



Primary PCI Without On-site Cardiac Surgery Wins Michigan CON Approval



Eric R. Bates, MD
Chapter President

Randomized clinical trials suggest that primary percutaneous coronary intervention (PCI) appears to be a more effective reperfusion strategy than fibrinolysis for the treatment of acute ST-segment elevation myocardial infarction. There is not much debate about the superiority of PCI in reducing reinfarction and stroke rates and hospital length of stay. However, primary PCI is not widely available, and substantial time delays in its delivery limit its potential mortality benefit.

In Michigan, approximately 50% of our hospitals have cardiac catheterization laboratories and approximately 25% of our hospitals have elective PCI programs with on-site cardiac surgery. Therefore, for 75% of the hospitals in our state, fibrinolysis is the only reperfusion strategy. There are three options for increasing access to primary PCI.

First, five randomized trials have suggested that patients can undergo interhospital transfer for primary PCI and have better outcomes than with on-site fibrinolysis, and some have adopted this strategy, despite two- to three-hour treatment delays. These studies have been misinterpreted and this strategy cannot be supported in the United States with our long transfer times. Four of the studies used streptokinase, three of the studies did not reach enrollment targets, all compared treatment at small hospitals by generalists with tertiary care hospital treatment by specialists (it's not just PCI that improves outcomes), rescue PCI was generally not an option, and the mean PCI-related time delay was only 44 minutes. Given that the most recent measurement of door-to-balloon time is 108 minutes in U.S. hospitals with on-site cardiac surgery, it is inconceivable that patients will be able to move

through two hospitals and achieve a door-to-balloon time less than 120 minutes, the current standard.

Second, the Emergency Medical Services could be reorganized to transmit pre-hospital ECGs and transport patients only to hospitals with PCI capability (Michigan hospitals). There are major logistical, economic, political, and legal challenges to this strategy and it will not help the 60% of patients who use other transportation to arrive at the hospital.

Third, selected hospitals with cardiac catheterization laboratories could perform primary PCI without on-site cardiac surgery. Approximately 150 hospitals in 30 states offer this service. Eleven reports have shown outcomes at least as good as those in hospitals with on-site surgery and door-to-balloon times were often shorter.

On March 11, after 18 months of debate, the Michigan Certificate of Need Commission agreed to adopt the ACC recommendations allowing primary PCI at qualified hospitals without on-site cardiac surgery. Hospitals will have to contract with a sponsoring hospital with cardiac surgery, be able to transfer a patient to that hospital in under 60 minutes, fully staff and equip the catheterization laboratory, and develop coordinated treatment plans. Laboratories will have to perform 400 diagnostic angiograms per year and 48 primary PCI procedures per year, train staff at the sponsoring hospital, offer 24-hour/365-day service, formally review each case, and submit process and outcomes data to both a state and a national registry. At least two interventional cardiologists, each performing at least 75 PCI procedures per year, will staff each program. A three-person Oversight Committee (including one Chapter member) will monitor the program and assist the Department of Community Health in determining eligibility and compliance.

Ten hospitals have expressed preliminary inter-

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MARK YOUR CALENDAR!

15th Annual Michigan Chapter Conference

Oct. 10-12, 2003

Grand Traverse Resort and Spa

Featuring —

- Stroke Mini-symposium
- Controversies

Only Pediatric Cardiologists Should Care for Patients with Congenital Heart Disease

EBCT is a Useful Screening Test

Inflammatory Markers: They are in the guidelines, but are they ready for prime time?

and Keynote Speaker
W. Bruce Fye, MD,
MACC

President, American College of Cardiology

Complete program and registration will be mailed in June. Watch for it!

Granholm announces budget and new health policy leaders

Peter Ruddell, Esq.
Wiener Associates

Gov. Jennifer Granholm's first term is starting to take shape. Key actions in her first 60 days in office include presentation of a balanced budget and naming Michigan's first Surgeon General.

