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The CAA Communicator is edited by Executive Director Margo Burrage. For more information or to share comments about the newsletter, please contact her at mburrage@cardiologycaa.com or by phone at 734.878.2108.

Action Alert!

Contact your legislators to support DRA legislation

The "Access to Medicare Imaging Act of 2007" (HR 1293) introduced in the House by Reps. McCarthy, Pitts, and Green now has 59 co-sponsors. HR 1293 calls for a two-year moratorium on the DRA imaging cuts and commissions a GAO study on their effects. The Senate version of the bill, sponsored by Senators Rockefeller and Smith, should be introduced shortly.

"Last year's strong showing of support for the bills to mediate the imaging cuts mandated in the DRA legislation is widely believed to have staved off even further cuts to advanced medical imaging," said CAA lobbyist Marshall Brachman. "The threat of additional cuts still exists, as MedPAC and CMS and many members of Congress continue to believe that there is overutilization of these services. Continued strong support for the McCarthy/Pitts and Rockefeller/Smith bills is the best way for members to voice their opposition to more reductions, as well as increase the chance that the DRA cuts can be mitigated."

CAA members should contact their representatives and either a) thank them for sponsoring the legislation or b) urge them to co-sponsor HR 1293. Administrators and physicians also should urge their senators to support the Senate version. Sample letters are available by contacting Margo Burrage at mburrage@cardiologycaa.com.

Members are asked to alert CAA when they receive responses from their elected officials on the DRA legislation.

Legislators who have signed on to HR 1293 to date are listed on page 3.

Last chance to register for CAA's spring fly-in

With a new Congress and many new faces and committee members, CAA's Spring Fly-In Wednesday, May 2 will play an important role in practices' advocacy strategic plans during the 110th Congress.

Our agenda for Wednesday, May 2:

- 7 to 9 a.m.: Policy update with CAA lobbyist Marshall Brachman, along with an advocacy training refresher, at the Madison Hotel.
- 10 a.m. to 3:30 p.m.: Visits with your Congressional delegation, arranged by CAA.
- 4 p.m.: Reception at the Madison, sponsored by CAA and CLA. Rep. Eric Cantor (R-VA), Republi-

can Chief Deputy Whip and member of the powerful Ways and Means Committee, is scheduled to give the keynote address.

- 5 p.m.: Cantor's presentation will be followed by a debriefing of members regarding their day on Capitol Hill.

Sen. Max Baucus (D-MT) was scheduled to speak to CAA members but unfortunately had to decline because of an unexpected personal matter.

If you would like to attend the fly-in and have not contacted CAA's Margo Burrage, please email her at mburrage@cardiologycaa.com as soon as possible.

State restrictions on imaging: ACR and the zero sum game

Analysis by Kim Ross, CAA grassroots

Although the tempo has slackened, multiple state legislatures still are contemplating variations of legislation that would restrict or ban



Kim Ross

Someone put them there—in this case, a national campaign directed by the American College of Radiology (ACR), being played out by their state chapters with varying degrees of political traction.

This hardly is a state secret. ACR state government relations folks laid out self-referral limits on diagnostic imaging as their number one state priority at a January AMA state legislative conference, while state medical lobbyists shook their heads at the inevitable conflicts this always provokes to the mutual detriment of their overlapping and collective legislative objectives. At this stage, only one state has moved to the Governor's desk legislation opposed by cardiology and its allies among the specialty societies and state medical associations.

These are volatile proposals, and invariably pit elements of medical societies against each other in a contentious state legislative environment even as they are ostensibly pursuing common objectives such as managed care reform, Medicaid reimbursement updates, or in some states, medical liability limits.

The initiatives follow a predictable arc that should sound familiar:

CON amendments: In states with Certificate of Need (CON) laws, the ACR merely adds language to ensure that office-based imaging falls under the statute's regulatory scheme. This has been attempted with various iterations, such as requiring a CON or requiring reporting and disclosure. Most state activity to restrict outpa-

tient imaging understandably gets filed in this more fertile political field. In at least two states, there has been movement to repeal the CON requirements altogether.

Free market exception: In non-CON states, the political distance from filing legislation to enactment is farther. Since the legislatures already have affirmed a preference for deregulation, radiologists and their allies are required to argue that the absence of some regulatory oversight has resulted in excessive utilization and costs.

Credentialing requirements: In both CON and non-CON settings, some proponents have backed into a plan 'B,' borrowing from payor strategies by seeking to establish credentialing standards. The ACR often starts with the premise that only radiologists can set those standards. Only one state has this in play, which is a compromise from harsher legislation that failed successive times.

MEDICINE HAS DIVIDED ITS HOUSE IN FRONT OF STATE LEGISLATURES WHILE LARGER AGENDAS ATROPHY OR ARE LEFT TO OTHER STAKEHOLDERS TO TAKE ADVANTAGE OF MEDICINE'S WEAKENED PUBLIC POSITION.

