



Michigan CHAPTER

news

Volume 14 | Number 2

Judicious Use of Implantable Cardioverter-Defibrillators



Eric R. Bates, MD
Chapter President

On July 14, 2003, members of the Michigan Chapter of the American College of Cardiology (MCACC) met with Blue Cross/Blue Shield (BC/BS) to offer guidance regarding the appropriate indications for

implantable cardioverter-defibrillators (ICD). The understanding was that optimal and efficient use of this expensive new technology adds significant value to patient care, but that cost restrictions should limit use to proven indications.

David Share, MD, MPH, Clinical Director, Center for Health Care Quality and Evaluative Studies at BC/BS, coordinated the forum. Stuart Winston, DO, chaired the electrophysiology working group composed of Claudio Schuger, MD; Frank Pelosi, MD; Tim Shinn, MD; and Arthur Riba, MD, Chair of the Chapter's Quality Committee. This group of physicians and the Chapter's Quality Committee saw this effort as a good opportunity to give advice to a major payer and also to underscore on behalf of our members that the Chapter is committed to the highest level of cardiovascular care and to judicious use of resources available for health care.

These ICD recommendations (see www.accmi.org) mirror, for the most part, ACC/AHA published guidelines. As is the case with all guidelines, they are not expected to cover every clinical circumstance in which the treatment might be considered. Moreover, an individual patient's circumstances may not always necessarily fit into the specific scenarios included in such guidelines. Nevertheless, they offer excellent direction for the clinician and help justify changes in reimbursement policy for the payer.

As indications for ICDs expand and the number of implants increases, there will not be enough formally trained electrophysiologists to meet the demand. Cardiologists and thoracic surgeons experienced in pacemaker implantation will fill the void, but they must have additional expertise and training in clinical cardiac electrophysiology and device programming.

The Heart Rhythm Society (HRS)—formerly known as the North American Society of Pacing and Electrophysiology—recently issued guidelines on training requirements for the subgroup of non-electrophysiology physicians who have been in practice for some time, have extensive experience in pacemaker implantation and follow-up, and who wish to implant ICDs. The goal is to ensure patient safety and prevent non-electrophysiologists with minimal pacemaker experience and inadequate training in ICD therapy from gaining hospital privileges to perform implantations.

The guidelines provide a training pathway exclusively for performing ICD implantations for prophylactic indications; the document states that patients with a history of sustained ventricular tachycardia or ventricular fibrillation should be cared for by a trained electrophysiologist.

Competency criteria include: 1) 35 pacemaker implantations per year and 100 implantations in the prior three years, 2) proctored implantation of 10 devices and five revisions, 3) certification from an HRS-endorsed CME program and associated testing or successful passing of the HRS exam, and 4) maintenance of competencies by performing at least 10 implantations per year and follow-up visits on 20 patients per year. The complete document is available at www.HRSonline.org

According to an industry source, there are currently 43 electrophysiologists and 19 non-elec-

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Legislature Wraps Up 2003–04 Session

Why should you contribute to the Michigan Cardiologists PAC and the ACC PAC?

Because ...

- Political Action Committees (PACs) allow the College and the Chapter to be invited to the table when legislation is crafted.
- Cardiology must have a presence in Washington, D.C., and in Lansing to compete with other special interest groups.
- On average, physicians contribute \$7 per year to PACs while attorneys give \$1,000 per year.

Call 517-663-6622 to request a PAC envelope.

Katherine Knoll, Senior Director of Advocacy
American Heart Association, Greater Midwest
Affiliate

The ACC/AHA Joint Advocacy Committee continues to advocate for heart healthy legislation and regulation. Much progress has been achieved during the 2003–04 session. Here is a status report as of Nov. 1, 2004.

STATE LEGISLATION

HB 5632 — Tobacco Excise Tax

Increased the tobacco tax by 75 cents per pack to a total of \$2 per pack. Revenue generated from the tax is being allocated to health.

Status: Passed and signed by the Governor.

SB 1063 — Department of Community Health Budget

Increased the amount of cardiovascular disease prevention funding over the fiscal year 2004 budget. Increases over last year include:

CVD: \$2,598,200

Diabetes: \$500,000

Minority health: \$900,000

Morris Hood diabetes program: \$400,000

Physical fitness, nutrition, and health: \$900,000

Coordinated school health: \$500,000

Tobacco prevention: \$1,500,000

Status: Passed and signed by the Governor with two line item vetoes not related to CVD prevention funding.

