



Kentucky Chapter American College of Cardiology

KC-ACC

6737 W. Washington St.
Suite 1300
Milwaukee, WI 53214
414-755-6297
414-276-7704 (fax)

KY-ACC Officers

David J. Moliterno,
M.D., F.A.C.C.
University of Kentucky
(859) 323-5843
djmoli2@uky.edu

Juan Villafane,
M.D., F.A.C.C.

University of Louisville
(502) 584-3200
juanvillaf@yahoo.com

John M. Johnstone,
M.D., F.A.C.C.
Richmond, Kentucky
(859) 624-8647

theflying_spur@yahoo.com
cardcare2003@yahoo.com

Albert B. Mercer,
M.D., F.A.C.C.

Green River Heart Institute
(270) 688-0808
kvarvel@greenriverheart.net

Jennifer Rzepka
Chapter Executive
(414) 755-6895
jennifer@svinicki.com

ACC Departments

Advocacy

advocacydiv@acc.org
(800) 253-4636

Chapter Affairs

chapters@acc.org
(800) 253-4636

Customer Service

resource@acc.org
(202) 375-6000, x5603

Educational Programs

resource@acc.org
(202) 375-6000, x5603

National Cardiovascular Data Registry (NCDR)

ncdr@acc.org
(800) 257-4737

Heart House

2400 N Street, NW
Washington, D.C. 20037

Password Assistance:

Members can contact the
Resource Center at
800-253-4636, x5603
(9:00 am to 5:00 pm
Eastern time), or email
resource@acc.org



**David J. Moliterno,
M.D., F.A.C.C.**
KY-ACC President

The Kentucky Chapter of the American College of Cardiology continues to grow stronger. With the numerous ongoing changes in healthcare reform, there has never been a more important time for medical societies and groups to pull together and make an impact on healthcare policy. As many of you know, the Center for Medicaid and Medicare Services has approved a substantial reduction in reimbursement for cardiovascular medicine services, to be phased in over the next several years. These reimbursement cuts are huge, and they will make a deep impact on the delivery of care to our patients. Please take a few minutes and read through this newsletter for important information. In addition, you will find web link information for our Chapter's website (www.kentuckyacc.org) as well as links to the national society's website. In addition to these, this issue of the newsletter contains a message from our Political Action Committee representative, Albert Mercer, MD. Bert and his wife have been strong political action individuals for a number of years. You will find his message to be informative and helpful.

Weeks ago, we held our Annual Kentucky Chapter ACC Meeting in Louisville. It was a terrific day, and we were fortunate to hear a number of truly outstanding presentations. Several groups from Louisville, Lexington, and Cincinnati presented cases followed by state-of-the-art lectures on clinical management. After some general opening comments,



2009 Testimonials

"The best feature of the program was the brevity and diverse nature of topics."

"Overall I think this was an excellent program."

"Great job, and excellent speaker choices."

I presented information regarding healthcare reform and activities within the ACC. Thereafter, a case was presented of a young Kentuckian with advanced atherosclerotic heart disease. Dr. Alison Bailey then updated us with statistics regarding cardiovascular disease in the Commonwealth. Her lecture was really fantastic. Afterwards, a case was presented of a cardiac mass, and Dr. Wojciech Mazur from the Christ Hospital gave a stellar lecture on advanced cardiovascular imaging with primary focus on MRI. This lecture was so good we have invited him out to several practices to deliver the lecture again. Following that discussion, a case of acute neurologic compromise was presented, and Dr. Abou-Chebl from the University of Louisville gave a very stimulating and provocative lecture on acute interventional strategies for stroke management. Finally, a case of severe valvular heart disease was presented and Dr. Dean Kereiakes from the Christ Hospital presented a top-notch lecture covering valvular heart disease and percutaneous strategies for mitral regurgitation and aortic stenosis.

All in all, the lectures and the ambience were superb. Roughly 50 attendees were able to participate, some of whom were also involved with the Annual Kentucky Medi-

Annual Meeting Recap continues on next page



American College Of Cardiology Launches the Nation's First Registry-Based Cardiovascular Practice Network

2009
Fall Issue

Washington, DC – The American College of Cardiology today announced the launch of the PINNACLE Network™, the first-ever registry-based cardiovascular network to link thousands of cardiology practices to each other and to the ACC's National Cardiovascular Data Registry® (NCDR), the preeminent cardiovascular data repository in the United States.

