



Robert J. Stilley  
President  
Heart Care Imaging, INC.

## THE HCI SPOTLIGHT

Dear Colleague -

Cardiovascular imaging is a powerful weapon! By revealing patient risk BEFORE a cardiac event, cardiovascular imaging is a powerful weapon against the number one cause of death worldwide, CAD. We hope you had a chance to attend the 33rd Annual Recent Advances in Nuclear Cardiology and Cardiac CT to explore the various imaging modalities and cutting edge technologies that are currently available for a more early diagnosis and assessment. Here are some of the topics that were presented:

- Prognostic implications of cardiac imaging studies and their impact on patient management decisions to achieve better patient outcomes
- Protocols and common artifacts in cardiac SPECT and PET imaging
- Strengths and weaknesses of cardiac CT, cardiac MRI and nuclear cardiology for prevention, diagnosis and guiding management decisions
- Ensuring Radiation doses to patients are in accordance with appropriate use criteria guidelines

We would like to take the time to remind you of the upcoming continuing education opportunities:

- June 2-4, 2011: 30th Annual Advanced Echo Conference
- June 19-22, 2011: 21st Annual Course on Congenital Heart Disease in the Adult
- September 8-11, 2011: 16th Annual Scientific Session of the American Society of Nuclear Cardiology
- October 13-15, 2011: Heart Valve Summit
- October 19-22, 2011: Cardiometabolic Health Conference
- December 9-11, 2011: 44th Annual New York Cardiovascular Symposium

A more complete list of all imaging modality conferences is available at <http://www.auntminnie.com/index.aspx?sec=cns&sub=cal>.

We would also like to remind all the cardiovascular professionals and practices of the E-prescribing deadline (June 30). **Defend yourself against the E-prescribing penalty.** The ACC is kicking off a month-long campaign to help cardiovascular professionals avoid the 2012 E-prescribing penalty. Under the Medicare Improvements for Patients and Providers Act of 2007 (MIPPA), qualified E-prescribers will be penalized if they do not successfully participate in the federal E-prescribing incentive program. Despite protests from your ACC, the AMA and other professional societies, the Centers for Medicare and Medicaid Services will use E-prescribing data from January 1, 2011 through June 30, 2011 to determine whose payments will be reduced in 2012. More detailed information on this is available at <http://blog.cardiosource.org/post/E-Prescribe-or-Face-the-Consequences!.aspx>.

Good news on the imaging front. The CMS has decided not to require providers of advanced diagnostic imaging to update enrollment information upon receipt of their accreditation. Originally, CMS planned to require providers of advanced diagnostic imaging to list CPT codes for which they were accredited to perform services, as well as the model and make of the equipment to be used, on the Medicare enrollment applications. Additionally, providers were to use a specialty designation code to identify themselves as an accredited provider of advanced diagnostic imaging. Instead, CMS will now obtain the pertinent information from the accrediting bodies -- the Intersocietal Accreditation Commission (IAC), the American College of Radiology (ACR), and the Joint Commission. **Reminder** -- providers of nuclear imaging, CT or MR must be accredited by Jan. 1, 2012 in order to continue to be paid for services furnished for Medicare beneficiaries. As always, please let us know if there is anything else you would like to see us include our monthly newsletter.

Best regards,



### Medicare to run out of money five years earlier, trustees say

By 2024, the trust fund that pays for seniors' hospital stays will be paying out more money than it takes in, the trustees warned. Social Security is projected to reach that imbalance in 2036.

<http://thehill.com/blogs/healthwatch/medicare/161145-trustees-report-slashes-life-of-medicare-trust-fund-by-five-years>

### Florida passes bill that would overhaul Medicaid

Florida lawmakers passed a sweeping Medicaid reform package that places most recipients into managed care in a closely watched debate over how to curb costs and provide health benefits to the poor.

