

## ASNC2011 Draws Near

The 16th Annual Scientific Session of the American Society of Nuclear Cardiology is just weeks away. Scheduled for September 8 – 11, 2011, in Denver, attendees who want to take advantage of the pre-registration discount need to register no later than Friday, August 19. ASNC2011 will feature nearly 45 education sessions and multimodality symposia, ensuring that every attendee will be exposed to valuable new information, cutting-edge research, and the foremost technological advances in cardiovascular imaging.

ASNC2011 begins on Thursday, September 8, with two exciting clinical sessions and the Welcome Reception and Exhibit Hall Grand Opening showcasing more than 40 exhibitors. Throughout the weekend, these exhibitors will be on hand for dedicated exhibit hall time, during breakfast and evening receptions, as well as during coffee and refreshment breaks, giving attendees plenty of opportunities to discuss new equipment, software, pharmaceuticals, and services.

### Earn Credits at Program Tracks and Joint Sessions

ASNC2011 attendees have the opportunity to earn up to 23 American Medical Association Physician's Recognition Award (AMA PRA) Category 1 Credits™ for physicians or 23 ASNC Continuing Education (ACE) credits for technologists. Attendees can customize their professional development to earn these credits while attending a variety of program tracks, including Plenary Sessions, Advanced Sessions, Core Sessions, Computed Tomography Sessions, and Technical Sessions. Plenary Sessions will feature keynote presentations from industry leaders; Advanced Sessions will showcase principal advances in the field as well as clinical applications; and Core Sessions will cover



didactic presentations essential to the effective diagnosis and treatment of heart disease. Computed Tomography Sessions will highlight the latest information on the state of cardiac computed tomography, and Technical Sessions will offer exclusive instruction on nuclear cardiology procedures.

From Friday to Sunday, nearly 100 abstracts will be presented during four poster sessions, covering "Diagnosis, Prognosis, and Risk Assessment," "Advances in Perfusion Imaging," "SPECT and PET Perfusion Imaging Methods and Protocols," and "Special Topics in Assessment of LV Function." Additionally, the weekend events will feature the Young Investigator Award Competition, featuring leading research from seven groups of

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### INSIDE THIS ISSUE

The ASNC newsletter is published by the American Society of Nuclear Cardiology (ASNC) and is provided as a benefit of membership in ASNC.

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# COVER STORY

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young applicants; an oral abstract session titled “Current Issues in Pharmacologic Stress Testing”; and ancillary programs led by experts and designed for certification candidates, technologists, nurses, and multimodality imagers. Six Read with the Experts sessions will provide opportunities for attendees to learn from leading cardiology practitioners in an interactive format.

Additionally, ASNC2011 will feature several joint sessions with such professional organizations as the American Society of Echocardiography, the Society of Cardiovascular Computed Tomography, and the Society of Nuclear Medicine. In addition to these educational and professional development programs, attendees will have numerous opportunities to meet and network with colleagues, including the opening reception, breakfast and evening receptions hosted by industry partners, and a Saturday night reception at Denver’s historic opera house. See more details about these and other ASNC2011 highlights in the Preliminary

Program or build your own customized itinerary online at [www.asnc.org/asnc2011](http://www.asnc.org/asnc2011).

## Participate in the Multi-Modality Imaging Symposium

The Multi-Modality Imaging Symposium is scheduled for September 11 from 7:30 a.m. to 2:00 p.m. This program is co-sponsored by the American Society of Echocardiography, the American Society of Nuclear Cardiology, the Society for Cardiovascular Magnetic Resonance, and the Society of Cardiovascular Computed Tomography. Designed for all cardiovascular imaging professionals who are interested in learning more about multimodality imaging, this program covers topics such as test selection for symptomatic patients with suspected coronary artery disease, left ventricular function and myocardial viability, and recent technological developments in the field. See the new Multimodality Program at [www.asnc.org/asnc2011/section\\_422.cfm](http://www.asnc.org/asnc2011/section_422.cfm).