HB 6117, SB 1430 and SB 1431 — Smoke-free School Grounds

Extends the current smoke-free schools legislation to include making school grounds smoke-free after 6 p.m. on weekdays and on Saturday and Sunday.

Status: Several meetings have been held with members of the House Government Operations Committee to encourage them to bring up the legislation.

SB 186 — Smoke-free Restaurants

Establishes smoke-free restaurants.

Status: Senate committee hearing took place on June 22, with numerous advocates supporting the bill.

SB 50 — CPR/AED Requirements for Health Clubs

Requires health clubs to have a plan to address medical emergencies, have a staff member on duty at all times who is trained in cardiopulmonary resuscitation and to have an automated external defibrillator on the premises.

Status: Unanimously passed the Senate and also passed out of the House Health Policy Committee. The House of Representatives will hopefully take it up before the end of session.

HB 4038 — CPR Requirement for Teachers

Requires new teachers to take a course in cardiopulmonary resuscitation before receiving teacher certification.

Status: Passed and signed by the Governor.

SB 751 — Athletic Trainer Licensure

Provides for the licensure of athletic trainers and, as a condition of licensure, the trainers must have cardiopulmonary resuscitation and first aid training.

Status: Uncertain whether there will be time for second hearing this session.

HB 4659 — Medical First Responder Definition

Amends the definition of medical first responders and clarifies that a medical first responder “does not include a police officer solely because his or her police vehicle is equipped with an automated external defibrillator.”

Status: Passed and signed by the Governor.

HB 5094 — Safe Routes to School

Requires a school crossing to be established within 200 yards of a school that is located on a street or highway where the speed limit is 25 or more miles per hour.

Status: Passed both House and Senate unanimously and signed into law by the Governor.

SB 1189 — Coordinated School Health

Requires school district boards to establish a Coordinated School Health Team and also requires schools to assess the school health environment and implement an action plan. Requires local school districts to adopt the School Nutrition policy passed by the State School Board.

Status: Originally introduced as a school nutrition bill only affecting school vending, but improved to include Coordinated School Health Team provision.

SB 664 - Ephedra

Bans Ephedra in Michigan.

Status: Introduced on Aug. 13, 2003, but didn't move since the federal government dealt with the issue.

AED Registration

Status: Met with key lawmakers regarding an automated external defibrillator registration bill. They are supportive of the concept and have been meeting with various people to try to figure out the best way to achieve this before drafting the bill.

SB 831 and SB 832 — Prior Authorization

Exempts certain classes of prescriptions from prior authorization and places into statute the members of the Pharmaceutical and Therapeutics Committee (five pharmacists and six physicians). All appointments are made by the Governor, subject to confirmation by the Senate.

Status: Passed and signed by the Governor.

HB 4898 — Regulation of Radiation Machines and Personnel

Expands the scope of duties for radiology technicians and is predicated on the passage of a proposed federal law.

Status: Not expected to move this session, but is likely to be reconsidered next session.

PROCLAMATIONS AND RESOLUTIONS

Governor's Proclamation for Go Red Day —

The Governor signed a proclamation on Feb. 2, 2004, to proclaim Feb. 6, 2004, as "Go Red for Women" day in Michigan. In addition, a floor speech was made by Sen. Gilda Jacobs (D-Huntington Woods) acknowledging the day and encouraging her colleagues to get involved. All lawmakers received information to share with their constituents about "Go Red" as well as Red Dress pins. The Surgeon General served as the statewide chairperson for the campaign.

Governor's Proclamation for World Heart Day — Michigan's Governor joined governors

from 20 other states to proclaim Sept. 26, 2004, as World Heart Day. The effort, sponsored by American College of Cardiology, was undertaken to bring national attention to the need for cardiovascular disease prevention.

HR 170 — Chronic Disease Resolution —

Highlighted the impact of chronic disease and the importance of making prevention and treatment more of a priority. Co-sponsored by many of the health policy and appropriations members.

Status: Passed by the House Health Policy Committee and adopted by the House on March 23, 2004.

STATE BOARD OF EDUCATION POLICIES

Physical Education in Schools — The State School Board of Education passed a policy on Sept. 25, 2003, called "Policy on Quality Physical Education." It strongly encourages school districts to consider the benefits of having 150 minutes per week of physical activity in elementary schools and having 225 minutes per week of physical activity in middle schools.

