Subject: SGR Fix

April 14, 2015
Michael Mansour, MD, FACC (mmansour@cvdocs.com)

Yes. 0.5 would 1/2 hour

April 14, 2015
DJ Lakkireddy, MD, FACC (dlakkireddy@kumc.edu)

Congratulations one and all

April 14, 2015
David May, MD, PhD, FACC (dmay@cvscardio.com)

Congratulations one and all

April 14, 2015
Simone Musco, MD, FACC (simone.musco@providence.org)

1) congrats all. Nice job!!!
2) Was the ABMS MOC part of the bill??

April 14, 2015
Smadar Kort, MD, FACC (smadar.kort@stonybrookmedicine.edu)

I am told the Senate passed the House version, so MOC should not be part of this bill, but obviously still on the table.

April 14, 2015
Michael Mansour, MD, FACC (mmansour@cvdocs.com)

92 yes/ 8 no. 2 senators from Alabama voted no. Didn't catch the other nos.

April 14, 2015
Hector Ventura, MD, FACC (hventura@ochsner.org)

I am not surprised at all. Thanks to all in ACC. LA senators voted yes. H

April 14, 2015
Robert Shor, MD, FACC (rshor@tcg.md)

Amazing after fighting for so many yrs to repeal and replace SGR with something that made more sense. What are we to talk about at Leg Meeting on the Hill?

That was, of course, a rhetorical question as we will have much more to say in the future.....

April 14, 2015
Gilead Lancaster, MD, FACC (glancast@optonline.net)

The New York Times reports that it was the same bill as the house bill.
You can read about it here.
Congratulations and thanks to all who worked so hard on this!
Here is the link to the roll call. You can see how your Senator voted.
Gil

April 14, 2015
Edward Toggart, MD, FACC (etogg1@mac.com)

May I suggest addressing valuation (RVUS) for visit consultation and inpatient consults - simplify, get rid of the "bullet point" scoring system, develop alternatives

April 14, 2015
Steven Lloyd, MD, FACC (sglloyd@uab.edu)

Not proud ... but not surprised.
I sent my letters!
The cynic in me says that both of the AL senate contingent knew it would pass and were trying to play to supporters / potential opponents on the right.
Our ACCPAC definitely needs to remember the "No" votes and not send money or other resources their way in the future.

Good work to the Advocacy Staff!

April 14, 2015
Andrew Miller, MD, FACC (amiller@cvapc.com)

Well that's role reversal. Usually we say thank goodness for Mississippi in Alabama.

Really Carl Gessler worked very hard here and the vote was symbolic in our state I think.

Great work by everyone! Many years in the making.

April 14, 2015
Jesse Adams, III, MD, FACC (jadams03@bluegrass.net)

Thanks Gil- very interesting. And as well- congrats to all that have dedicated so much effort to this over the years. Good to see my fellow Kentuckians came through. And couldn't help but notice that both Rubio and Cruz voted Nay-

April 14, 2015
KellyAnn Light-McGroary, MD, FACC (kellann-light-mcgroary@uiowa.edu)

This is great news and a long time in coming. I think the hard work of the ACC and the House of Medicine was worth it. Now we need to help them define what"quality" really means. Well done to the advocacy group!!!

April 14, 2015
David May, MD, PhD, FACC (dcm1988@me.com)

...and take a moment to thank all those who went before us, physician and staff, to lobby and help plow the ground to get us to this time and place.
But for their work, this day would not have arrived.

Just a thought. The Lobbist in me says now is the time to reach out to the "no" votes, show them a little love and tell them we understand and look for common ground. Then add that in the next battle we would hope to be on the same side. There will be more to come and we will need them and perhaps, they us as well

April 14, 2015
Nick Morse, ACC Staff

Drs. Shor, Mansour, and May,

We are having technical difficulties tonight- for some reason, we are getting bounce backs when we attempt to respond to the BOG listserv.

Just wanted to forward this Leadership Alert. We want to make sure the BOG members see it.

Thanks for your leadership!
Nick

Begin forwarded message:
From: Shalen Fairbanks <sfairban@acc.org>
Date: April 14, 2015 at 10:03:48 PM EDT
To: Shalen Fairbanks <sfairban@acc.org>
Subject: Leadership Alert: Senate Approves SGR Repeal Legislation!