Budget Recommendation

The Governor's budget cuts affect higher education, some optional services in the Medicaid program, and the protection of Medicaid provider reimbursement rates. As the budget progresses

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through the legislative process, the Governor's recommendation will be subject to change. The Chapter will continue to work for fair reimbursement rates and increased funding for chronic disease and tobacco [USE?] prevention. The executive budget bills and the executive budget book are available at www.mi.gov/budget

Administrative Leaders

Kimberlydawn Wisdom, MD, will serve as Granholm's Surgeon General. Dr. Wisdom is an emergency room physician from the Henry Ford Health System. Her focus will be on [DISEASE?] prevention and building healthy lifestyles. Dr. Wisdom is a nationally renowned expert in diabetes treatment and chronic disease prevention. She created the African American Male Health Initiative while practicing at Henry Ford.

The Senate has confirmed the Governor's choice for Director of the Department of Community Health, Janet Olszewski. Olszewski comes to the Department from M-CARE. She served in the Department of Public Health under Govs. James Blanchard and John Engler.

Legislative Arena

The larger health community will be well served by the chairs of the Senate and House Health Policy committees. Sen. Bev Hammerstrom (R-Temperance) is serving in her final term and has been a champion of issues for the developmentally disabled, among others. Her knowledge of health issues will be a great asset. On the House side, Rep. Steve Ehardt (R-Lexington) who chaired the House Health Policy Committee last session, returns for his final term as Chair. Rep. Ehardt earned a reputation as a deliberate leader who was willing to work diligently to achieve a compromise.

The members of the House and Senate Health Policy Committees are listed below. For a complete directory of the 92nd Legislature go to www.accmi.org or call the Chapter office at 517-663-6622.

Senate Health Policy Committee

Bev Hammerstrom (R-Temperance)—chair
Bruce Paterson (R-Canton)—vice chair
Virg Bernero (D-Lansing)
Gilda Jacobs (D-Huntington Woods)

House Health Policy Committee

Stephen Ehardt (R-Lexington)—chair
Barb Vander Veen (R-Allendale)—vice chair
Edward Gaffney (R-Grosse Pointe)
Doug Hart (R-Rockford)
Joe Hune (R-Fowlerville)
Ruth Johnson (R-Holly)
David Robertson (R-Grand Blanc)
Sal Rocca (R-Sterling Heights)
William Van Regenmorter (R-Hudsonville)
Chris Ward (R-Brighton)
Gary Woronchak (R-Dearborn)
Stephen Adamini (D-Marquette)
Brenda Clack (D-Flint)
Matthew Gillard (D-Alpena)
Artina Tinsley Hardman (D-Detroit)
William O'Neil (D-Oak Park)
Lisa wojno (D-Warren)

Grass-roots Action Halts Medicare Cuts

Alice Betz

Executive Secretary, Michigan Chapter ACC

The College proudly hails passage of legislation that averted another cut in physicians' Medicare reimbursement as "perhaps the biggest legislative victory for physicians and their patients in recent memory," [NEED ATTRIBUTION FOR THIS QUOTE]. The legislation — the FY 2003 omnibus appropriations package — turned a 4.4% cut into a 1.6% increase for most cardiovascular specialists. This victory was not easily won. It took a united effort from [PHYSICIAN] and patient groups, as well as the active voice of individuals who took the time to contact their representatives in Washington.

"This victory is a true testament to what the ACC, other cardiovascular organizations, the AMA, the Alliance of Specialty Medicine, and other physician and non-physician health care groups can accomplish if they are committed to an issue and work together through a sound strategy," said ACC President W. Bruce Fye, MD. "Every ACC member who responded to the alerts to contact their legislators deserves to be congratulated, as does the College's dedicated staff members, who have worked tirelessly on Capitol Hill for nearly 18 months to make this happen."

Michigan's cardiovascular community can certainly claim a part of this victory. On behalf of the Chapter, I thank Tony DeFranco, MD; Rick Foster,

MD; Andy Hauser, MD; Mark Meengs, MD; Alicia Williams, DO; Rohde Woodruff, MD, and all those who ventured into the public arena and submitted opinion columns to their local newspapers. Thanks also to Mark Stieve at the Heart Center for Excellence and Sandy Sprague at Mid-Michigan Cardiology, who coordinated meetings with Rep. Fred Upton (R-6th District) and Rep. Dave Camp (R-4th District) to discuss the impact of the looming fee cuts. Finally, thank you to everyone who emailed, wrote, faxed, called, visited, or otherwise contacted their representatives and senators.