Coordinated School Health — The State School Board of Education passed a policy on Sept. 25, 2003, called "Policy on Coordinated School Health Programs to Support Academic Achievement and Healthy Schools." It recommends that each school district implement a comprehensive plan for a Coordinated School Health Program, establish a School Health Council, designate a School Health Program Coordinator, and receive as much assistance as possible from the Michigan Department of Education regarding Coordinated School Health.

Nutrition in Schools — The State School Board of Education passed a policy on Dec. 18, 2003, called "Policy on Offering Healthy Food and Beverages in Venues Outside of the Federally Regulated Child Nutrition Programs." It recommends schools should provide a campuswide environment supporting student adoption of healthy eating behaviors and makes recommendations for achieving such an environment.

Fellows Society Regroups

A new Council of Fellows has been established to reinvigorate the Chapter's fellows society. Representatives from seven of Michigan's training institutions met in September to brainstorm, and all agreed that the fellows society is valuable and should continue. In addition to the social aspect, a fellows society offers the opportunity to network with future colleagues, is a steppingstone for research, and provides a forum for sharing experiences and knowledge.

It was agreed that since fellows can find scientific educational programs from numerous sources,

the new Council of Fellows should, instead, offer programs that are uniquely valuable to fellows, such as career planning, contract negotiations, and grant writing. It was also decided that midweek, evening programs are best suited to fellows' busy schedules.

The new Council of Fellows has already taken action. Members have planned a spring program on contracts (*see box below*) and a survey of recent fellowship graduates to help address the issue: "What I should have known before I interviewed and signed a contract."

Scrutiny Continues for Medical Imaging

Medical imaging has long been an area of focus for private sector payers when they look for ways to control costs. Medicare may soon apply some of the methods used by private sector plans to control the use of MRI, CT, and nuclear imaging scans.

CQ HealthBeat News (Oct. 28, 2004) reports that members of the Medicare Payment Advisory Commission (MedPAC) have shown considerable interest in developing data on how often individual doctors use such imaging and how the frequency of their use compares with that of their peers.

By March 1, 2005, MedPAC will make recommendations to Congress for dealing with the burgeoning costs of imaging outside the hospital setting. Preauthorization for imaging has proven costly in the private sector and "privileging" approaches have generated modest savings.

"While a variety of options are on the table, profiling and educating doctors about the relative use of imaging may be the best way to go in Medicare," according to MedPAC Commissioner Francis J. Crosson.

MedPAC Commissioner David A. Smith said Medicare should have authority to use all of the strategies. All have least some value, he said, adding that the commission ought to consider recommending to Congress that Medicare be allowed to set up a network of low-cost imaging providers.

MCFS

*Attention
cardiology fellows . . .*

**MARK YOUR
CALENDAR!**

Michigan Cardiology Fellows Society
presents

**What You REALLY Need
To Know Before You Get
a (Real) Job**

**Wednesday, April 20, 2005
Beaumont Heart Center**

*Watch your mail for details and
registration information.*

Heart Off The Hill Expands Local Advocacy Efforts

Heart Off The Hill (HOTH) is a new program for legislators and their constituents to come together in the district and talk about important policy issues affecting heart disease and stroke.

Launched in Michigan by the American Heart



Shukri David, MD welcomes legislators and advocates to Providence Heart Institute.

Association (AHA) and the Michigan Chapter ACC, Heart Off The Hill events have already been held in Port Huron, Ann Arbor, and Southfield, with hopes of expanding to other cities in 2005.

At each HOTH event, local volunteers, members, and survivors asked their legislators to consider the cardiovascular angles of important issues including the state's health prevention funding, the tobacco tax, physical activity and physical education in Michigan schools, 24/7 smoke-free schools, and chain of survival issues in Michigan.

In Port Huron, Mercy Hospital hosted the event on April 30 with Peter Karadjoff, Mercy's CEO, leading the presentation. Probate Judge and AHA Board President Elwood Brown spoke at the meeting, and three cardiovascular survivors shared their personal stories. Rep. Stephen Ehardt (R-Lexington) attended with high-level participation from the Blue Water YMCA, the Council on Aging, Cardiology and Associates, Port Huron Hospital, and the St. Clair County Health Department. The event concluded with a tour of Mercy's new state-of-the-art Emergency Department.

