

Dear Colleague:

We're down to the wire. The Centers for Medicare and Medicaid Services (CMS) is expected to release the final 2010 Medicare Physician Fee Schedule at the end of this month. As the November 1 deadline approaches, we've pulled out all the stops to make sure that the drastic practice expense cuts proposed by CMS are not implemented. If this rule goes through as is, it will literally devastate the private practice of cardiology and outpatient access to cardiovascular care. And it must not happen!

On the congressional front, the ACC is keeping up the pressure on Capitol Hill. More than one-third of Congress has registered concerns about the proposed rule with either by letters or calls to CMS and Health and Human Services Secretary Katherine Sebelius. We continue to hear from members of Congress that your individual calls, letters and visits are making a difference. In several cases, the personal stories about the impacts of the cuts on patients and practices have made such a difference that members are prepared to support emergency legislation should it be necessary.

When it comes to the administration, the [Wall Street Journal](#) editorial earlier this month helped us shine a spotlight on the issue. The editorial – a direct result of the ACC's proactive media efforts – highlighted the problems associated with the practice expense survey used to determine the cuts, as well as the downstream effects on patients with cancer and heart disease. The ACC strongly believes the unvalidated survey data and flawed review process are reason alone to stop the rule. In addition, ACC CEO Jack Lewin met directly with Obama administration officials to highlight the gravity of the cuts, particularly at a time when the administration is looking to increase access to care as part of its health care reform agenda. The ACC was also among several cardiovascular specialty groups represented at a recent meeting with CMS officials.

We are being heard! Rest assured that we are considering all options and doing all that we can at both the legislative and administrative levels to represent the interests of the cardiovascular community! In fact we are considering sponsoring a parallel bill to health care reform that would give primary care physicians their much-needed boost without the very negative consequences of trying to reallocate payment and reimbursement from specialties to primary care in a zero sum game. If primary care were to have a guaranteed payment update through another mechanism, CMS might be willing to postpone the practice expense cuts until the validation of the data could be undertaken more responsibly.

But we're not stopping here. While I can fully assure you that we are at the table and working to stop the cuts, we are also working to mitigate the impacts of smaller cuts on your patients and practices, including those related to new nuclear codes slated for January 1, 2010. In an effort to help your practice plan for these changes, the ACC has developed a [practice expense calculator](#) that you can use to gauge the impacts on your practice. (This is also a useful tool when talking to members of Congress about the specific affects of the proposed rule.) We are also finishing tools to help you work with health plans, transition to new codes, benchmark your practice and choose the practice paradigm that best fits your needs in this challenging environment. These tools will be available on the Practice Management section of www.acc.org in the coming weeks.

Finally, ACC CEO Jack Lewin and I will be hosting an all-member call on November 12 from 4:00-5:30 p.m. (EST) to discuss the 2010 rule. To RSVP for the call, go to: <http://63.236.98.205/webportal3/reg.html?Acc=4186046278&Conf=132016>. I strongly encourage you to attend this call, where we will provide an overview of the final rule, as well as answer your questions about next steps.

As of this writing, we all have an opportunity and an obligation to continue urging Congress and CMS to stop these unprecedented cuts from occurring. They need to understand the real, hard and irreversible impacts that these cuts will have not only on our patients, but on our staff and on us. To take action, visit www.acc.org/can.

Sincerely,

Alfred Bove, M.D., Ph.D., F.A.C.C.
ACC President