

One Story (Among Many) That Needs Telling

By Zia Roshandel, M.D., F.A.C.C.

I practice non-invasive cardiology in a rural town in Virginia. My partner established the practice about five years ago. I have been here about three years. Prior to that, I was in Michigan. We are the only cardiology practice in the area. Our practice hires one additional cardiologist part-time, and we have 12 other staff members.

In addition to our office practice, we also see an unlimited number of patients from the free clinic and are on call 24/7 for the local community hospital and emergency room. We care for insured and, particularly in this community, a large number of uninsured patients. We perform stress tests, echocardiograms, holter monitor, INR

Medicare patients. I would have to lay 12 employees off; four of whom are the sole wage earners for their families because their spouses have already been laid off from their jobs.

Yes, my partner and I could accept jobs elsewhere, but what about our community? Patients with heart disease would have significantly longer drives to receive cardiac care. The hospital/ER would have to transfer every chest pain, congestive heart failure, arrhythmia or any potential cardiac disease presentation to the larger hospital, which is 45 to 50 minutes away. This would represent a significant financial loss and a survival challenge for our small community hospital and a personal hardship for many patients. The community

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measurements, carotid ultrasound tests and pacemaker checks. We purchased the equipment to do echocardiograms and a nuclear camera in the last two years.

My annual income is in the 50th percentile scale of the salary chart from the Medical Group Management Association. As the economy has struggled, the number of uninsured patients has grown, and we struggle to cover our costs. Both my partner and I have foregone salaries for many months in order to invest in our practice and build the quality of care we could provide. In this last year, we have taken additional savings measures, such as reducing the number of employees, cutting employee salaries by 10 percent, renegotiating our health insurance to save \$70,000, reducing employee hours while we physicians work longer days. Despite these measures, our survival is tenuous, and we could close at any time.

I am very concerned about the CMS proposal that could result in 10 percent to 40 percent cuts for cardiology practices. My practice clearly cannot survive such drastic cuts. About 65 percent of my practice is Medicare, and I cannot refuse to see

might have to struggle for a long time with this outcome, too, because, historically, small towns have a difficult time recruiting specialists. Our patients are very concerned about the outcome of these cuts and health care reform.

I truly appreciate ACC efforts to help us in this difficult time, and I have never felt as proud as I do now to be an ACC member.

However, I realize that we as individuals must take action; we cannot be passive at this crucial time. I have called my legislators in Virginia, and when I was unable to talk with anyone in their offices, I sent them e-mails as recommended by ACC. I will be attending the Legislative Conference, Sept. 13 – 15, in Washington, D.C. and will join other ACC members as we take our story to Capitol Hill.

My dear colleagues, I urge every one of you to step up, speak out and take action in determining your professional future before it is too late.

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