In Historic Vote, Senate Approves SGR Repeal Legislation
History has been made. Moments ago, in a 92-8 vote, the Senate passed the *Medicare Access and CHIP Reauthorization Act of 2015* (MACRA), which permanently repeals the Sustainable Growth Rate (SGR), establishes a framework for rewarding clinicians for value over volume, streamlines quality reporting programs into one system, and reauthorizes funding for the Children's Health Insurance Program (CHIP). Both Democrat and Republican senators offered amendments airing concerns with the legislation, but all failed and the bill remained intact. This allowed for MACRA's clean passage through the chamber. Passage of MACRA through the Senate represents a clearing of the final hurdle for this legislation to become law.

“Today is an exceptional day for Medicare patients and for the medical professionals who care for them, thanks to the long-awaited permanent repeal of the flawed Sustainable Growth Rate formula,” said ACC President Kim Allan Williams, Sr., MD, FACC, in a statement. “The Senate has accomplished a major feat by passing legislation that ends a cycle of delays and patches in the law, which has created uncertainty for Medicare patients and clinicians for more than a decade.”

The bill will now be sent to President Barack Obama for his signature. The president has indicated he will sign MACRA immediately, successfully avoiding any interruption in Medicare claims payments. The SGR and the perpetual instability it created is officially a concern of the past, meaning clinicians can now focus on providing high quality, patient-centered care unburdened by the looming threat of payment cuts. “Through the crafting and passage of MACRA, Congress has proven it can take bipartisan, bicameral action to solve seemingly insurmountable problems," Williams said. "We applaud the members in the House and Senate for coming together to implement true Medicare reform while extending funding for the Children’s Health Insurance Program, which offers access to health care for many children, including those with complex cardiovascular conditions.”

ACC’s member leaders have played an enormous role in this achievement, participating in years’ worth of meetings with lawmakers and responding to countless alerts to educate Congress on the topic. In this final push alone, ACC members sent over 7,500 messages to Congress urging them to pass this bill. With this threat off the table, we can now turn our attention to the important work of bringing our health care delivery system into a new era. More information about the (soon-to-be) law will be provided in the coming days.

ACC Communications Tactics:

- Special issue of the ACC Advocate e-newsletter
- Article and graphic on *ACC.org*
- Announcement via ACC’s social media channels
- Inclusion in e-newsletters including ACC Advocate, CV News Digest, CV Quality SmartBrief, ACC Update and Chapter News You Can Use
- Inclusion in May issue of *Cardiology* magazine

April 14, 2015
Robert Shor, MD, FACC (rshor@tcg.md)

It definitely took a village... A lot of hard work and perseverance from a lot of people over a long period of time.

Interesting notion. I was thinking it was time to say thanks to those who stood tall and said yes. Probably should say thanks to the yes's and see if there is any common ground on the nays. The cynic in me says there is nothing we can say to those who voted nay and I'm not sure I would trust them in the future vote as we would hope unless it was in their political best interest.
Bob

April 14, 2015
David May, MD, PhD, FACC (dmay@cvscardio.com)

Ahhhh but you see, The fundamental basis of "the lobby" is exactly that...to convince them it's in their political interest to vote with you.

April 14, 2015
Nick Morse, ACC Staff

The no votes are:

1. CRUZ
2. LEE
3. PERDUE
4. RUBIO
5. SASSE
6. SESSIONS
7. SHELBY
8. SCOTT

April 15, 2015
Juan Sotomonte, MD, FACC (jsotomonte@gmail.com)

Congrats! Perhaps am thinking too far ahead but how will quality be measured? I have been looking for specifics on the bill but can't find the fine print,

Thank u

April 15, 2015
Matthew Phillips, MD, FACC (mattphillips1@me.com)

Congrats to all

The details are very important and we will need to be very active

1. EHR- we were told the #1 priority was interoperability- $29 billion dollars later - 11% speak to each other

2. Disease specific VBP- makes sense but attribution needs to be worked out- FP have gone to "see me when u need to." We still see on a schedule - we are the FP then by default- the details of fixing this will need our input

3. Pay for- imaging is never dead and while it escaped this time - it will be back as soon as they need money- probably next week

Advocacy needs to be ongoing. We need 100% of all BOG contributing to PAC. Every year.