The PINNACLE Network™ immediately addresses the rapidly shifting business environment that private cardiovascular practices face with a wealth of practice management and financial management tools. The PINNACLE Network™ also builds a foundation for innovative, registry-based systems to reward practices for the high quality care that they provide.

“With the legislative and regulatory threats to traditional payment systems and the emergence of value-based payment programs, the ACC is in a unique position to develop and offer the PINNACLE Network™ with its suite of practice management tools to help practices not only survive but thrive,” said Alfred A. Bove, M.D., Ph.D., president of the ACC.

A comprehensive practice management system, the PINNACLE Network™ provides financial management tools to help practices thrive; workforce strategies to enable physicians to meet the increasing demand for cardiovascular care; guidance for the adoption of health information technology; and risk management education and strategies to lower the cost of liability premiums.

The PINNACLE Network™ will provide access to data management systems that translate data into clinical insights and

leverages the power of the ACC's national data registries to give practices negotiating power with payers for value-based payment systems.

“Embedding quality improvement and value-based payment in the natural flow of practice operations will be the foundation for a practice's success clinically, financially and professionally,” said Janet Wright, M.D., the ACC's senior vice president for Science and Quality. “By creating health information technology solutions for using ACC Guidelines and Appropriate Use Criteria at the point of care, the PINNACLE Network™ will show patients, colleagues and the health care community that we are delivering the right care for the right patient at the right time.”

The PINNACLE Network™ is powered by the PINNACLE Registry™, the nation's first operational office-based data registry and will provide a centralized system for clinical practices to promote practice innovations and achieve clinical excellence.

The PINNACLE Registry™, designed by cardiologists, benefits from its two-year pilot phase as the IC3 Program and now will be integrated into the NCDR® to provide participants with access to both hospital and ambulatory patient-focused data. As one of the largest practice-level scientific efforts undertaken in the United States, the IC3 Program®, now the PINNACLE Registry™, contains hundreds of thousands of clinical patient records focusing on four common cardiac conditions – coronary artery disease, hypertension, heart failure and atrial fibrillation.

For more information on the ACC's PINNACLE Network™ visit www.pinnaclenetwork.org.

Annual Meeting Recap *continued from front page*

cal Association Meeting. After our Annual Chapter Meeting, the chapter's councilors had a separate meeting to review some action items and plans for the upcoming calendar year.

Lastly, in the upcoming couple months we will be sending out more surveys to ACC-Kentucky members to learn where you would like to have next year's Annual Chapter Meeting and what topics you might like to have covered. Our hopes continue that this meeting will serve as a linchpin to pull together practitioners from around the state while at the same time keeping the membership abreast of important changes with healthcare reform and providing opportunities for participation.

Best wishes to you for the upcoming holidays, and I look forward to our future interactions.





Community education and projects play a vital role in enhancing healthy behaviors

by Patrick Withrow, M.D., Vice President and Chief Medical Officer

Western Baptist Hospital, Paducah, KY



The job of a physician is to care for patients, but, increasingly, I've found being an educator is also part of my job as director of our Baptist Heart Center. We look for innovative ways to inform the public about health concerns before they ever set foot in a hospital. We're accomplishing that through community education.

We've focused many of our education efforts on children and childhood obesity. I'm passionate about making children – and their parents and caregivers – “heart smart.”

A bit of wizardry

My daughter, Carol, is a writing teacher at a local elementary school. She and I created a fun, interactive program to teach children the importance of living a heart-healthy lifestyle.

She wrote “The Wizard of Health,” a play based on “The Wizard of Oz” characters, to teach children what happens if they choose bad heart habits like smoking, overeating and not exercising.

While teachers played the Oz characters plagued by obesity and other health problems, I portrayed the wizard, explaining portion control, fitness habits and lifestyle choices to help them find the yellow brick road to heart health. It was a fun way to reach out to children and pique their interest early on.

Fun and fit

Around the same time, Western Baptist pledged \$30,000 to fund the two-year fitness program, Project Fit America, at two regional elementary schools. While new playground equipment with fitness stations offered new activity options, the accompanying curriculum and teacher training for all grade levels integrated a fit lifestyle in their daily lessons.