Michigan Heart and Vascular Institute at St. Joseph Mercy Hospital hosted the Washtenaw Heart Off The Hill on May 24. Michigan Heart's CEO Dave Thomas, Stuart Winston, DO, of Michigan Heart & Vascular, and Carrol Ostendorf, an American Heart Association representative led the discussion. Other participants were from Huron Valley Ambulance, the Washtenaw County Health Department, University of Michigan Health System, and the Ypsilanti Chamber of Commerce. Sen. Liz Brater (D-Ann Arbor), Rep. Chris Kolb (D-Ann Arbor), and Rep. Matt Milosch (R-

Lambertville) represented the Legislature. This event concluded with a tour of the Michigan Heart & Vascular Institute at St. Joseph Mercy Hospital.

On Aug. 4, Rep. Kolb introduced House Bill 6117, which would prohibit smoking on school grounds, including outdoor areas—an issue specifically addressed at the Washtenaw Heart Off The Hill.

On Sept. 20, advocates gathered at the Providence Heart Institute. Shukri David, MD, emceed the event and impressed attendees with video coverage of a difficult catheterization procedure that was being performed during the HOTH meeting. Sen. Martha Scott (D-Highland Park) and aides representing Sen. Ray Basham (D-Taylor), Sen. Laura Toy (R-Livonia), Sen. Hansen Clarke (D-Detroit) and Rep. Tupac Hunter (D-Detroit) brainstormed with advocates on ways to effect lifestyle changes that will improve eating habits and increase physical activity for Michigan citizens.

For information on upcoming Heart Off The Hill events, contact Alice Betz, American College of Cardiology, at 517- 663-6622 or Carrol Ostendorf, American Heart Association, at 517- 349-3102.

MDCH Appoints Chief Nursing Executive

The Michigan Department of Community Health took a step toward addressing the state's nursing workforce shortage by appointing Jeanette Klemczak as the new Chief Nursing Executive.

As the state's top nurse, Klemczak will work to "attract, train, and retain dedicated health care professionals in the nursing workforce," according to a statement from the department.

Klemczak is on extended leave from her position as the Director of Faculty Clinical Practice in the Michigan State University College of Nursing. She is a former practicing nurse who has held multiple leadership positions in state and county health departments.

Clean Indoor Air Blowing Through Michigan

Genesee and Chippewa counties recently enacted clean indoor air policies, joining Ingham and Washtenaw counties and the city of Marquette.

The Wayne County Commission also passed an ordinance, but the County Executive vetoed it.

Clean indoor air efforts are also under way in Saginaw, Midland, Lenawee, and Emmett/Charlevoix/Antrim/Otsego counties and the cities of Grand Rapids, Big Rapids, and Cadillac.

New Pieces Complete Conference Puzzle

Cardiology
2004

PUTTING THE PIECES TOGETHER

The cold and wind and rain may have cancelled the golf scramble, but there was no stopping the exceptional program. More than 140 conference-goers enjoyed a program filled with Michigan's premier cardiologists, ACC Vice President Steven Nissen, MD, and guests Barry Franklin, PhD, and Sanjay Rajagopalan, MD.

The conference planning committee boldly moved the fellows Oral Case Competition from an obscure afternoon in August into the conference's Friday afternoon timeslot. Congratulations to University of Michigan fellow Jennifer Penzotti, MD, who took first place.

"More people attended the case competition than ever before," said Fellows Program Coordinator Edouard Daher, MD, "and they weren't disappointed. They heard 10 excellent, challenging cases."

The annual Poster Competition also grew to include a question-and-answer session for 20 presenters from nine institutions. David Kenigsberg, MD, from Henry Ford Hospital withstood the challenge and took first prize in the competition.

"I'm especially pleased that we may have created a new tradition with the Town Hall Meeting," says Conference Chair Henry Kim, MD. "The panelists and moderators made this an enlightening and very entertaining session."

Mark your calendar for Oct. 7-9, 2005, when Michigan's cardiology community meets again at the Grand Traverse Resort.



Above: The judges and finalists for the poster competition pose before the final Q&A. They are (left to right) Stephen Gunther, MD, David Kenigsberg, MD, Sarah Gelehrter, MD, Raniah Al-tamsheh, MD, Claire Duvernoy, MD and Fareed Khaja, MD.



