

State of Cardiology Practice

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At the January 2010 Board of Governors meeting in Washington, DC, the 63 Governors were given the task of reporting on the state of the cardiology practice. In crafting our report for the State of the State report for California, we used a survey of the California membership along with our interactions with them. I am going to highlight this report along with those from other states.

The California Chapter, which is the largest chapter of the American College of Cardiology (ACC), has 2500 physician members. Of that membership, 177 took the survey: 86% are men and 14% are women. Fifty percent of the practicing physicians are over the age of 55 years. Sixty percent practice in a private setting with the majority in a small group (< 15); only 14% are in a large group practice (> 15). Sixty-two percent of respondents had adopted electronic medical records (EMRs) and an additional 12% are in the process of implementing EMRs.

Twenty-nine percent are in a foundation model or considering a joint venture with a hospital. The majority of respondents want to maintain their autonomy. Autonomy seemed to be very important to most of the physicians—even the younger physicians report autonomy as one of the reasons they picked medicine as a profession. In terms of job satisfaction, the majority report good job satisfaction, although over 50% reported an average work week of 60 to 80 hours with 5% reporting a work week of 80 to 100 hours. Only 3% reported poor job satisfaction.

All of the State of the States reports indicated that cardiologists faced unprecedented challenges last year and continue to struggle with more this year. The Centers of Medicare and Medicaid (CMS) rule went into effect in January 2010 with a 36% decrease in nuclear imaging reimbursement, a 16% reduction with the removal of the consultation code, and an average of 8% to 10% fee cuts for other cardiol-

ogy services, including electrocardiography and echocardiography. The initial cuts were slated to be 30% for all services. Thanks to the hard work of ACC advocacy efforts, the cuts were spread over 4 years—giving us time to reverse the cuts planned for the next 3 years. On top of these cuts, there are the looming Sustained Growth Rate cuts of 21.5% that were pushed back to April 1, 2010. Over 50% of the surveyed cardiologists reported they anticipate great impact on their practices from the recent CMS rule. In fact, United Healthcare reported an increase of \$500,000 in extra expenses for nuclear imaging in the first 2 months of the year due to shifting care to the hospital.

The mood in California, as in the rest of the country, is that of frustration and anger. It has mobilized advocacy efforts of the ACC membership in California as well as nationally. These efforts include letters and visits to congressional representatives, op-ed pieces in

local newspapers, letters to Katherine Sebelius, Secretary of Health and Human Services, advertisements in the *New York Times* and other papers to draw public attention, a public awareness campaign, implementation of patient education tools, and, finally, a lawsuit filed in Florida that was thrown out on the basis of jurisdiction. There is now a legislative effort underway to get more congressional representatives to sign the Gonzalez bill (H.R. 4371), which would force a discussion and draw attention to the plight of the cardiologist. Presently, we have 98 signatures on the Gonzalez bill and need over 100 for attention in Congress. None of the CA legislators have signed on as of yet. Getting cardiologists and patients to participate in efforts to point out access-to-care issues that are evident with these fee cuts will be advantageous.

Across the nation, chapters reported that there are practice changes ahead: reduced staff size, changes to practice models such as a move to cash-only services, offering fewer procedures, closing satellite offices, retirement, and more referrals to hospitals. There is also a movement to consolidate with hospitals. In Ohio, there has been a large number of private practice physicians who have integrated with a health care system since the beginning of the year. In Oklahoma, 2 years ago nearly all car-

diologists and cardiology groups were in private practice. Today, nearly all have either signed contracts or are about to sign contracts to align themselves to a hospital. In Connecticut, there does not appear to be a rush to consolidate, although more cardiologists seem to be discussing these options than ever before.

In terms of mood and job satisfaction, an Arizona cardiologist said, "More work, less income, less time for patients, more inept regulations, less job satisfaction: any questions?" Many hope that the events of this past year will wake up the apathetic cardiologist to participate in the preservation of the profession. This requires advocacy efforts—a fact certainly appreciated by our radiology and pathology colleagues who raise money in much higher numbers through their political action committees (PAC). The PAC receipts from 2008 indicate an average of 1.2% of the membership of the ACC contributed \$786,074. Our radiology colleagues donated \$1.7 million; ophthalmologists contributed \$1.7 million, and pathologists contributed \$1.1 million to their PACs. The Trial Lawyers of America donated \$6.3 million to their advocacy effort. Understanding the power of political influence utilizing PAC funds is crucial. Members asked why their membership fees cannot be used for this, but it is illegal to use dues for political action.

The other area where apathy is visible is in the lack of interest in filling out the surveys sent out as part of the Relative Value Scale Update Committee (RUC) process. The RUC—a joint effort of the American Medical Association and medical specialty societies such as the ACC—makes recommendations on revising and updating the resource-based relative value scale used by Medicare and many private payers. These surveys ask the physician to evaluate the amount of time it takes to do services performed by them; this information is important to ensure appropriate valuation. The surveys are sent on a regular basis, but member participation is slim. I recently did a RUC service for coronary angiography and the survey took 45 minutes to complete. It is cumbersome but necessary. It was the lack of participation in an RUC survey that led to the CMS rule this year, highlighting the importance of membership participation.

In spite of the frustration, anger, and turmoil felt, cardiologists still enjoy their profession. They are a hard-working group of individuals who are bright, creative, resilient, and who understand the phrase "May we live in interesting times." These have been interesting times; we must learn not just to work hard but to work smart. We need to remain true to our main mission—caring for our patients and maintaining our professionalism. ■