



# Interventional Scientific Section

QUARTERLY NEWSLETTER

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*Be a part of a section working to advance initiatives that matter to you and other Interventionalists! As a member, you are part of an elite group that works to improve the care you give, take the lead on new initiatives, access the latest cardiology information and advance your career. If you are not a member of the Interventional Scientific Section, [join today!](#)*

## Talkback

Is your hospital participating in Hospital to Home (H2H)?

[Click here to participate in the survey.](#)

*Thank you for participating in the earlier MOC survey. Results will be distributed in the next Interventional Newsletter.*

## Get Involved

[ACC:CAN](#)

[H2H Initiative](#)

[ACC Chapters](#)

[Interventional Scientific Section](#)

Join the [Health Care Notification Network](#) (HCNN) for patient safety alerts

## Resources:

[Cardiosource Interventional Cardiology Clinical Collection](#)

[ACC MOC toolkit](#)

[JACC: Cardiovascular Interventions](#)

[Upcoming Interventional Educational Programs](#)

[Upcoming Clinical Documents](#)

[Special Reports from EuroPCR 2009](#)

## Strengthen the Future of the College

Refer a colleague for ACC Cardiac Care Associate membership and strengthen our team striving for quality cardiovascular care. For every member you refer, earn a \$20 coupon good toward discounts on ACC educational products and programs. Recruit more than five members, and become eligible for more great prizes. [Click here for more information.](#)

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The Interventional Scientific Council & Section provides a forum for interventional cardiovascular specialist members within the ACC, and works to develop and over-arching strategy for the College's current and upcoming interventional initiatives and activities. Section members develop a collective voice to advance and advocate priorities and increase educational opportunities within the ACC that correspond both to the College's mission and the Section's objectives.



## Tell Congress: Stop Drastic Medicare Cuts!

The Centers for Medicare and Medicaid Services (CMS) recently released its 2010 proposed Medicare physician payment rule, which would slash payments for cardiovascular-related services. CMS projects that the proposed changes would reduce total Medicare payments to cardiology by 11 percent. In addition, CMS proposes a 21.5 percent reduction in the Medicare conversion factor due to the flawed SGR formula. In short, practices could face cuts ranging from 20 – 40 percent. For more on the rule, [click here.](#)

The ACC is launching a comprehensive campaign to fight these cuts. You can get involved in several ways. First and foremost, all ACC members should contact their lawmakers through the ACC's toll-free grassroots hotline (800-210-7193) and online action center ([www.acc.org/can](#)) and ask them to stop the cuts. Members can also take part in a video campaign that can be shared with members of Congress, regulatory officials and the public. Upload a 30 – 40 second video about the impacts of large-scale cuts on your ability to provide patients with the right care at the right time. You can post your video on [YouTube](#) or e-mail Molly Nichelson at [mnichels@acc.org](mailto:mnichels@acc.org) to have it posted for you. Don't own a video camera? Submit your story via the ACC's online forum, [The Lewin Report](#). For questions, contact [advocacydiv@acc.org](mailto:advocacydiv@acc.org).

## MOC Program Helps Rack Up Points for Recertification

Maintenance of Certification (MOC) sessions debuted to a packed house at the 2009 i2 Summit in March. Faced with a looming deadline for board recertification—and enticed by an innovative program for racking up needed educational points—several hundred interventional cardiologists filled MOC study sessions or simulation suites in the Orlando convention center.

Both attendees and faculty gave the program glowing reviews. “It went exactly as planned,” said **George Dangas, M.D., Ph.D., F.A.C.C.**, co-chair of the 2009 i2 Summit and an associate professor of medicine at Columbia University Medical Center in New York City. “The attendance was very good and the comments were very complimentary.”

Thousands of cardiologists must soon renew a 10-year time-limited Board Certificate in Cardiovascular Disease, Interventional Cardiology, or Clinical Cardiac Electrophysiology. Passing an American Board of Internal Medicine (ABIM) recertification exam is only one step in the process. Applicants must also accumulate 100 ABIM-approved MOC points.

To help interventional cardiologists meet recertification requirements, the 2009 i2 Summit for the first time offered dedicated, interactive workshops based on ABIM-approved home study modules. Attendees reviewed with experts and peers, challenged their medical knowledge with practice test questions, and got instant feedback with an audience response system. After each study session, attendees could immediately go to the MOC lounge next door and take the post-test for that module.

