



Arizona
CHAPTER

The Heart of Arizona

Summer 2015

September 25, 2015
Business of Cardiology: A
Multidisciplinary Perspective
[Register Here](#)



Sheraton Wild Horse Pass Resort & Spa

AZ ACC PAC Progress Report

Chapter contribution to date

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Total Contribution: \$3,500.00

Average contribution: \$500.00

Participation Rate: 1%

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President's Corner



Craig A. Hoover, MD, FACC President/Governor

It's hard to believe we are halfway through 2015. I want to take a moment to review our accomplishments to date and outline plans for the rest of the year. On the national front, in March we were not too far away from the ACC Annual Scientific Sessions in San Diego. Between his time running back and forth among society meetings, Chris Breburda was introduced as the Governor-Elect of our State Chapter.

It took no time for him to jump into his duties, as he organized an outstanding statewide meeting on May 15th at Wild Horse Pass. Rather than bringing in a bunch of outside "experts" we focused on the resources that we have here in Arizona. We are blessed with a wealth of talent in the Cardiovascular Community, and we had clinical updates on CHF from Nancy Swietzer, reviewed the challenges of entrepreneurship and innovation with Richard Heuser, explored the new applications and technical underpinnings of echocardiography with Dr. Breburda, and even welcomed the team approach to patient care with our CT Surgical colleagues as Ken Fang shared his collaborative experiences in structural heart disease. The meeting included a poster presentation of abstracts, with travel awards to future ACC events provided to our two winners:

- Mohit Pahuja, MD 1st place \$1,000 travel award
"Radiofrequency Ablation for Atrial Fibrillation after Watchman Device Implantation"
- Ryan Van Woerkom, MD 2nd place \$500 travel award

After a summer hiatus, we will be back this fall with a focus on the business side of medicine. Make plans to attend another [meeting at Wild Horse Pass on September 25](#). This program asks the question, "**How Do You View The Business Of Cardiology**," from a variety of perspectives. Whether you are running a pharmaceutical company, developing cardiovascular devices, advising a multispecialty group or hospital system, you need to appreciate the trends in healthcare delivery. For years we have talked about a shift from volume to value – is this the time for transition? We will explore how trends in cardiovascular care influence business choices and clinical outcomes from all of these perspectives. I hope that you will join us for this exciting event.

[November 5th](#) brings us another focused program – [Women in Cardiology](#) – presented by our chapter at the Biltmore in Phoenix. We have an outstanding group of WIC advocates in our state, headed by Sarika Desai. The last event was an enormous success, so please mark your calendars for a night of education and enlightenment.

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President's Corner, *continued* . . .

Both within our chapter of the ACC and at a national level, we continue to work hard to make this your professional home. Take a look at the updated digital platform at ACC.org, where you will find links to products, late breaking studies, CME and MOC activities-often at no extra cost. Explore the “[Cardiosmart](#)” website as a tool for patient education. And please continue to support our local and regional efforts to provide education and a forum to build a strong Cardiology Community.

I look forward to seeing you in September, please enjoy the remainder of your summer.

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 today announced it is eliminating the requirement to maintain underlying certification in a foundational discipline in order to remain certified in a subspecialty.

The “double jeopardy” provision noting it was clearly an important topic to the internal medicine community. According to the ABIM, it will begin implementing the new requirement now, with the change to be fully effective as of Jan. 1, 2016. The change does not affect the requirement for initial certification. 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 on the change and ACC’s ongoing efforts around MOC.](#)

MOC Process Changes from ABIM

An email from Richard J. Baron, MD, president and CEO of the American Board of Internal Medicine (ABIM) was released recently to the internal medicine community outlines changes to its controversial Maintenance of Certification (MOC) program. In conversations with ACC leadership, Dr. Baron has expressed gratitude for the ACC’s support as well as its frank and constructive criticism during the past year of transition. Learn more about the changes in a post by ACC President Patrick T. O’Gara, MD, FACC on the [ACC in touch Blog Here](#). The College is continuing our efforts to educate our members about the new requirements and provide them the tools and resources necessary to help them meet these requirements as efficiently as possible. The ACC has created an MOC Hub with details about ABIM’s current MOC program to inform and help ACC members navigate the changes. [Learn more here.](#)