Conference Chair Henry Kim, MD enjoys a lighter moment at the podium.



Chapter President Eric Bates, MD congratulates Jennifer Penzotti, MD for taking first place in the Oral Case Competition.

T H A N K Y O U

The Chapter thanks these companies for their generous support of the conference.

GOLD HEART

Astra Zeneca
GlaxoSmithKline
Pfizer, Inc.

SILVER HEART

Abbott Laboratories
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Election Notice

Call for Nominees for Chapter Council

The Nominating Committee submits to all Chapter members an open call for nominees to be considered for vacancies on the Chapter Council.

The Nominating Committee will select a slate of candidates in December and balloting will be conducted by mail in January.

If you are interested in serving on the Council

or wish to nominate a colleague please email alice@accmi.org by Dec. 6.

The Michigan Chapter Council roster appears at right. Those with one asterisk have completed one term and can be nominated for a second two-year term. Those with two asterisks have completed two terms and cannot be nominated again. Those without an asterisk are in mid-term.

Cardiology Reimbursement and Coding Seminar

Wednesday, January 19

Radisson Hotel Grand ~ Riverfront Grand Rapids

Thursday, January 20 ~ Marriot Airport Hotel ~ Romulus



Sponsored by:
Michigan Chapter ACC

Presented by Terry Fletcher, BS, CPC, CCS-P, CCS, CMSCS, CMC,
McVey Associates, Inc.

HIGHLIGHTS

A full day of coding for physicians and staff:

- **Diagnosis Coding Update** — new & revised codes for 2005
- **Procedure Codes and Definitions** — cardiology-specific changes for 2005
- **EKG Interpretation** — the latest guidelines from CMS
- **Stents and Angioplasties** — coding different approaches

Cardiology coding techniques that work and ease paperwork!

REGISTRATION FEE

Chapter member rate: \$245 first person, \$220 each additional

Non-member rate: \$270 first person, \$245 each additional

Registration includes workbook, all materials and refreshments.

Lunch is on your own.

Call 800-227-7888 or 517-663-6622 for a seminar brochure.

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President's Message (continued from front page)

trophysiologists implanting ICDs in Michigan. A total of 270 non-electrophysiologists implanted pacemakers last year, but only 33 implanted more than 30 devices and would be eligible for training by HRS guidelines.

As one might imagine, passing this document was quite controversial, with many electrophysiologists stating that the criteria were not rigorous enough. In comparison, electrophysiology fellowship training requirements include extensive didactic teaching, 50 pacemaker implantations, 20 pacemaker revisions or replacements, 100 pacemaker follow-up visits, 25 ICD implantations, 10 ICD revisions or replacements, and 50 ICD follow-up visits. Clinical reality won out, however, and experience was rewarded. It will be interesting to see how many electrophysiologists will be willing to serve as proctors and how the arrangements will be made.

This information leads me to several conclusions. First, fellowship training programs will need to increase the number of electrophysiology positions. Second, hospital credentials should only be awarded to those who fulfill the ACC and HRS training requirements. Third, device manufacturers should only sell devices and provide support to properly trained and credentialed physicians. Finally, closer relationships between physician groups and payers will be needed to ensure judicious and proper

utilization of new technologies and more timely approval of new billing codes that are evidence-based.

The advisory group that drafted the ICD recommendations last year will reconvene with BC/BS in the first quarter of 2005 to update the Chapter guidelines and to include cardiac resynchronization therapy with biventricular pacemakers.

Editor's Note: On Oct. 28, the ACC and the Heart Rhythm Society submitted a joint letter to CMS in response to their draft National Coverage Determination (NCD) that expands coverage of ICD therapy to patients with CAD and includes those with non-ischemic cardiomyopathy. The ACC/HRS letter highlights concerns surrounding specific clinical criteria for coverage and logistics of developing and maintaining a national ICD registry. A coverage decision is expected by the end of the year.

CMS's Draft Decision Memo for Implantable Defibrillators can be found at <http://www.cms.hhs.gov/mcd/viewdraftdecisionmemo.asp?id=139>

The ACC/HRS letter can be found at <http://www.acc.org>. Click on 'ACC Advocacy Working for You' then 'Advocacy Weekly Archive' then 'Nov. 8, 2004' and the article 'ACC Weighs in on Coverage of ICDs.'

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