Featured this year were the 2007 and 2008 MOC modules, each worth 10 MOC points. In addition, five simulation suites offered an ABIM-approved simulation course focusing on basic angiography and angioplasty, including how to prevent and treat complications associated with catheters, wires, and balloons. Successful completion of the simulation module earned another 20 MOC points, for a possible total of 40 MOC points in interventional cardiology at the i2 Summit. On alternate days, ACC.09 offered MOC study sessions in general cardiovascular diseases worth another 30 MOC points. With careful scheduling, therefore, it was possible to accumulate a total of 70 MOC points while at the Orlando meeting.

In addition, ABIM representatives were available at a special session designed to explain the in's and out's of Practice Improvement Modules (PIMs), which must make up at least 20 of the mandated 100 MOC points and must be completed over time, rather than at the annual meeting. PIMs are intended to help physicians identify areas of their practice that need improvement, and then develop and implement a quality improvement plan.

It's important to realize that MOC points can do double-duty for recertification in both interventional cardiology and cardiovascular diseases, Dr. Dangas said. “Many people don't understand that there is cross-approval of points,” he said. “You can accumulate 100 points by a combination of interventional cardiology and cardiology modules. And if there are several years between the two recertification deadlines, it is of no concern because the points will last.”

Plans are already under way for a reprise of the MOC sessions at the 2010 i2 Summit. Four MOC study sessions are on the docket, featuring not only the 2007 and 2008 knowledge modules but also the new 2009 update. The simulation suites, which were fully subscribed with waiting lists in 2009, will return as well. As before, ABIM representatives will be on hand to guide cardiologists through the registration process and answer questions about PIMs.

The College and the Interventional Science Council are continuing to work with ABIM to develop new modules and new choices for earning MOC points, though a two-year timeline is likely. In the meantime, interventional cardiologists can also earn 40 MOC points by completing CathSAP 3, ACC's new Cardiac Catheterization and Interventional Cardiology Self-Assessment Program, which includes new sections on peripheral vascular disease, cardiac computed tomography, magnetic resonance imaging, and invasive electrophysiology.

## CMS Releases 30-Day Re-admission Data

CMS has updated its [Hospital Compare](#) Web site to include data about 30-day hospital re-admission rates for acute myocardial infarction, heart failure and pneumonia. The site already provides information about 30-day mortality measures for the same groups. The site is intended both as a resource to patients — who can search by hospital to find out how their hospital compares to other hospitals — and to hospitals looking to improve their performance.

Making this data publicly available is a positive first step toward improving quality, simply in that it lets hospitals know how they're doing. ACC data show that reducing high-cost heart failure re-admissions by 20 percent could save \$265 million. That kind of savings is nothing to laugh at.

The ACC encourages you to review the data. Then, enroll in our new [Hospital to Home](#) (H2H) initiative, which aims to reduce cardiovascular re-admissions by 20 percent by 2012 by improving the transition from hospital to “home.” By providing evidence-based strategies for reducing re-admissions along with technical assistance to implement the strategies, we can make the reduction a reality.

## Hospital To Home

The Hospital to Home (H2H) is a national campaign to reduce preventable readmissions for patients recently hospitalized with a cardiovascular condition, the leading cause of hospitalization in the United States. The American College of Cardiology and the Institute of Healthcare Improvement, organizations with a successful record of improving care, are combining forces and developing partnerships to form a campaign to improve the transition of patients from inpatient to outpatient status. About one in five patients hospitalized with cardiovascular conditions are readmitted within 30 days and studies suggest that many of these readmissions can be prevented.

Building on the success of the D2B Alliance, we are developing a campaign that will improve practice. Details will emerge over the next few months, but join now by signing up your hospital and becoming part of this national effort. Your enrollment signals a commitment to be a part of improving care. We will launch officially in the summer of 2009, but by enrolling now you can be a part of this effort from the beginning!

To enroll in the H2H initiative, [click here.](#)

To receive more information or for questions, contact: [hospital2home@acc.org](mailto:hospital2home@acc.org).

We hope you have enjoyed reading this electronic newsletter. If you would like to continue to receive these emails, please become a member of the Interventional Scientific Section by clicking [here](#) or calling our resource center at (202) 375-6000 ext: 5603.

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