When pigs fly

It takes some imagination to get the interest of middle schoolers, and pig parts seemed just the way to do it.

I tromped through a local slaughterhouse, harvesting pig organs, to demonstrate to students the effects of fat on their

bodies. The lesson was so well-received, we videotaped it to make it available to other classrooms. (The video, “Combating Childhood Obesity,” and a copy of the “Wizard” program are posted on YouTube.)

The place to Start!

It's never too late to start an active lifestyle. Western Baptist partnered with the American Heart Association to bring Start!, a workplace walking program, to its employees.

Now, as the region's exclusive sponsor for Start!, the hospital shares the program with interested companies so they can help their own employees become fit and take an active role in their personal health. Free Start! kits, including ways to motivate employees and track their progress, are available at the hospital.

The hospital also has invited the community to join us on two national Start! Walking days and a national treadmill event to increase community awareness of the benefits of walking.

Walking has the lowest drop-out rate of any physical activity. It's the simplest positive change individuals can make to effectively improve heart health. Every day I see hospital employees and local residents walking the Start! trail around the hospital. It is encouraging to see people take responsibility for their health, and these adults who adopt healthy lifestyles will be good role models for their children.

Our challenges

Childhood obesity is on the rise. We need to intervene early to educate children, parents, teachers and those involved in their care to make their adult lives healthy and happy. We know preventing or treating childhood obesity may reduce the risk of developing heart disease.

The statistics are staggering. One in three U.S. children is overweight or obese, which can lead to serious health problems now and later. National surveys show that 20 percent of preschoolers and 30 percent of school-age children are overweight, with 15 percent of school-age children considered obese. In the last 20 years, the number of overweight children has doubled, while the number of obese adolescents has tripled.

Hopefully, with our education efforts, the alarming message of childhood obesity will be heard loud and clear, and the cycle of unhealthy living will be stopped before it's too late.

Kentucky Chapter Holds Two Cardiologist-For-A-Day Events

Dr. Jesse Adams held two separate Cardiologist for a Day programs in his office in Louisville. During the first meeting he hosted staff from the office of Lt. Governor Daniel Mongiardo, who is also a practicing ENT in the Commonwealth and will be running for Senate in 2010.

In his second meeting, Dr. Adams provided a tour for Rep. John Yarmuth. Looking forward, numerous legislators are interested in practice visits, most notably Rep. Brett Guthrie, who contacted the ACC National office when he was unable to schedule a tour in August. To schedule a cardiologist for a day at your practice, contact the ACC-National Office.



Health Care Challenges and More

by Dr. Juan Villafane, M.D. FACC, Governor-Elect Kentucky Chapter - ACC



Hello colleagues and friends,

A few words to share about the financial and administrative challenges that we will be facing in the months to come. As you know, the Healthcare Reform is creating plenty of fear and anxiety. There have been plenty of protests, especially in town hall meetings. Just recently at the Tea Party event in Washington, DC,

several hundred thousand citizens expressed their discontent with our government, not only in Healthcare, but in general.

Each political party keeps criticizing and accusing each other, as usual. To this day, it is not clear if healthcare reform will succeed, and there is no clear picture of what to expect. A financially viable health plan needs to be implemented in phases, not created overnight. Physicians, including sub-specialists, should have an effective role in the development of the plan. This has not been the case.

Our College is keeping track of any new developments in this area and is ready to react to any threats to our common goal: accessible and quality cardiology care to all, irrespective of age, race, financial strength, whether rural or urban patients. The College is also creating awareness in Congress about the horrible consequences of the proposed Center for Medicare & Medicaid Services (CMS) cuts for 2010. Just last September, hundreds of cardiologists visited Capitol Hill and met with hundreds of senators and congressmen to address CMS cuts, Health Care Reform and Tort reform.

The War on Specialists

ObamaCare punishes cardiology and oncology to finance GP

In President Obama's Washington, medical specialists are slightly more popular than the H1N1 virus. Compared to bread-and-butter primary care doctors, specialists cost more to train and make more use of expensive procedures and technology—and therefore cost the government more money. Even so, the quiet war Democrats are waging on specialists is astonishing.