## Join ASNC at the Hyatt Regency Denver

ASNC has reserved a block of rooms at the Hyatt Regency Denver at the Colorado Convention Center. Take advantage of special rates and convenient access to ancillary programs and main sessions by staying at the official hotel for ASNC2011. To ensure reservations at this group rate, ASNC advises you to reserve your room by August 15, 2011. Reserve your room today at [www.asnc.org/asnc2011](http://www.asnc.org/asnc2011).

## Pre-register Before August 19

Be sure to pre-register for ASNC2011 before the August 19 deadline at [www.asnc.org/asnc2011/section\\_400.cfm](http://www.asnc.org/asnc2011/section_400.cfm). On-site registration opens in Denver on September 6. We look forward to seeing you in Denver! ✧



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## ASNC NEWS BRIEFS

### Palmetto GBA Issues Rubidium Coding Update

Palmetto GBA completed a review of billing patterns for HCPCS code A9555 (Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries) and has updated its fee structure to represent a “per dose” versus a “per study” unit. The fee revision corrects an overpayment on previously paid claims for this code. The payer has updated its fee structure accordingly with a per dose payment of \$291.88. The payer will work with providers to correct all claims for HCPCS code A9555 paid on or after December 4, 2009, and resolve overpayments received for service from April 1, 2009, through March 15, 2011.

ASNC, along with the Society of Nuclear Medicine, the American College of Nuclear Medicine, and the American College of Cardiology, jointly signed a letter to Palmetto GBA to express their shared concerns regarding the “up to allowable limit” as well as the decision to make the policy retroactive. In particular, the societies are concerned that Palmetto has failed to provide a rationale for its decision to make payments retroactive for the selected time frame. Additionally, many practitioners submitted actual costs in accordance with Palmetto’s previous reimbursement policy and should not be penalized for this updated fee structure. See the update at [www.asnc.org/content\\_11278.cfm](http://www.asnc.org/content_11278.cfm). ✧



# MEETINGS AND PROGRAMS

Programs listed below are sponsored or co-sponsored by ASNC. For more information about live programs, on-demand courses, and free webinars for ASNC members, visit the "Education" section of [www.asnc.org](http://www.asnc.org).

## SEPTEMBER 2011

September 7 – 8	Nuclear Cardiology Board Exam Preparation Course	Denver, CO
September 7 – 8	Nuclear Cardiology for the Working Technologist	Denver, CO
September 8	Nuclear Cardiology for Nurses and Nurse Practitioners	Denver, CO
<b>September 8 – 11</b>	<b>ASNC2011: The 16th Annual Scientific Session of the American Society of Nuclear Cardiology</b>	<b>Denver, CO</b>
September 11	Multi-Modality Imaging Symposium	Denver, CO
September 23 – 24	Nuclear Cardiology Physics and Fundamentals	Washington, D.C.
September 28 – 30	ALASBIMN/SBBMN/ASNC Nuclear Cardiology Symposium	Porto de Galinhas, Brazil*

\*This course is co-sponsored by ASNC.

# EDUCATION

## JNC SPOTLIGHT



### From the July/August issue of the *Journal of Nuclear Cardiology*:

In "Comparison of High Efficiency CZT SPECT MPI to Coronary Angiography," Duvall et al evaluate the efficacy of myocardial perfusion imaging with a cadmium zinc telluride (CZT) SPECT camera in comparison to invasive coronary angiography. The authors' findings, published in the July/August issue of the JNC and available at [www.asnc.org/journal](http://www.asnc.org/journal), provide insight into CZT SPECT imaging's ability to detect obstructive epicardial coronary artery disease.



The July/August issue of the JNC also includes an important article titled "Gender Disparity and the Appropriateness of Myocardial Perfusion Imaging" by Gupta et al. Dr. Gupta joins Dr. Peter Tilkemeier in a JNC podcast interview about their study. Visit [www.asncpodcast.org](http://www.asncpodcast.org) to listen or download this free podcast in the ongoing JNC series.