<http://www.reuters.com/article/2011/05/07/us-medicare-florida-idUSTRE7461U20110507>

### Fewer Medicare Patients Hospitalized for Heart Trouble

Over the last decade, the number of Medicare patients hospitalized for cardiac issues dropped, accounting for a smaller slice of the 10-year hospitalization rate than non-heart related issues, new research indicates.

<http://health.usnews.com/health-news/family-health/heart/articles/2011/05/11/fewer-medicare-patients-hospitalized-for-heart-trouble>

### ICNC: Novel PET Tracer Tops SPECT for CAD Diagnosis

PET imaging with flurpiridaz F 18, an investigational tracer, provided better image quality and improved diagnostic certainty in coronary artery disease compared with SPECT myocardial perfusion imaging, a phase II trial showed.

<http://www.medpagetoday.com/MeetingCoverage/ICNC/26562>

### ACC news: Coronary CTA, not treadmill, predicts disease

We found that low to intermediate-risk patients with prior stress tests could benefit from CT to identify who needs to go to a cath lab -- and that stress test results add nothing to it.

<http://www.auntminnie.com/index.aspx?sec=sup&sub=car&pag=dis&itemID=94862>

### Egyptian mummy 'first to have heart disease'

Scans showed an Egyptian princess had extensive blockages in arteries leading to her heart, brain, stomach and legs. This suggests to us that there's a missing risk factor for heart disease - something that causes it that we don't yet know enough about.

<http://www.bbc.co.uk/news/health-13422630>

### What's Happening with Lab Accreditation Process and Requirements

ICAVL, ICAEL to require all sonographers in accredited labs to have certification.

By January 2014, ICAEL will require that all echo labs have a process in place to ensure that all sonographers become credentialed. By January 2017, ICAVL will require that all technical staff within the vascular laboratory be credentialed.

<http://www.sdms.org/members/news/NewsWave/NW-March-2011.pdf#page=1>

### The Clock's Ticking: Advanced Imaging Accreditation

By January 1, 2012, imaging centers, office based physicians and independent diagnostic testing facilities that bill for the technical components of CT, MRI, PET, and Nuclear Medicine exams will need to carry the stamp of approval from one of the authorized advanced imaging accreditation bodies in order to continue receiving Medicare reimbursements.

[http://www.intersocietal.org/iac/news/IAC\\_MIPPA%20\(DotMed\)\\_2-11.pdf](http://www.intersocietal.org/iac/news/IAC_MIPPA%20(DotMed)_2-11.pdf)

### Healthcare goes unwired

In the fast-changing technology of medicine, physicians are turning to iPads rather than fax machines to deliver test results. Doctors say iPads help them interact more effectively with patients, making it easier to show them diagrams as part of explaining a problem and helping recovering patients communicate.

<http://www.startribune.com/lifestyle/wellness/122530824.html>

### IDS brings dictation app to iPhone

Integrated Document Solutions (IDS) has made its Mobile Voice2Dox integrated mobile dictation application available for use on Apple's iPhone.

<http://www.auntminnie.com/index.aspx?sec=sup&sub=ris&pag=dis&itemID=95173>

### SalaryScan: Radiologist salaries rise as RT pay falls

Overall, radiologists in the U.S. saw their pay increase last year, with an average base salary of \$363,621 for radiologists of all experience levels, organization types, and modality specializations. That compares to an average base salary of \$353,707 in 2009 and \$343,800 in 2008. Overall, radiologic technologists in the U.S. saw their salaries decline slightly, reporting an average base salary of \$64,120 in 2010 (\$30.82 on an hourly basis), compared with \$65,272 in 2009 (\$31.38 hourly).

<http://www.auntminnie.com/index.aspx?sec=sup&sub=imc&pag=dis&itemID=95292>

### It's true - business traveling may be killing you

A study now confirms that frequent business travel leads to increased health risks. It's not hard to see how frequent travel can erode a person's health. Poor sleep patterns, unhealthy diets and long periods of inactivity all contribute. The stress of appointments, tight travel schedules and other job demands on the road are also linked to health problems.

<http://www.latimes.com/health/boostershots/la-heb-business-travel-20110427,0,34654.story>