This victory is a textbook example of the huge impact that a grass-roots effort — the actions of individuals — can have on public policy. Congratulations to all!

Note: A detailed breakdown of 2003 Medicare fees for cardiology procedures is available on the ACC Web site. For details on surgical fees, contact the Society of Thoracic Surgeons.



College Seeks Key Contacts

The College is searching for members to serve in the Key Contact Program, which utilizes relationships that ACC members have already established or wish to establish with federal legislators to promote issues important to the ACC. A Key Contact's duties might range from sending a letter or making a phone call to presenting a PAC check or visiting with lawmakers in Washington, DC.

There are four committees in Congress that have main jurisdiction over most health-related issues. Forty-four states have members of their congressional delegations who sit on one of these key committees but for whom the College has not identified a Key Contact. The College's goal is to find a Key Contact for those members and for the "freshman class" of new legislators.

For more information about the Key Contact Program or for an enrollment questionnaire, contact Margaret Bailey at m Bailey@acc.org or (800) 435-9203.

ACC Political Action Committee

College Testifies on Need for Federal Support of Smoking

The ACC testified before the Surgeon General and the Interagency Committee on Smoking and Health last week on the need for stronger federal support of smoking cessation programs and initiatives.

The College supported a recommendation for the government to create an action plan for the Secretary of Health and Human Services to promote tobacco use cessation and stressed the importance of ensuring that any resulting programs address clinician training, including the background information and training needed to counsel patients.

Barry K. Lewis, DO Michigan Representative to ACC PAC Board

By now, everyone knows about the changes in the American College of Cardiology that have allowed the formation of a Political Action Committee (PAC, which has been up and running for almost one year. Many physicians, however, may not be aware of exactly what the PAC is and does.

The PAC has many functions, including educating legislators and their staffs about specific issues that are important to physicians — specifically cardiologists. It ensures cardiology a seat at the table when health policy is developed.

The PAC is permitted by law to obtain financial contributions from individuals. The PAC can then contribute to candidates' campaigns or to political parties that support legislation that is important to cardiologists and that is consistent with the ACC's mission and goals.

The PAC is subject to very strict legal requirements regarding fund raising and distributing money. Individuals can only contribute up to \$5,000 annually, and the PAC can give up to \$5,000 to a candidate per election.

A PAC is not unusual in medicine. Indeed, the American College of Cardiology is probably a late arrival in this arena. Other specialty and subspecialty groups – the American Society of Anesthesiologists, the American Academy of Ophthalmology, and the American Association of Orthopedic Surgeons, as well as the podiatrists, dentists, and optometrists, just to name a few – have already formed PACs. Other viable and well-known PACs include the American Trial Lawyers Association.

Unfortunately, in today's environment it is simply not sufficient to go to the hospital and office and strive to practice quality medicine. With multiple outside forces demanding our attention and interfering with our practice of cardiology, it is essential that we, as physicians, be informed and pro-active. A PAC is a vehicle to pool our resources to make ACC more effective in the political arena. With several hundred cardiologists in Michigan, imagine what we could do if each of us contributed up to \$1,000.

Information can be obtained directly from the ACC Web site at <http://www.acc.org/advocacy/>

[advocacy.htm](#) or feel free to contact me with any questions or comments at blewis@cms-email.com.

Editors Note: The Michigan Chapter formed the Michigan Cardiologist PAC in 1999 to enhance the Chapter's advocacy efforts at the state level. All funds in Michigan's PAC go to candidates or political parties in Michigan. Contributions to both the federal and state PACs are vital.

Council Election Results

Two new Councilors have been elected to the Michigan Chapter Council. Five Councilors have been elected to a second term. A complete list of Councilors appears below.

N = new Councilor, 2=second term.