## Nuclear Cardiology Physics Course Open for Enrollment

Practitioners who perform nuclear imaging studies and want to refresh their physics knowledge for certification or general practice improvement now can enroll in "Nuclear Cardiology Physics and Fundamentals." Scheduled for September 23 – 24, 2011, at the Hyatt Regency on Capitol Hill in Washington, D.C., this essential program will help cardiologists prepare for the technical sections of board examinations in nuclear cardiology.

Participants will learn to appraise knowledge of physics fundamentals associated with nuclear cardiology and explain production of radioactive materials. Attendees will be able to describe physics principles used in nuclear cardiology and cite various radiation safety procedures. The course also includes a

discussion of acquisition and processing principles in nuclear cardiology.

Course faculty include Program Chair Gordon DePuey, MD, FASNC, St. Luke's-Roosevelt Hospital, New York, New York; David Cooke, MSEE, Emory University School of Medicine, Atlanta, Georgia; Nicki L. Hilliard, PharmD, MHSA, BCNP, University of Arkansas for Medical Sciences, Little Rock, Arkansas; and Jason S. Tavel, MS, Astarita Associates, Inc., Smithtown, New York.

Early bird registration ends August 19, 2011 — enroll today at [www.asnc.org/physics](http://www.asnc.org/physics). \*



# LEGAL UPDATE

## Getting the EHR, Avoiding the Quicksand

Contributed by Alice G. Gosfield, Esq.

In the current health care environment, electronic health records (EHRs) will facilitate physicians' ability to improve care and value. While EHRs can significantly improve efficiency, they also can provide powerful data to physicians about their own care. As a result, legislators and regulators have created financial incentives for the "meaningful use" of EHRs in the care of Medicare and Medicaid beneficiaries.

Many of the EHR software programs available to physicians are not yet up to the full panoply of tasks ideal functionality would require. Even so, smart physicians will not let perfect be the enemy of developing efficiencies in their delivery of care using a decent if not ideal EHR to do so. Nuclear cardiologists who do not deploy an EHR system will inevitably be left behind as those who are willing to accept some transitional discomfort, the need to upgrade over time, and some expense, move forward and competitively outstrip their resistant colleagues. Those who adapt to an electronic environment will succeed better in their performance on the new metrics that matter — improved quality, better patient experience of care, increased safety, and economical and efficient care delivery.

### The License

The contract which gives a physician practice permission to use the proprietary software the EHR vendor makes available is called a "license." This means that a practice never owns the software, but has the right to use it. That right can end. What triggers the end is a major issue, including whether the practice may only terminate for breach of a provision or may terminate because of dissatisfaction which does not rise to the level of a contractual breach. When the agreement ends, it is vital that the practice get its data back in a format that is transferrable into another EHR. The contract provisions which govern getting out of the license are almost more important than what you get going in.



*Alice G. Gosfield, Esq., is an expert in health law and health care regulations. She has been cited as one of the Top Twenty-five Health Lawyers in the country and has served as a committee member for the Institute of Medicine and a consultant to AHRQ, the GAO, and the Robert Wood Johnson Foundation,*

*among others. She will serve as a regular contributor to the ASNC newsletter in 2011.*

The license should speak explicitly to a range of issues which have real practical implications.<sup>1</sup> Technical support and its costs are critical, along with the obligation of the vendor to upgrade the program as changes in regulations and advances in technology occur. Additional payments, if any, associated with these changes should be addressed in the initial license agreement.

Determining if the license is a site license (allowing anyone at the location where the software is installed to use the package) or if the license limits the number of users or terminals can make a real difference in EHR selection. How it links to billing, e-prescribing and other functions can also be important, but billing software programs are easier to come by than a decent EHR.

### Stark and Anti-Kickback EHR "Donations"

In an effort to spur further dissemination of EHRs, the government published a safe harbor regulation and a Stark exception to permit hospitals and other entities such as laboratories to "donate" software, goods, or services associated with EHRs to physicians. The physician must pay at least 15% of the donor's costs. The donor must have already paid for what the recipient is getting. The protections do not specify that the donation must be ongoing. So, a hospital, laboratory or health plan might contribute the maximum 85% of the cost of initial setup, but might not contribute to upkeep and upgrades. In addition, these relationships often end up with three parties: the actual vendor of the software, the donor, and the practice recipient. Where these relationships are downstreamed, and the practice is getting access to the software through the donor, the issues associated with technical support can be more complicated.<sup>2</sup> If the arrangement is "v" shaped, so that the practice has a relationship with the donor and also with the vendor, then there are issues regarding where the data is stored, how to get the data back, who has access to and ownership of the data, as well as the basic termination issues noted above.

