



We Need Everyone Involved if We Want to Win

By Timothy Malins, M.D.

I arrived in Washington, D.C., for the 2009 ACC Legislative Conference as a Washington rookie. I had two goals as a constituent and ACC member. My first goal was to explain to our elected officials the problems at the core of the 2010 cuts proposed by the Centers for Medicare and Medicaid Services (CMS). Second, it was important to explain the astoundingly positive impact cardiologists have made in the treatment of their patients over the past several years.

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Since I knew I would be dealing with well-informed politicians and their aides, I arrived armed with the following facts to back up my concerns over the CMS cuts —

- The 2010 CMS cuts are based on only 55 practice expense surveys from the 3,500 that were sent out by the American Medical Association (AMA). Additionally, we do not know why only 55 were used as there has been little transparency regarding this.
- The data used from some respondents are not indicative of common cardiology practices today. For example, these respondents did not employ nurse practitioners and had little or no overhead.
- There was a contradictory calculation in determining cost of overhead that is based on physician work hours. In essence, the more hours a physician works, the less “relative” overhead he/she needs. On average, cardiologists work more than 60 hours a week, which unduly penalizes them in the overhead/work hour calculation.
- As a result of the flawed survey, CMS falsely concluded that cardiologists are practicing at a 40 percent reduction in overhead when compared to the last CMS proposal of 2007. This is the basis of their cuts.

My second point to our legislators was to highlight the improvements in cardiovascular mortality that we have gained.

In the past eight years, we have helped achieve an astonishing 27 percent reduction in cardiovascular mortality. This magnitude of reduction is unsurpassed anywhere else in the world.

Cardiovascular professionals in this country are on the front lines of research, innovation and treatment of cardiovascular disease. Our efforts have been vindicated by these results.

Since I am from New York, I arranged meetings with the offices of Sen. Charles Schumer, Sen. Kirsten Gillibrand and Rep. Louise Slaughter — all Democrats from New York. We met with an aide for Sen. Gillibrand; however, Rep. Slaughter personally met with us. Sen. Schumer was not able to keep his appointment, nor could he schedule an aide to stand in for him. Despite our positive meetings, I came away with the conclusion that this issue is bigger than we are. Clearly, we need more active participants and support.

The fact that cardiologists are saving lives at rates unparalleled anywhere else in the world may have had only a little effect on my audience. The fact that the proposed cuts are based on a faulty survey and a skewed analysis can be dismissed easily as unimpressive and irrelevant — if we do not act. What we need is more support — support from colleagues, all ACC members, our patients and other constituents — if we want to engender true support from our legislators.

I am convinced that our profession has reached a tipping point, and this is a pivotal time for the practice of cardiology. As I enter my last eight months of fellowship, I am concerned about how I will be able to care for my patients in the future.

I implore you to write to your legislators and to join the ACC PAC. I encourage you to speak freely with your patients about the potential problems facing our noble profession. We must all get involved, primarily for our patients’ wellbeing, but also for the preservation of the future of our profession.

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