Strange bedfellows: State ACR chapters typically lack the political muscle to move what essentially is a confiscatory state policy beyond the public hearing phase, so they approach one of several potential political allies to gain some throw weight in their state houses. Allies have included the hospital association (West Virginia) or the hospital association along with the state Chamber or equivalent, fronting for the HMO Association (Texas). The former had some success; in the latter, their all-or-none strategy looked like a replay of the Hindenburg.

Alleged savings in State Medicaid: Since most states are juggling in-

creased enrollment, utilization, and related costs—or trying to choke them back through various budgeting strategies—the proponents argue that restricting imaging will result in significant savings to the state. In states where the medical society, especially primary care component societies, are pursuing Medicaid expansions, this creates a unique internal friction in the House of Medicine that budget cutters savor as a self-inflicted divide and conquer.

Circle the wagons, point the rifles inward: The radiologists of course have petitioned their state medical associations to either side with them, or at least remain neutral. ACC responded to this strategy two years ago with an AMA resolution. It was signed by just about every specialty organization, with the obvious exception of radiology, and objected to, in so many whereas-es, to radiology's position. It passed by similar margins. CAA worked with ACC in expanding this resolution to a number of state medical associations where this issue was still hot.

Jack Lewin, MD, the ACC's new CEO, said the ACC is "working closely with our colleagues at the ACR at the federal level on the mutual threats to our existence, and hope we close the gaps at the state level and resolve our differences away from state legislators who don't necessarily share our views."

Setting aside the well understood policy differences between cardiology (and other specialties) and radiology, the politics of this divisive issue frustrates, if not outright antagonizes, state medical organizations. Legislators generally run from an internal fight among physicians as though it were dipped in plutonium.

The end result is usually a zero sum: Nothing passes, or perhaps an interim study is agreed to as a compromise measure. Meanwhile Medicine has divided its house in front of state legislatures and accused each other of venal motives, while larger agendas atrophy or are left to other stakeholders or state agencies to take advantage of medicine's weakened public position.

"Access to Medicare Imaging Act" sponsors

(continued from page 1)

Rep Becerra, Xavier (CA-31)
Rep Berkley, Shelley (NV-1)
Rep Blackburn, Marsha (TN-7)
Rep Boswell, Leonard L. (IA-3)
Rep Brady, Kevin (TX-8)
Rep Brady, Robert A. (PA-1)
Rep Brown-Waite, Ginny (FL-5)
Rep Capps, Lois (CA-23)
Rep Clay, Wm. Lacy (MO-1)
Rep Crowley, Joseph (NY-7)
Rep Davis, Geoff (KY-4)
Rep Drake, Thelma D. (VA-2)
Rep English, Phil (PA-3)
Rep Eshoo, Anna G. (CA-14)
Rep Ferguson, Mike (NJ-7)
Rep Gerlach, Jim (PA-6)
Rep Goode, Virgil H., Jr. (VA-5)
Rep Gordon, Bart (TN-6)
Rep Green, Al (TX-9)
Rep Green, Gene (TX-29)
Rep Hall, Ralph M. (TX-4)
Rep Hayes, Robin (NC-8)
Rep Hinchey, Maurice D. (NY-22)
Rep Jackson-Lee, Sheila (TX-18)
Rep Johnson, Sam (TX-3)
Rep Keller, Ric (FL-8)
Rep Kirk, Mark Steven (IL-10)
Rep Lewis, Ron (KY-2)
Rep LoBiondo, Frank A. (NJ-2)
Rep Maloney, Carolyn B. (NY-14)
Rep Marshall, Jim (GA-8)
Rep McCollum, Betty (MN-4)
Rep McCotter, Thaddeus G. (MI-11)
Rep McHenry, Patrick T. (NC-10)
Rep McHugh, John M. (NY-23)
Rep McNulty, Michael R. (NY-21)
Rep Michaud, Michael H. (ME-2)
Rep Miller, Jeff (FL-1)
Rep Moran, James P. (VA-8)
Rep Murphy, Tim (PA-18)
Rep Ortiz, Solomon P. (TX-27)
Rep Paul, Ron (TX-14)
Rep Pickering, "Chip" (MS-3)
Rep Pitts, Joseph R. (PA-16)
Rep Poe, Ted (TX-2)
Rep Price, Tom (GA-6)
Rep Radanovich, George (CA-19)
Rep Ramstad, Jim (MN-3)
Rep Reyes, Silvestre (TX-16)
Rep Reynolds, Thomas M. (NY-26)
Rep Ross, Mike (AR-4)
Rep Rothman, Steven R. (NJ-9)
Rep Sanchez, Loretta (CA-47)
Rep Sessions, Pete (TX-32)
Rep Shays, Christopher (CT-4)
Rep Shimkus, John (IL-19)
Rep Souder, Mark E. (IN-3)
Rep Weiner, Anthony D. (NY-9)
Rep Yarmuth, John A. (KY-3)

Save the date! CAA's Fall Fly-In will be held Thursday, October 18



"The best way to be helpful is to make a nuisance out of yourselves. If you wait for us to call you ... it's usually too late. By the time I ask my staff, 'did you check with those guys?' we're probably ready to vote. You want to make sure you stay on top of the issues."