From Senate Finance Chairman Max Baucus's health-care bill to changes the Administration is pushing in Medicare, Democrats are systematically attacking specific medical fields like cardiology and oncology. With almost no scrutiny, they're trying to engineer a "cheaper" system so that government can afford to buy health care for all—even if the price is fewer and less innovative ways of extending and improving lives.

For the full article, please visit <http://online.wsj.com> and search "War on Specialists."

To make matters worse, private health insurance plans continue impacting how we practice. A major carrier will require Intersocial Commission for the Accreditation of Echocardiography Laboratories (ICAEL) certification of private office ECHO laboratories in order to get paid (no such requirement for hospital-based laboratories). Another major carrier is requiring pre-certification for imaging studies. In addition,

Healthcare Challenges and More
continues on next page

ACC Dues Rate Stays Put

In light of the difficult financial times members are currently facing, ACC National – through the Board of Trustees, the BFIC, and the Membership Committees collectively– has made the decision to keep 2010 ACC National dues at the 2009 rate. They recognize that many members and their practices are struggling in this difficult financial environment, and we hope that this decision will underscore their commitment to our needs. The Kentucky Chapter has also adopted this philosophy, and so your 2010 dues will be the same as in 2009.



Healthcare Challenges and More *continued from previous page*

the co-payments and annual patients' deductible amounts are getting higher each year. More and more patients are defaulting on their physician bills or losing health insurance coverage due to the actual state of the economy.

The proposed Medicare cuts for cardiology range between 11-42%. Frankly speaking, they are scary. Well-established and respected cardiology practices will confront financial hardship. This will undoubtedly affect access and patient care in both rural and urban areas, especially in the aging generation, which needs cardiology care the most. A provision to prevent physician-owned hospitals is part of the CMS agenda.

So what is ACC doing about this? Is the college dealing with this monumental problem effectively? Has the College challenged the CMS proposal and the data used by CMS to justify such cuts? Is the ACC informing Congress of the consequences of such cuts? The simple answer is YES, they are. For the past several months Fred, Jack, Jim, John, Doug, college staff, ACC state governors, and college members have used diverse resources to create an effective advocacy plan. Our ACC state governors rolled up their sleeves and contacted local legislators through phone calls, letters and personal meetings. A significant amount of legislators were not aware of the consequences and decided to sign-on or promised to advocate against such cuts. This included leaders from all political parties. To our surprise, thousands of

our patients have taken time to write to their local legislators expressing their own concerns about the CMS cuts. Many legislators and patients are willing to help amend or delay the proposed Medicare cuts.

More is still to come from the College and its advocacy group. This past September over 350 college officers and members spent three days in Washington in a legislative campaign and advocacy program dealing with the potential crisis.

There is plenty more to do but the College needs your financial support. What better way than sending a \$1,000 pledge to ACC PAC. This is a rather small inversion in relation to what our college can accomplish with these funds. Only 7% of our members have made donations to PAC. This is truly a small amount of our members. With over 32,000 members we can have a positive impact on CMS and Congress.

Can we count on you now? You may send your pledge by contacting the College Advocacy Department at advocacydiv@acc.org or (800) 253-4636.

Your concerns, recommendations or comments are welcome. I can be reached at juanvillaf@yahoo.com

Juan Villafane, M.D. FACC, Governor-Elect Kentucky Chapter - ACC

The Kentucky Chapter website is now online!

Kentucky Chapter
American College of Cardiology
6737 W. Washington St.
Suite 1300
Milwaukee, WI 53214

About Us | Board of Directors | Membership | Annual Meeting
Legislative | News | Recent Research | Links | Contact Us

About Us

The Kentucky Chapter of the American College of Cardiology (KY-ACC) is dedicated to contributing to the prevention of cardiovascular disease and ensuring optimal quality of care for individuals with such diseases. The KY-ACC works with the American College of Cardiology (ACC) and serves as a source of advice to local and state government and professional organizations concerning issues related to cardiovascular disease.

ACC Mission

The mission of the American College of Cardiology is to advocate for quality cardiovascular care—through education, research promotion, development and application of standards and guidelines—and to influence health care policy.

Visit <http://www.kentuckyacc.org> to get the latest on Meetings, News, Current Legislature, Research and more.