In addition I donated $500 to my Congressman and the last one (I moved) . I do this every year. My Congressman knows me by site-

Every BOG member needs to be able to say the same thing about their congressional representative

We have been too stupid for too long as a profession. We thought we were above the fray.

It's not about us. If we are truly going to help our patients we need a voice. In our political world that is time and money

Congrats again - but today it continues

Matt

April 15, 2015
Kenneth Rosenfield, MD, FACC (krosenfield@fastmail.us)

Matt,
Thank you for these great insights. You are 100% correct: We cannot rest on the laurels of finally getting SGR legislation through (well, maybe a tiny respite)…we need to be much more proactive as a profession and as a specialty….on behalf of our patients!! This should happen on so many levels. I am reflecting on the hours I spend weekly on "pre-approvals" from payers to get my patients the studies or therapies they really need. And sometimes after all that to be blocked from gaining approval for a test or intervention that 90% of cardiologists would agree upon... This should not happen.
Overall, we need to be more persistent in our advocacy.

April 15, 2015
Matthew Phillips, MD, FACC (mattphillips1@me.com)

Ken

We are internally working on an ACC web tool to track denials

After you hang up being told that you have to do a stress Echo and not a PET, you will be able to vent in a positive way

The web based tool will allow you to quickly input the payer and the denial reason

There are two goals

1. Hawthorn effect- if the payers know we are fighting back and getting data - across the U.S.- it can change behavior even as we collect data - a win

2. Data- couple the advocacy with data that the insurers are systemically denying care based on dubious guidelines as best.

We came up with idea at the BOG steering after I related hearing my partner ask for the insurance docs license # and have a heated discussion . It was so loud that my patient and I both listened. It was shocking for the patient. Time to harness that energy in a positive way.

Again - this is about patient care. How can we possibly provide it if we are second guessed (or managed) by people who have other agendas?

Matt

April 15, 2015
Hector Ventura, MD, FACC (hventura@ochsner.org)

Welcome to Obamacare

April 15, 2015
Kenneth Rosenfield, MD, FACC (krosenfield@fastmail.us)

AWESOME Matt.
YOu make the important point that patients have no clue that this stuff is happening. They just assume that we will be empowered to do what we think is in their best interest….which is not always the case, of course. Ultimately, if patients collectively knew what was happening under the hood, they could become a major player for advocacy… if we could only figure out a way to inform them and coalesce them. Maybe we should be talking more to AARP….

Let me know status of the ACC web tool and I will loop in the MA docs with this effort.

April 15, 2015
DJ Lakkireddy, MD, FACC (dlakkireddy@kumc.edu)

In kansas we have been encouraging out its with denials to report to the state insurance commissioner , the governor and their local representatives with the hope of collecting critical mass of evidence against the against the insurance companies

April 15, 2015
Norman Lepor, MD, FACC (norman.lepor@gmail.com)

And we should allow this information in some form to be patient and press accessible so they can see the scope of the problem and perhaps make decisions on which insurance companies are preferred, kind of like Trip Advisor.

On Wed, Apr 15, 2015 at 6:36 AM, Dhanunjaya Lakkireddy <dlakkireddy@kumc.edu> wrote:
In kansas we have been encouraging out its with denials to report to the state insurance commissioner , the governor and their local representatives with the hope of collecting critical mass of evidence against the against the insurance companies

April 15, 2015
Richard Kovacs, MD, FACC (rikovacs@iu.edu)

Excellent question – and even more important for the ACC to be proactive in defining what is CV care quality. Ed Fry is now representing BOG on the Clinical Quality Committee of the ACC – and this is exactly where the rubber meets the road. I have no doubt he will be a great addition to the CQC Steering Committee – and the ability to learn from the members of the BOG, as well as communicate in both directions is key. –Dick

April 18, 2015
Alan Brown, MD, FACC (alan.brown@advocatehealth.com)

Some food for thought sent to me from one of my colleagues! I don't want to spoil the party but thought you all might enjoy a different insight!