Sen. Charles Grassley (R-IA)
Ranking Member, Senate Finance Committee

News from the ACC

Update on New York nuclear and CCTA prior authorization

The American College of Cardiology (ACC), American Society of Nuclear Cardiology (ASNC) and NY-ACC met last month with representatives of Independent Health Plan (IHP) to discuss the health plan's recently postponed SPECT-MPI prior-authorization and CCTA pilot programs in New York.

IHP stated it is interested in working with the cardiovascular societies to ensure that the appropriate diagnostic imaging test is performed, on the appropriate patient, at the appropriate time. IHP confirmed that the CCTA pilot program has been terminated and that they would like to incorporate the ACCF/ASNC Appropriateness Criteria for SPECT-MPI in any program to be developed for SPECT-MPI. At the present time, the prior-authorization program for SPECT-MPI has been postponed until further notice while ACC, ASNC, and NY-ACC work with IHP over the coming weeks to address its nuclear cardiology program.

The cardiovascular societies also are working on securing a meeting with Blue Cross Blue Shield of Western New York (BCBS of WNY) and Blue Shield of North Eastern New York (NENY). ACC has learned that both plans have terminated the CCTA pilot program. However, BCBS of WNY has stated that it will move forward with its nuclear SPECT-MPI prior-authorization program, with a rolled back implementation date of April 1, 2007. Should you have any questions, please contact Mia Rosenberg with ACC (MRosenbe@acc.org) or Chris Gallagher with ASNC (Gallagher@asn.org).

Submitted by Mia Rosenberg, ACC Senior Specialist, Payer Advocacy



Seides joins Board

Stuart F. Seides, MD, the president of Cardiology Associates, P.C., Washington DC, has joined the Cardiology Advocacy Alliance Board of Directors.

Seides serves on the Board of Directors of Medstar Health, the ninth largest healthcare system in the U.S. He has served on the Board of the Washington Hospital Center and is its associate director for Cardiology. He is a clinical professor at Georgetown and George Washington universities. Seides is active in many specialty organizations and was co-founder of the Mid-Atlantic Heart Network. He has served as president and board chair of the Medical Society of the District of Columbia and the regional affiliate of the American Heart Association, and he continues to practice consultative and interventional cardiology.

Seides founded Cardiology Associates in 1979. The practice currently has 26 physicians and six locations throughout Washington DC and Maryland. Michele Frymoyer is the practice administrator.

CAA Board of Directors, 2007

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Vice President, Communications: Suzette Jaskie

Secretary/Treasurer: Cathleen Biga

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John Lutz

Matt Phillips, MD

Stuart Seides, MD

Mark Victor, MD

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Margo Burrage, CAA Executive Director

Pat White, President, MedAxiom

Consultants

Marshall Brachman,

CAA lobbyist

Kim Ross, CAA grassroots

Guests

Steve Blades, COCA

Barbara Greenan, ACC

George Rodgers, MD, ACC

Our Mission: The Cardiology Advocacy Alliance provides national leadership in influencing legislation, policies and reimbursement methodologies that affect cardiovascular patients' quality of care and access to services, as well as the stability of cardiovascular group practices. We represent more than 4,500 physicians.

Grassroots advocacy: a Michigan example of practices working together

Several cardiology groups in Michigan met with Sen. Debbie Stabenow (D-MI) last month to keep her updated on the issues that concern private practice cardiologists. Stabenow is a member of the powerful Finance Committee, which oversees the Medicare budget.

Administrators and physicians from Thoracic and Cardiovascular Institute (TCI), West Michigan Heart, Petoskey Cardiology, Great Lakes Heart, Lung and Vascular Institute and Michigan Heart met the Senator in Lansing to discuss in-office imaging, Medicare reimbursement, DRA cuts and other topics. Other attendees included Michigan residents Pat White (MedAxiom) and Margo Burrage (CAA).

Stabenow, who co-sponsored last year's Access to Medical Imaging Act" that would have delayed DRA imaging cuts for two years, indicated that she will sign on to similar

legislation that soon will be introduced in the Senate.

David Kruger, CEO of TCI and the organizer of the event, believes grassroots advocacy is very effective. "Since joining CAA we have made a strong effort to open communications with our legislators. Our physicians agree that we need to become more visible and vocal with the people we elect to represent us in Washington DC. Our legislators need to know how their decisions affect our patients, our business and our local economy." TCI and other Michigan cardiology practices will also meet with Rep. Mike Rogers, member of the Health Subcommittee of the Energy and Commerce Committee.



Administrators and physicians from five Michigan cardiology groups met in March with Sen. Debbie Stabenow (D-MI).

Practices in Tennessee and other states also have met with their legislators together.