You can also pay your ACC National dues online or contact the Kentucky Chapter office with questions or comments.



Grants to Enable Comparative Effectiveness Research

The National Heart, Lung, and Blood Institute of the National Institutes of Health (NIH) has awarded a grant to the ACC and the Society of Thoracic Surgeons (STS) to study the comparative effectiveness of the two forms of coronary revascularization: percutaneous coronary intervention and coronary artery bypass graft surgery. This two-year study, funded by the American Recovery and Reinvestment Act of 2009, will compare catheter-based and surgery-based procedures using existing databases from the ACC and STS, as well as the Centers for Medicare and Medicaid Services' MEDPAR data. By linking these three databases, the study will help physicians make better decisions and improve health care for patients with coronary artery disease.

The ACC has also received a two-year grant to form a National Cardiovascular Research Infrastructure (NCRI) in cooperation with the Duke Clinical Research Institute. This landmark partnership will create a clinical trials network that the federal government can use for comparative effectiveness research and post-approval observational studies. The NCRI will engage NCDR participants in the pursuit of research, offering them necessary training to become principal investigators within their own hospitals and establish their own research teams. The initiative also will better allow the ACC to systematically identify clinical topics for guideline development outcomes-based initiatives.

FDA Awards Contract to ACCF for CHD Registry

The FDA recently awarded a contract to the American College of Cardiology Foundation for the development of a congenital heart disease registry. The intent of the contract is to develop a registry that will increase the scientific knowledge base for congenital heart disease. The contract will further assist in the development of NCDR's IMPACT Registry™, which tracks the prevalence, demographics, management and outcomes of pediatric and adult patients with congenital heart disease who are undergoing diagnostic catheterizations and catheter-based interventions. The IMPACT Registry currently is piloting 15 sites. For more information on the IMPACT Registry, visit: <http://impact.ncdr.com>.

CMS Eliminates Noncoverage of MRI for Blood Flow Determination

The Centers for Medicare and Medicaid Services (CMS) finalized its proposal to eliminate blanket noncoverage of MRI for blood flow determination and will allow local carriers to determine coverage policies for this service. The ACC worked with Society of Cardiovascular Magnetic Resonance and the American College of Radiology to request that CMS consider current evidence on MRI blood flow determination and reverse its decision on noncoverage. Removal of the restriction on coverage will permit local carriers to cover blood flow determination performed with cardiac MR studies. In addition, a CPT coding change to be implemented in January 2009 will enable correct reporting of services. The [CMS decision memo is online](#).

Enroll in H2H Now! Kick-Off Webinar on Oct. 22

Join the ACC and the Institute for Healthcare Improvement by enrolling in Hospital to Home (H2H), a new quality improvement initiative to reduce unnecessary readmission rates for cardiovascular patients that launches Oct. 22. The goal is to reduce all-cause re-admission rates among patients discharged with heart failure or acute myocardial infarction by 20 percent by December 2012. H2H will leverage an array of national initiatives intended to reduce re-admissions and catalyze action to improve patients' care transitions. Through a virtual space, H2H will allow participants to learn from each other's effort to improve care. The H2H Initiative will host an official launch webinar for all H2H participants on Oct. 22 at 1p.m. EDT. To enroll or learn more, please visit www.H2HQuality.org or email hospital2home@acc.org.

FDA Announces Change in Heparin Potency

The Food and Drug Administration announced recently that a change in the U.S. Pharmacopeia (USP) monograph for heparin, effective Oct. 1, will decrease the drug's potency by 10 percent. Health care providers should consider the change in potency when making decisions about what dose to administer. Health care providers also should be aware of the decrease in heparin potency as they monitor the anticoagulant effect of the drug; more heparin may be required to achieve and maintain the desired level of anticoagulation in some patients. Manufacturers will not begin shipping heparin products manufactured and tested according to the new USP monograph until Oct. 8 or later. The [FDA alert is available online](#).