President

Eric R. Bates, MD

Past President

Daniel T. Anbe, MD

Secretary-Treasurer

Michael L. Epstein, MD

District 1

Thomas D. LeGalley, MD

District 2

Abraham S. Salacata, Jr., MD

District 3

Richard K. Foster, MD-2

Alicia Williams, DO-2

District 4

Albert W. Sparrow, MD, MPH

District 5

Anthony C. DeFranco, MD

District 6

Issac Grinberg, MD

Andrew M. Hauser, MD

Syed M. Jafri, MD-2

Barry K. Lewis, DO

District 7

Claire S. Duvernoy, MD

James D. Marsh, MD

Arthur L. Riba, MD

Howard (Hank) S. Rosman, MD-2

At-Large

Louis A. Cannon, MD-2

John M. Formolo, MD-N

Francis D. Pagani, MD, PhD-N

N. Rohde Woodruff, MD, PhD

Michigan Fellows Serve the College

President-elect Carl J. Pepine, MD, appointed the following Michigan Fellows to serve on College committees and working groups. Their terms begin April 2, 2003.

Eric R. Bates, MD

Task Force on Clinical Expert Consensus Documents

Claire S. Duvernoy, M.D.

Credentialing & Membership Committee

Peter M. Farrehi, M.D.

Advocacy Committee Working Group on Evaluation and Management Documentation

David H. Forst, M.D.

Advocacy Committee Working Group on Medical Directors Institute

Adam B. Greenbaum, MD

Peripheral Vascular Disease Committee

Cindy L. Grines, MD

Awards Committee

William W. O'Neill, MD

Education Strategic Directions Working Group on Procedures Training

Sanjay Rajagopalan, MD

ACCF/Merck Fellowship Committee

Robert D. Safian, MD

Peripheral Vascular Disease Committee

W. Douglas Weaver, MD

Emergency Cardiac Care Committee (reappointed as chair)

Jamal Zarghami, MD

?

These new appointees join many other Michigan Fellows who serve on national committees. For example, Michigan's Past President, Daniel Anbe, MD, is a member of the Education Committee. He and the current President, Eric Bates, MD, are on the ACC/AHA Committee to Revise the 1999 Guidelines for the Management of Patients with AMI.

College leadership recognizes participation on Chapter committees and working groups as an important steppingstone to service at the national level and solicits nominations each year from all the Chapter presidents. Michigan Fellows interested in serving on a College committee or working group

should write to Eric Bates, MD, c/o Michigan Chapter ACC, 11793 VFW Road, Eaton Rapids, MI 48827-9708. A complete list of the College's committees and working groups is posted at www.acc.org/about/committees/committees.htm

Calling all fellows-in-training

Interesting Cases Needed

Two cardiology Fellows will have the opportunity to give an oral case presentation at the Michigan Chapter Conference in October. The two presenters will be determined at the annual Michigan Cardiology Fellows Society Oral Case Competition this summer. Details regarding the competition and submission of cases will be mailed in early May, but Fellows are urged to be thinking about interesting cases — especially those related to stroke — that would enhance the Conference program.

MCFS and the Chapter will also offer a poster competition. New rules will allow more poster presenters to participate in the judges' question-and-answer session and to vie for the final prizes.

Watch the mail for information on both the oral case competition and the poster competition.

(President's Message — continued from page 1)

est in initiating a program. Interested hospitals should develop a financial plan, start negotiations with the sponsoring hospital, start training staff, and begin to develop protocols. Successful programs will have to be totally committed and led by interventional cardiologists, not hospital administrators. I suspect only a few hospitals will be able to meet all of the requirements.

The Chapter and several members have worked very hard to achieve this opportunity. As a result, we are now recognized by the Department of Community Health and the Certificate of Need Committee as the voice of cardiology in the state. Now we need to prove that we can deliver the excellent care we have promised. Interested programs should contact me for additional information.

Welcome

The Michigan Chapter congratulates the following cardiologists for their election to Fellowship in the American College of Cardiology. These Fellows have been invited to participate in the 52nd Annual Convocation of the College on April 1, 2003, in Chicago.