### Conclusion

The use of EHRs is inevitable. The government is incentivizing their deployment with bonuses and will penalize those who don't use them in a few years. The contract that establishes the practice's relationship with the EHR supplier is an important one. Nuclear cardiologists need to adopt this technology; and they need to understand that pitfalls await. The right lawyer can help. \*

1 Shay, DF. Top ten questions to ask when looking at an EHR license agreement. *J Med Pract Manage* 2006; 138-140. Available online at <http://www.gosfield.com/PDF/DFS.Top10QuestionsToAsk.pdf>.

2 Shay, DF. Downstreamed physician EHR licenses: Understanding the ebb and flow. In: Gosfield, AG, ed. *Health Law Handbook*. WestGroup;2008:45-76. Available online at <http://www.gosfield.com/PDF/Published.Chapter2.pdf>.



# INTERNATIONAL NEWS

## ICNC10 Celebrates 20 Years of Collaboration

The International Conference of Non-Invasive Cardiovascular Imaging celebrated 20 years of scientific collaboration at ICNC10 for Nuclear Cardiology and Cardiac CT on May 15 – 18, 2011, in Amsterdam, the Netherlands. More than 60 countries attended the 4-day meeting, which offered 50 sessions and presented more than 300 abstracts.

As part of a new initiative for ICNC10, young researchers had the opportunity to present abstracts as the conference recognized their “valuable contribution to the future of our science.” Following are the selected finalists and the research they presented:

- “Pericardial Fat Volume Correlates with Coronary Vasomotion,” presented by V. Dunet, Lausanne, Switzerland
- “Comparison of Spotty Calcifications on Multidetector Computed Tomography Coronary Angiography and Vulnerable Plaque Characteristics on Virtual Histology Intravascular Ultrasound,” presented by J. E. van Velzen, Leiden, Netherlands
- “Coronary Plaque Imaging in Patients with Unstable Angina Pectoris Using Dual Gated [18F]-FDG PET/CT,” presented by E. Lankinen, Turku, Finland
- “Prognostic Value of Cardiac Hybrid Imaging Integrating Single-Photon Emission Computed Tomography with Computed Tomography Coronary Angiography,” presented by A. P. Pazhenkottil, Wetzikon, Switzerland
- “Prognostic Value of Multidetector Computed Tomography Coronary Angiography in a Large Population of Patients with Unknown Cardiac Disease but Suspected Coronary Artery Disease: A 52-Months Follow-up,” presented by D. Andreini, Milan, Italy
- “Is There an Association between Clinical Outcome of Patients Referred for Preoperative Evaluation Prior to Noncardiac Surgery and Appropriateness of Referral for SPECT MPI?” presented by A. S. Koh, Singapore

ICNC10 also recognized its Best Regional Abstract Winners, which featured leading research from six

nations. Following are the regional winners and the abstracts they presented:

- Hong Kong: “Incremental Prognostic Value of Renal Dysfunction for the Prediction of Clinical Outcome in Patients Undergoing Computed Tomography Coronary Angiography,” by Dr. Kai Hang Yiu
- Israel: “Relation of Left Ventricular Electrical and Mechanical Dyssynchrony by Phase Analysis of Gated SPECT in Patients with Myocardial Infarction and Ischemia,” by Associate Professor Nili Zafrir
- Mexico: “Lack of Accuracy of the Clinical Criteria to Evaluate Response to Treatment in Takayasu Arteritis Patients with Inflammatory Activity,” by Dr. Erick Alexanderson Rosas
- Netherlands: “Role of Cardiac 123-iodine Meta-iodobenzylguanidine Imaging to Predict Response to Cardiac Resynchronization Therapy,” by Dr. See Hooi Ewe
- United States: “SPECT MPI Worsening Ischemia and Reclassification in CAD Patients: A Comparison of Medical Therapy versus Revascularization,” by Professor Salvador Borges-Neto
- United Kingdom: “Radionuclide Ventriculography Assessment of Synchrony and Entropy: Comparison of SPECT and Planar Techniques,” by Dr. Craig Paterson