What You Need to Know About MACRA Legislation

The ACC has developed a [detailed summary](#) to help members navigate the recently passed Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), legislation that touches upon many areas across the health care spectrum. Most notably, MACRA permanently repeals the Sustainable Growth Rate formula and reauthorizes funding for the Children’s Health Insurance Program for two years. Beginning July 1, clinicians will begin receiving a 0.5 percent increase to Medicare payments. This payment increase will continue annually until Dec. 31, 2018. Starting in 2019, clinicians will choose from one of two pathways: the Merit-based Incentive Payment System (MIPS) or Alternative Payment Models. Eligible professionals who elect to participate in MIPS will receive annual payment increases or decreases based on their performance. MACRA also streamlines the three existing quality reporting programs – Physician Quality Reporting System (PQRS), Meaningful Use and Value-Based Payment Modifier – into one system, eliminating three separate reporting deadlines. Read more about how provisions included in MACRA will impact you and your practice on [ACC.org](#).

JACC Holds Impact Factor Ranking as #1 CV Journal in the World

For the second year in a row, the Journal of the American College of Cardiology (JACC) was listed as the #1 cardiovascular journal in the world. According to the 2014 Impact Factors for Journals, JACC holds the top position among all 123 cardiovascular journals in scientific impact with an impact factor of 16.503 in 2014, up from 15.343 in 2013. These 2014 Impact Factor results are based on citations from the 2013 calendar year, when Anthony DeMaria, MD, MACC, was JACC editor. The results also showed impact factor and ranking improvements for JACC: Cardiovascular Interventions and JACC: Cardiovascular Imaging. Among all other cardiovascular journals, the ACC publishes three of the top 10 in the world. Check out the [JACC Journals online](#).

ESR or CMR? Which One Better Predicts Response to Medical Therapy in Pericardial Constriction?

Jul 09, 2015 | Mario J. Garcia, M.D., F.A.C.C.

Article Review & Editors’ Pick

A relatively common syndrome, constrictive pericarditis often represents a diagnostic and a therapeutic challenge. Pericardiectomy, the definitive treatment for most patients with this condition, carries significant morbidity and not infrequently... [Click here to see full article](#).





ACC's Quality Improvement Efforts Make Headlines

A recent [New York times article titled](#) "A Sea Change in Treating Heart Attacks" highlights the 38 percent decrease in coronary heart disease deaths from 2003 to 2013, a result "spurred by better control of cholesterol and blood pressure, reduced smoking rates, improved medical treatments — and faster care of people in the throes of a heart attack." The article chronicles how the ACC's Door to Balloon (D2B) initiative has helped more than 1,200 hospitals nationwide improve the timeliness of reperfusion therapy for patients with heart attacks by facilitating the adoption of evidence and guideline-based best practices. Thanks to the D2B initiative, "Now, nearly all hospitals treat at least half their patients in 61 minutes or less..." D2B is part of ACC's suite of quality initiatives, designed to support local efforts with structured quality improvement projects to achieve specific goals. Building on the D2B initiative's success, last year the ACC launched Surviving MI, a quality initiative to help hospitals reduce 30-day mortality rates for heart attack patients through organizational culture change and the creation of a hospital learning network. Learn more about D2B, Surviving MI and Hospital to Home, part of ACC's Quality Improvement for Institutions, at CVQuality.ACC.org.

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's 2015 Legislative Conference, which will take place 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](#).





Upcoming Events:

For all event details, please visit our [website calendar page](#).

August 6-9, 2015

Cardiology Update 2015: The Heart of the Matter, Sedona

September 25th, 2015

Business of Cardiology: A Multidisciplinary Perspective, 5:30 pm, Chandler

October 1-2, 2015

CDM 2015: Cardiovascular Disease Management: A Case-Based Approach, Arizona Biltmore, Phoenix

October 9-10, 2015

Global User's Guide To Mechanical Circulatory Support Symposium, Los Angeles, CA

October 18 - 20, 2015

ACC's 2015 Legislative Conference, Washington, D.C.

October 22 - 24, 2015

15th Annual Maui Cardiovascular Symposium, The Fairmont Kea Lani, Maui Resort

November 5th, 2015

AZ Women in Cardiology: Story of a Single State 5:30 pm, Phoenix



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](#). Join each of these networks to connect with ACC members and those interested in cardiology. In addition to the ACC's main Twitter profile [@ACCinTouch](#), the College also has a profile dedicated to advocacy-related news ([@Cardiology](#)). CardioSmart, the ACC's patient education and support program, also has patient-centered cardiovascular news available through [Facebook](#), Twitter ([@CardioSmart](#)), and [YouTube](#). For more information about ACC's social media channels, visit [ACC.org/ACCinTouch](#).