Alan

Alan S. Brown, MD FACC FAHA FNLA
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The 'Doc Fix' Will See You Nowj
By Allyne Caan
In a Congress known for enacting temporary stopgap measures to save face while repeatedly kicking the proverbial can down the road, legislators actually did something permanent this week. Unfortunately, the solution may prove worse than the problem.
On Tuesday, the Senate, by an overwhelming 92-8 vote, passed the Medicare Access and CHIP Reauthorization Act of 2015, a Medicare overhaul bill commonly known as the "doc fix." The bill, which the House passed last month with 392 votes, will end the annual threats of Medicare-reimbursement cuts to doctors stemming from the 1997 Sustainable Growth Rate (SGR) law. Under SGR, Medicare's budget was calculated by linking Medicare spending to economic growth. This became problematic once health care costs began rising faster than the growth of the economy — meaning, physicians were regularly at risk of Medicare reimbursement cuts. So, 17 times over the last 14 years, Congress passed temporary "doc fixes" to protect physician reimbursements. The new measure eliminates the need for these fixes by repealing the SGR law.
It sounds well and good at first glance — and, indeed, a permanent fix was needed for a flawed system — but beware of bipartisan legislation that sounds well and good. For starters, the bill adds at least $141 billion to the federal deficit over the next 10 years. Remember all those Republican promises of fiscal responsibility? Well, the dodo bird's got nothing on them.
To his credit, Republican Senator Mike Lee of Utah introduced an amendment removing the bill's exemption from the 2010 Statutory Pay-As-You-Go Act (PAYGO) — signed, laughably, by Barack Obama — which requires spending increases be offset by savings elsewhere within the same legislative

session. The amendment failed 42-58. Additionally, Republican Senator John Cornyn of Texas proposed paying for the bill by repealing ObamaCare's individual mandate; this amendment, which needed 60 votes to pass, failed 54-45.
So, thanks to the brave Republican majority, the president will soon sign into law a $141 billion increase to our federal deficit.
Sadly, though, this may not be the worst of it. The bill entrenches government even more in the exam room through increased federal controls and a national link-up of patient electronic health records (EHRs).
First, the bill offers physicians two questionable payment models: either a Merit-based Incentive Payment System (MIPS), under which physicians will be paid based on how well they comply with certain federal quality metrics (metrics which, incidentally, have yet to be determined), or an "alternative payment model" in which a group of doctors bands together to receive lump-sum payments to care for patients. If those physicians can deliver the care for less, and, of course, meet those "quality metrics," then they benefit from some of the leftover funds.
If you liked ObamaCare regulating your insurance options, then you'll love government rating your doctors.
Second, the bill paves the way and plants flowers alongside the road for mandatory connectivity of patient data nationwide. Section 106(b) states, "Congress declares it a national objective to achieve widespread exchange of health information through interoperable certified EHR technology nationwide by December 31, 2018." In other words, this doc fix requires EHRs to become "interoperable" so Americans' private medical information can be shared nationwide. That could improve convenience for referrals, but, given the horrible security performance of Healthcare.gov, it's not terribly comforting to know medical records could be hacked.
Of course, none of this should be surprising given that the bill was originally brokered by Nancy "You-have-to-pass-the-bill-to-find-out-what's-in-it" Pelosi and John "How-else-can-we-cave-to-Democrat-demands?" Boehner. Still, the fact that it passed so overwhelmingly in both the House and Senate demonstrates the power rhetoric holds over principle for the vast majority of our nation's elected officials.
The "fix" may be in, but the cure is worse than the disease.

April 18, 2015
Norman Lepor, MD, FACC (norman.lepor@gmail.com)

My fear exactly
We learned from this administration that ran on the pledge of "change" in 2008. Many drank that Kool-Aid only to find the obvious, that change could be good or bad. Just like Obama care, how many of us who supported this fix actually read carefully the entire bill before making their determination?

April 18, 2015
Hector Ventura, MD, FACC (hventura@ochsner.org)

As I said before Norman and at all. Welcome to Obama care!!! H