If you missed the 10th session of the International Conference of Non-Invasive Cardiovascular Imaging, be sure to mark your calendar for ICNC11, which will be held in Berlin, May 5 - 8, 2013. Read more at [www.icnc10.org](http://www.icnc10.org). ✨



International Council Meeting, ICNC10, Amsterdam.



# HEALTH POLICY UPDATE

## CMS Releases 2012 Proposed Payment Rules

The Centers for Medicare & Medicaid Services (CMS) released proposed rules for the 2012 Medicare Physician Fee Schedule (MPFS) and Hospital Outpatient Prospective Payment Services (HOPPS) on July 1, 2011.

Given the tense debates surrounding the federal budget and ongoing efforts to rein in health care spending, ASNC is prepared to fight reductions in imaging payments that prevent physicians from delivering optimal care to cardiovascular patients. The proposed rules also reflect a continued trend toward value-based purchasing with provisions designed to incentivize delivery of high-quality care at lower cost. **The rules are currently under review by ASNC staff, and a full summary will be available on [www.asnc.org](http://www.asnc.org).**

## CMS Issues Five-Year Review of Relative Value Units for Physician Payments

The Centers for Medicare & Medicaid Services (CMS) recently released a proposed rule for the 4th Five-Year Review of the Resource-Based Relative Value Scale (RBRVS), which CMS uses to determine Medicare payments for physician services. Major provisions of the proposed rule include the following: CMS acceptance of two-thirds of the American Medical Association Relative Value Scale Update Committee (AMA RUC) recommendations, CMS valuation of services, hospital observation payment, evaluation and management services, evaluating work within the Affordable Care Act, surgery payments, and sustainable growth rate formula.

Although the rule does not impact codes related to nuclear cardiology, ASNC voiced concerns about troubling trends in the CMS valuation process. Specifically, ASNC commented on CMS's rejection of RUC recommendations, the agency's flawed practice expense methodology, and duplicative processes in validating physician work. AMA RUC recommendations for the 4th Five-Year Review of the RBRVS reflected a total of 292 services. CMS has proposed to accept two-thirds of these RUC recommendations. For approximately 70% of the rejected recommendations, CMS has proposed work values within 10% of the RUC recommendation. In addition, CMS indicates that they have adjusted pre- and post-service physician time, in cases in which the RUC has acknowledged that it has considered data to reflect when an evaluation or management service is reported on the same date as a service under review. This component of the proposed rule clearly demonstrates that any proposed, arbitrary multiple payment reductions would be unfair because these adjustments already have been incorporated into the valuation of services. ASNC agrees with CMS's authority to implement policies

related to Medicare, but it urges CMS to clarify its views on the valuation of services with the public and stakeholders.

Additionally, CMS states that they are in the planning stage of developing a formal validation process for validating pre-, post-, and intra-service components of work as required under the Affordable Care Act (ACA). CMS states that they will validate a sampling of the work relative value units (RVUs) of codes identified through seven categories of potentially misvalued codes specified within the ACA. CMS also proposes significant increases for cardiothoracic and vascular surgery services. ASNC continues to express its concern regarding the validity of the data used, which have not been vetted properly or supplemented by more accurate data. ASNC believes that CMS should refrain from modifying RVU values or physician times for services that have been reviewed and vetted by the AMA RUC unless CMS provides the opportunity for public comment on their proposed changes. See the full review and read ASNC's comment letter at [www.asnc.org/content\\_11280.cfm](http://www.asnc.org/content_11280.cfm).

