



THE RIGHT CARE AT THE RIGHT TIME.

Medicare continues to **CUT CARDIOVASCULAR SERVICES – THIS TIME 29.5%**

CMS (Centers for Medicare and Medicaid Services) is faced with serving all physicians (include cardiologists) a 29.5% cut in fees on January 1st, 2012 unless Congress acts. Practices have faced this same scenario each of the last 15 years. It is difficult to run a practice not knowing the price of payment with rapidly decrease in only a few short weeks.

This massive scheduled decrease is part of the Sustainable Growth Rate (SGR) calculation that must be continually updated by congressional action to prevent cuts each year. Congress needs to stabilize payment rates in the near-term so we can work on long-term payment reform.

2010 Integration for Practices **PUSHED MEDICARE COSTS HIGHER**

With payment decreasing, instability of payment rates from Medicare due to the SGR and small business overhead increasing (cost of materials, accreditation, and healthcare for employees) 27% of practices in a recent survey reluctantly signed contracts making them hospital employees**. Because the nature of cardiovascular medicine, set schedules could have a great impact on patient access to their physician.

Destruction of Private Practice **COMMUNITIES SUFFER**

Because cardiologists are hospital employees, often using the same equipment and office setting, Medicare must now pay larger fees for the same office visits, follow-up consults and procedures. The majority of CV private practices have halted the purchase of new equipment (63%), reduced staff (56%), reduced benefits (56%) and reduced salaries (51% over the last two years. Some have limited their services (30%), reduced office hours (24%) and limited new Medicare patients (15%).

Before 2010 Impressive DECREASE IN DEATH

Since 1985, the cardiovascular community made tremendous progress in treating patients. The death rate from coronary heart disease dropped 34% from 1985 to 2005, deaths from cardiovascular disease dropped 26% over the same period.* Innovation in fighting cardiovascular disease brought the best and brightest to the profession. If current practices limit Medicare patients to keep themselves afloat (and no new practices open) a crisis in access to care is about to start.

WHY IS THIS ALL IMPORTANT?

Patients with cardiovascular disease need access to the right care at the right time. Heart attacks don't wait for the office to open; tests need to be ordered when individual patient factors determine it – not by rules made in Washington. Patient-centered care must prevail.

Heart disease is the leading cause of death in the United States. In 2009, the American Heart Association estimated that 80 million adults (one in three) have one or more types of cardiovascular disease.

*1985-2010 (25 years) based on census and mortality data. Population: 238 Million (1985)/305 Million (2010); Total Mortality: 2.1 Million (1985)/2.4 Million (2010); CV Mortality: 777,000 (1985)/624,000 (2010) (**Gross CV Mortality 1985-2010 - Decrease 20%**); CV Mortality/Total Mortality 37% (1985)/CV Mortality/Total Mortality 26% (2010) (**Percent Total Mortality - Decrease 30%**); CV Deaths/Population: .0033 (1985)/.0020 (2010); **CV Deaths/Population 1985-2010 - Decrease 39%**

**American College of Cardiology Practice Census, conducted May 2010