Salwan P. Anton, DO

Sarosh Anwar, MBBS

Hameem U. Changezi, MBBS

David R. Dobies, MD

Waleed H. Doghmi, MBBS

Dennis W. Dunning, MD

James Fox, MD

Robert S. Grodman, DO

Madhavi Gunda, MD

Robert L. Hooker, MD

Michael P. Hudson, MD

Safwan Kassas, MD

Michael A. Lauer, MD

Daniel Lee, MD

Debabrata Mukherjee, MBBS

Edward T. Murphy, MD

Divakar Pai, MBBS

Paul J. Pearson, MD, PhD

Elizabeth J. Pielsticker, MD

George S. Predeteanu, MD

Alejandro R. Prieto, MD

Muhammad A. Raufi, MBBS

John R. Schairer, DO

Ahmad B. Shahbandar, MD

Timothy S. Shinn, MD

Acceptance, Use of Clinical Practice Guidelines

A new survey indicates that clinical practice guidelines are finding more acceptance among physicians. In a survey conducted by the Center for Studying Health System Change, clinical practice guidelines "influenced" more than half of the physicians surveyed, with nearly two-thirds of those physicians reporting that the guidelines had a positive influence.

'Heartsavers' Honored

Bob Brenzing, Communications Manager, American Heart Association, Midwest Affiliate

Michigan residents who played a part in saving lives from cardiac arrest were honored by the American Heart Association during Heartsaver Day ceremonies Feb. 4 and 5 at the Detroit Athletic Club and at the Anderson House Office Building in Lansing, where legislators joined in the celebration.

Honorees included corporations that have placed AEDs in the workplace, emergency response personnel who saved the life of one of their own, and several people who were fortunate to have the right equipment at the right place, at the right time.

"We really appreciate the efforts that these individuals and groups have shown in saving lives of Michigan residents," says Sarah Poole, Regional Program Director for the American Heart Association in Grand Rapids. "We point to these efforts to encourage others to take an active part in their community to also be prepared to save a life."

One particularly poignant story is that of Mark Tamlyn, an officer with the Michigan State Police in Cheyboygan. Tamlyn worked for several years to



rally his community to raise money to purchase AEDs for state police and sheriff's department vehicles in the area. This fall, when Tamlyn experienced a heart attack, his partner started CPR immediately and called dispatch for assistance. The responders from the Cheyboygan County Sheriff's Department saved Tamlyn's life using one of the AEDs that had been purchased as a result of Tamlyn's own fund-raising efforts.

Med School Applications Down Again

For the sixth year in a row, applications to U.S. medical schools declined, the Association of American Medical Colleges (AAMC) announced last week. There were 33,501 applicants in 2002, a nearly 4 percent drop from 2001. The decline in female applicants was far less than in male applicants: 263 vs. 1143. However, preliminary data for 2003, the AAMC noted, indicate that the decline may be coming to an end. Based on the number of individuals who took the Medical College Admission Test in 2002 and initial applications to date, the number of medical school applicants is projected to increase by 4 to 6 percent in 2003.

Member Feedback Requested on Improper Bundling

As part of an ongoing effort by the ACC to address issues related to improper/inappropriate bundling by third-party payers, the College met recently with McKesson Corp., an information technology company that develops the claims editing software used by 80 percent of private-sector health plans. McKesson has expressed a strong interest in learning more about cardiovascular procedures and what is involved in providing these services to patients. In response, the ACC is working to identify procedures that health plans inappropriately bundle into other payments. ACC members are encouraged to submit examples of improperly bundled procedures to the College via the ACC Web site. All information will remain confidential. For more information, contact Kathy Flood by phone at (301) 897-2607 or via email at kflood@acc.org.

Michigan Reception



If you are going to ACC03 in Chicago, don't forget the

Michigan Reception

Monday, March 31

5:30–7:00 P.M.



*Hyatt Regency McCormick Place
(adjacent to the conference center)
Room CC10CD*


You and your guest are invited to the Michigan Reception at the ACC Scientific Session.

Take a few moments from the hectic pace of the Scientific Session and join your colleagues at this annual reunion of Michigan's cardiovascular community.

The 2003 Michigan Reception is sponsored by:

- Beaumont Heart Center
 - Botsford General Hospital
 - Detroit Medical Center/Wayne State University
 - Henry Ford Heart & Vascular Institute
 - Michigan Heart, P.C.
 - Munson Medical Center
 - Oakwood Healthcare System
 - Providence Hospital
 - St. John Hospital & Medical Center
 - University of Michigan
- and*
- Michigan Chapter of the American College of Cardiology



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