## ASNC OPPOSES MEDPAC RECOMMENDATIONS TO CONGRESS

The Medicare Payment Advisory Commission (MedPAC) recently reviewed ancillary services as they relate to imaging and radiation therapy and issued a report to Congress on June 15, 2011. The June report included four recommendations, outlined in chapter 2, that would affect payment for in-office imaging services.

As part of the Coalition for Patient-Centered Imaging (CPCI), ASNC has signed a statement in opposition to the recommendations outlined in MedPAC's June report. Although CPCI strongly supports MedPAC's decision not to modify the in-office ancillary services exception to the federal physician self-referral law, the Coalition feels that the proposed recommendations under consideration would have detrimental repercussions. ASNC is concerned that MedPAC is making these recommendations to Congress on the basis of incomplete and outdated information, and the Society encourages MedPAC to consider pending changes to reductions in payment levels, as well as recent trends and data, as they affect its recommendations about life-saving medical tools. The Society continues to advocate for appropriate, in-office imaging to provide high-quality, accessible imaging care to cardiovascular patients. Read more at [www.asnc.org/content\\_11304.cfm](http://www.asnc.org/content_11304.cfm).



# MEMBERSHIP

## 2011 Membership Survey Reveals High Rates of Satisfaction

ASNC conducted a membership survey in May 2011 and received more than 450 responses, which provided insight into the composition of ASNC's membership and services valued by the ASNC members. The survey asked members about membership demographics, membership benefits, education, and communications and publications. According to the survey, 75% of respondents rate the overall value of their ASNC membership as either excellent or good. And more than 95% of respondents would refer their colleague to join ASNC.

According to the survey, when rating membership benefits, members most valued continuing education, clinical guidelines, and professional credibility associated with Society membership. Also notable is the fact that 70% of respondents have been ASNC members for 5 years or more. Of that 70%, 43% have been members for more than 10 years.

Through these membership surveys, ASNC gains valuable information needed to improve its services. For example, the Society learned that members want more continuing medical education that is available online, is low cost, and features content designed for technologists.

With your feedback, the Society can continue to respond to member needs and address changes in the industry and among the professionals it serves. Please watch for — and complete — future surveys to ensure that your opinions are heard. ✧



**ASNC2011**  
DENVER

**The 16th Annual Scientific Session of the  
American Society of Nuclear Cardiology**

SEPTEMBER 8 – 11, 2011 | COLORADO CONVENTION CENTER

**ASNC2011 Pre-registration Deadline August 19, 2011!**

### ASNC2011 KEY DATES AND INFORMATION:

- ▶ **August 15, 2011** Hotel Room Block Deadline
- ▶ **August 19, 2011** Pre-Registration Deadline
- ▶ **September 6, 2011** On-site Registration Opens, 4:00 p.m.
- ▶ **September 10, 2011** ASNC2011 Reception, 7:30 p.m. – 10:30 p.m. with the Thallium Stallions at Denver's historic Opera House

**NEW!**

Customize your ASNC2011 schedule with the new online Itinerary Builder — visit [www.asnc.org/asnc2011](http://www.asnc.org/asnc2011) to access.

**PRE-REGISTRATION DEADLINE AUGUST 19, 2011 — visit [www.asnc.org/asnc2011](http://www.asnc.org/asnc2011) to register and view the ASNC2011 Preliminary Program.**

The American Society of Nuclear Cardiology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. This live activity has been approved for *AMA PRA Category 1 Credits™*.

The American Society of Nuclear Cardiology is a recognized provider of continuing education credit for technologists. ASNC's Continuing Education (ACE) credit is accepted by the NMTCB and ARRT.

This activity has been submitted to the Colorado Nurses Association for approval to award contact hours. The Colorado Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.





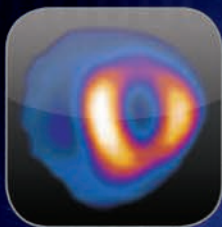
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# on the forefront of nuclear cardiology



At Astellas, our vision for cardiovascular care is broad and far-reaching. With dedicated research and development in cardiology, we are always looking for the next innovation. We express our commitment to ASNC through our collaborations with top researchers around the globe.

