Legislative Conference. The ACC has made a select number of travel awards available for FIT and Practice and CV Service Line Administrators to attend the ACC's 2012 Legislative Conference on September 9-11, 2012 in Washington, D.C. This travel award program provides FITs and Practice/CV Service Line Administrators with an opportunity to become more educated about the important work the ACC is doing in the areas of Medicare reform, health system reform and research and prevention.

eRx and 2012 ....and BEYOND

E-Prescribing deadline is June 30!

CMS has developed a support page to help providers with Medicare e-prescribing payment adjustment hardship exemption requests. Medicare Part B Physician Fee Schedule payment adjustments are underway for those eligible professionals who did not initiate e-prescribing in 2011. Penalties of one percent kicked-in Jan.1 and will increase to two percent by the end of 2014 for providers who fail to comply. However, if you did not e-prescribe in 2011 and qualify for a hardship exemption, you can avoid the 2013 payment adjustment by meeting a set of reporting requirements by June 30. Visit the Health IT Issue Center on CardioSource.org for additional information. Also be sure to check the ACC in Touch Blog every Thursday throughout the month of May for tips "from the field" and expert advice on how to avoid health IT-related penalties and benefit from both the e-prescribing and electronic health record incentive programs.

Additional penalties for unsuccessful e-prescribers in Medicare are coming for 2013 and 2014. This year, there are four options for avoiding the penalty in addition to filing a hardship exemption.

Timeframes for avoiding 2013 eRx payment adjustments

- Report 25 eRx on claims for 12 - month period (Jan 1- Dec 31, 2011)
- Report 25 eRx through an approved Registry for 12 - month period (Jan 1- Dec 31, 2011)
- Report 25 eRx through EHR vendor for 12 - month period (Jan 1- Dec 31, 2011)
- Report 10 eRx on claims for 6 - month period (Jan 1- June 30, 2012)
Timeframes for avoiding 2014 eRx payment adjustments

- Report 25 eRx on claims for 12 - month period (Jan 1 - Dec 31, 2012)
- Report 25 eRx through an approved Registry for 12 - month period (Jan 1 - Dec 31, 2012)
- Report 25 eRx through EHR vendor for 12 - month period (Jan 1 - Dec 31, 2012)
- Report 10 eRx on claims for 6 - month period (Jan 1 - June 30, 2013)

Under the program, providers who do not meet certain criteria or are not granted an exemption will face a 1.5 % payment decrease for all Medicare Part B-covered professional services starting Jan. 1, 2013 and a 2% payment decrease in 2014.

It is critical to remember that hardship exemptions for 2013 must be filed by June 30, 2012 and hardship exemptions for 2014 have to be filed by June 30, 2013.

AUC for Cath Labs and Peripheral Vascular

New Appropriate Use Criteria for Diagnostic Catheterization Released; Update on Cath Lab Standards

The American College of Cardiology Foundation (ACCF) and the Society for Cardiovascular Angiography and Interventions (SCAI) on May 9 released Appropriate Use Criteria (AUC) for Diagnostic Catheterization. The criteria, which look to help clinicians determine when cardiac catheterization is a reasonable option for the evaluation of patients for heart disease, are the newest addition to the growing list of AUC documents. The AUC for diagnostic catheterization were developed by a technical panel that identified 166 possible clinical scenarios when referral for diagnostic catheterization might be considered. The appropriateness of these scenarios, which were drawn from the medical literature and anticipated clinical applications, were then assessed and rated as either "appropriate," "inappropriate" or "uncertain." Read more about the criteria.

New Appropriate Use Criteria for Peripheral Vascular Ultrasound and Physiological Testing: Part 1

The Appropriate Use Criteria for Peripheral Vascular Ultrasound and Physiological Testing has just been released this month.

Hospital Echo and E&M -- Having Issues?

ACCF, SCAI Publish New Standards Defining Best Practices for Modern Cardiac Cath Labs

The ACCF and SCAI have released a updated expert consensus document offering physicians guidance and also including specific recommendations on setting up, operating and maintaining the highest standards of quality in a contemporary cardiac catheterization laboratory. The document, which updates a similar document released in 2001, includes a shift in focus from diagnostic tests to catheter-based therapies, from coronary disease alone to include the treatment of valvular heart disease, congenital defects of the heart and arterial disease in the legs, brain, and other organs. An increasing number of medical centers are developing hybrid cath labs that combine all the features of a surgical suite with those of a cath lab. And pediatric cath labs-now devoted almost exclusively to therapy-apply minimally invasive catheter techniques to congenital disease that once required major heart surgery, with procedures now being performed on unborn fetuses and newborns, as well as older children. Learn more about the consensus statement.

New Heart Failure Measures

New Heart Failure (HF) Performance Measures Released