ACC Continues Health Reform Message

The ACC continues to take its health care reform message to lawmakers and the media. The ACC [released a statement](#) about the Senate Finance Committee proposal, and has [sent a letter](#) to Committee Chair Sen. Max Baucus (D-Mont.) articulating its response to the proposal. Meanwhile, ACC CEO Jack Lewin, M.D., has appeared in several national media outlets discussing health care reform, including [MedPage Today](#) and the [New York Times' Prescriptions blog](#). The ACC supports reform that:

- Ensures access to affordable health care for all Americans;
- Includes delivery and payment system reforms that provide incentives for improvement of quality and outcomes;
- Repeals the sustainable growth rate (SGR) formula used to calculate Medicare physician payment;
- Emphasizes professionalism and patient-centered care;
- Improves care coordination across sources and sites through interoperable health information technology;



ACC Kentucky Chapter Representatives Meet with Kentucky Legislators on Capitol Hill

by Dr. Juan Villafane, M.D. FACC, Governor-Elect Kentucky Chapter - ACC

I just came back from the American College of Cardiology Legislative Conference. It coincided with our KY ACC chapter's annual CME activity. Our leadership felt that I should go to Capitol Hill, along with hundreds of ACC staff and physicians, to fight the proposed CMS cuts for January 2010 and to promote Tort reform. I arrived in Washington, DC, on September 13th and met with other governor-elect and governors. During the next two days about 360 attendees were updated on where we stand on Health Care Reform and CMS cuts for the next year. I am glad to find out that the College has been dealing extensively with the CMS proposal and the survey used by CMS to justify cuts ranging from 11 to 42%. Prior to this meeting, our ACC president, CEO, governors, cardiologists and many ACC staff members have been visiting Capitol Hill and sending letters to senators, house reps and Secretary of Health to make them aware of the consequences of CMS proposed cuts. In addition, over 2000 letters from our dear patients have been sent to Congress.

On September 15th, Dr. and Mrs. Albert Mercer and I left for Capitol Hill to meet with Senators Jim Bunning (staff) and John Yarmouth. We also met with House Rep. Brett Guthrie who was kind enough to invite us for lunch. Dr. Jack Lewin, CEO of our College, and I met with Senator Mitch McConnell. The Senators could not believe the fact that the proposed CMS cuts were based on an invalidated



survey of 55 responders. Most of the Congressmen made a commitment to writing letters to the Secretary of Health, Kathleen Sebelius, and/or contacting CMS and asked for time to consider the best strategy to deal with the problem. They realized the devastating consequences that the proposed CMS cuts would produce including patient access to cardiology care, laying off staff, limiting cardiovascular services and in some cases even closing cardiology practices.

The amendment by Reps Anthony Weiner and Bruce Broley that limited the ability of physicians to provide advanced diagnostic imaging services was withdrawn. There is no doubt in my mind that our efforts to defeat this amendment paid off. We will continue advocating for accessible cardiology care to all in need.

I believe that there is plenty more that the College can do for us but it needs your financial support. What a better way than sending a \$1,000 pledge to ACC PAC. I consider it a smart investment. Only 7% of our membership has made this investment. Although the chances of reversing back CMS cuts seem almost impossible we cannot give up now. With over 30,000 members we can have a positive impact in others and defend optimal care for our dear patients. Can we count with you? You may make your pledge by contacting the College Political Action Committee (PAC) at Ksmith@acc.org or www.accpacweb.org.

ACC News You Can Use *continued from previous page*

- Implements medical liability reforms that reduce legal and defensive medicine costs; and
- Promotes comparative effectiveness research to better inform guidelines, performance measures and appropriate use criteria.

On the proposed Medicare Physician Fee Schedule, following the highly successful [2009 Legislative Conference](#), ACC leaders continue meetings on the Hill to gather opposition to its implementation. More than one-fourth of the members of Congress have written letters or asked questions of the Department of Health and Human Services about the rule's implementation. The final rule is due out by November 1. For more information on ACC's activities around the proposed payment cuts and health care reform, Quality First, visit: <http://qualityfirst.acc.org>.

Weiner-Braley Imaging Amendment Pulled from the House Energy and Commerce

The House Committee on Energy and Commerce this week is considering several amendments to its health reform bill

(H.R. 3200) that were left pending just before the August Congressional Recess. In a big victory for imaging, the amendment by Reps. Anthony Weiner (D-N.Y.) and Bruce Braley (D-Iowa) to eliminate the ability of physicians to provide advanced diagnostic imaging services in their offices beginning in 2013 was withdrawn this afternoon.

Congratulations and thanks to everyone who contacted their legislators.

The ACC would like to thank its members who contacted their representatives on the House Energy and Commerce Committee asking them to oppose this amendment. Your letters and face-to-face visits were crucial to stopping this proposal from moving forward. ACC staff and leaders will continue to meet regularly with members of Congress about the benefits of appropriate use criteria and clinical guidelines to ensure that the right tests are delivered at the right time to the right patients. The ACC also supports mandatory imaging laboratory accreditation to improve the quality of imaging.



Legislative Update

by Albert B. Mercer, M.D., FACC, KY-ACC Immediate Past President

On October 30, 2009, CMS formalized plans for huge cuts in Cardiology services for outpatient cardiologist-owned imaging studies and our consultation codes. The cuts are phased in over four years starting on January 1, 2010. Our 2010 cut is about 7%. Eventually the technical fee paid on a SPECT will be \$200 (as an example). The College is planning to fight this on a legislative and perhaps a legal basis.

CARDIOLOGY NEEDS PUBLIC SUPPORT. Your first step needs to be Op Ed pieces or letters to the editor in your local papers. We have got to get the word out in public. Grassroots efforts will save us. The architects of these policies are counting on their belief that our patients think "the docs make too much money." Our patients will support us if they know that what the government is doing will directly affect the quality and timeliness of the service they receive.

I ask you again to please support the ACC PAC as well as you can. Never have we needed to be more organized and

united. Our PR campaign in national media will be very expensive. We are fighting for our survival. Remind people that death rates are down 27% just since 2000. This is how national health care rewards excellence in performance.

Please let the national ACC leadership and our State leadership know how you feel. I thought there were plans for a national all-members conference call on this issue before Thanksgiving, but, at this writing, I do not have the info. As a PAC Board member my emphasis has been more AGGRESSIVE OPPOSITION in national media. I think the cuts in payment will lead to higher death rates. I hope that the very selective big cuts to Cardiology and Oncology are just the acts of fools and not social engineers.

My e-mail is bmrcer1@aol.com. I am very proud to advocate for members of this College.

2009 KY-ACC Officers & Councilors

Governor

David J. Moliterno, M.D., F.A.C.C.
University of Kentucky
900 South Limestone
317 Wethington Building
Lexington, KY 40536-0200
Phone: (859) 323-5843
Email: moliterno@uky.edu

Governor Elect

Juan Villafane, M.D., F.A.C.C.
731 East Broadway
Louisville, KY 40202
Phone: (502) 584-3200
Email: juanvillaf@yahoo.com

Immediate Past President

Albert B. Mercer, M.D., F.A.C.C.
Green River Heart Institute
815 East Parrish, Suite 240
Owensboro, KY 42303
Phone: (270) 688-0808
Email: kvarvel@greenriverheart.net

Secretary/Treasurer

John M. Johnstone, M.D., F.A.C.C.
793 Eastern Bypass, Suite 201
Richmond, KY 40475
Phone: (859) 624-8647
Email: cardcare2003@yahoo.com

Eastern District Councilor

Vaughn W. Payne, M.D., F.A.C.C.
Cumberland Cardiology
5000 KY Route 321, Suite 4102
Prestonsburg, KY 41653
Phone: (606) 886-7595
Email: vwpaynemd@yahoo.com

Eastern District Councilor

Bill H. Harris, M.D., F.A.C.C.
911 Bypass Road
Pikeville, KY 41501-3986
Phone: (606) 218-3500
Email: billhharris@gmail.com

Western District Councilor

Patrick J. Withrow, M.D., F.A.C.C.
6205 Houser Road
Paducah, KY 42003-9211
Phone: (270) 554-7080
Email: pwithrow@bhsi.com

Western District Councilor

Roshan K. Mathew, M.B.B.S., F.A.C.C.
Green River Heart Institute
4432 New Hartford Road
Owensboro, KY 42303
Phone: (270) 688-0808
Email: heartfxr@adelphia.net

Louisville District Councilor

Jesse E. Adams, III, M.D., F.A.C.C.
400 Executive Park
Louisville, KY 40207-4204
Phone: (502) 585-4321
Email: jadams03@bluegrass.net

Louisville District Councilor

Nicholaos P. Xenopoulos, M.D., F.A.C.C.
7306 Edgemore Place
Prospect, KY 40059-7802
Phone: (502) 589-7907
Email: npx_md@msn.com

Lexington District Councilor

Louis I. Bezold, M.D., F.A.C.C.
UK Division of Pediatric Cardiology
800 Rose Street, MN 470
Lexington, KY 40536
Phone: (859) 323-5494
Email: louis.bezold@uky.edu

Lexington District Councilor

Adrian W. Messerli, M.D., F.A.C.C.
Cardiology Associates of Kentucky
1401 Harrodsburg Road, Suite A300
Lexington, KY 40504
Phone: (859) 276-4429
Email: ecmesserli@hotmail.com

Lexington District Councilor

John C. Sartini, M.D., F.A.C.C.
Lexington Clinic
1221 South Broadway
Lexington, KY 40504-2701
Phone: (859) 258-4691
Email: jsart@lexclin.com



ACC Upcoming Events

November 21, 2009

Convergence of Type 2 Diabetes and Cardiovascular Disease; In conjunction with Georgia Chapter of the American College of Cardiology Annual Meeting 2009 Learning Pathway: General Cardiology: Hypertension, Lipids and Prevention

Location: Greensboro, Georgia
Program Chair: Donna Polk, MD, FACC

DECEMBER

December 3 - 4, 2009 (ACC Co-sponsored)

Cardiac Emergency: Therapeutic Hypothermia for Cardiac Arrest How New Science and New Systems of Care Save Lives "Miracle on Ice"

Location: Minneapolis, Minnesota
Directed by: Michael Mooney, MD, FACC
Sponsored by: Minneapolis Heart Institute at Abbott Northwestern Hospital

December 4, 2009

Convergence of Type 2 Diabetes and Cardiovascular Disease; In conjunction with Southern Medical Association Annual Scientific Assembly

Learning Pathway: General Cardiology: Hypertension, Lipids and Prevention
Location: Dallas, Texas
Program Chair: Donna Polk, MD, FACC

December 4 - 5, 2009

How to Become a Cardiovascular Investigator
Learning Pathway: General Cardiology: Hypertension, Lipids and Prevention

Program #: 1695
Location: Washington, DC
Directed by: Valentin Fuster, MD, PhD, FACC

December 11 - 13, 2009

42nd Annual New York Cardiovascular Symposium
Learning Pathway: General Cardiology: Hypertension, Lipids and Prevention

Program #: 1613
Location: New York, New York
Directed by: Valentin Fuster, MD, PhD, FACC

JANUARY

January 11 - 15, 2010

41st Annual Cardiovascular Conference at Snowmass
Learning Pathway: General Cardiology: Hypertension, Lipids and Prevention

Program #: 1623
Location: Snowmass, Colorado
Directed by: Spencer B. King III, MD, MACC

January 22 - 24, 2010 (ACC Co-Sponsored)

29th Annual Perspectives on New Diagnostic and Therapeutic Techniques in Clinical Cardiology

Program #: 1617
Location: Lake Buena Vista, Florida
Directed by: C Richard Conti, MD, FACC
Sponsored by: University of Florida College of Medicine

FEBRUARY

February 5 - 6, 2010

4th Annual Heart of Women's Health
Learning Pathway: General Cardiology: Hypertension, Lipids and Prevention

Program #: 1660
Location: Washington, DC
Directed by: JoAnne M. Foody, MD, FACC; Suzanne Hughes, MSN, RN

February 15 - 19, 2010

32nd Annual Cardiology at Big Sky Meeting
Learning Pathway: General Cardiology: Hypertension, Lipids and Prevention

Program #: 1643
Location: Big Sky, Montana
Directed by: Kim A. Eagle, MD, MACC; Sidney Goldstein, MD, FACC

February 12 - 14, 2010

2nd Annual Clinical Practice of Peripheral Vascular Disease
Learning Pathway: Vascular Heart Disease

Program #: 1635
Location: Phoenix, Arizona
Directed by: Michael R. Jaff, DO, FACC; Christopher J. White, MD, FACC

For information about programs, call the Resource Center at: (800) 253-4636, option #2 (outside the U.S.- (202) 375-6000, ext. 5603), or fax in a request to (202) 375-7000 - Attention Resource Center.