Responding to the RUC Survey: Importance of Your Input

Edward T. A. Fry, MD, FACC, FSCAI
St. Vincent Heart Center
The Care Group, LLC
...or, getting from: Rx → $$$
RBRVS (1992) instead of charges:
- Physician work, Practice expense, Malpractice pool

Physician Work (52%) – RVU’s
- Harvard study (Hsiao) – time, skill, judgment, stress

Practice Expense (44%) - PERC

Professional Liability Insurance (4%)

Annual and 5-year updates are based on recommendations and review by the AMA/Specialty Soc. RVS Update Committee (RUC):
RVS Update Committee (RUC)

- **Composition:** 29 members – 23 seats filled by professional societies (including ACC)
- RUC solicits survey data regarding individual codes or families of codes. Administered by the appropriate professional society (ACC, SCAI for cath codes)
- Data is presented to the RUC and defended (ACC rep. is recused).
- RUC makes recommendations to CMS for final valuation, converted to re-imbursement.
Surveys are Important, Take Them Seriously

- Physician Practice Information Survey (PPIS)
  - Conducted by AMA and specialty societies - 2007
  - Used to value codes, eg. Nuclear, Echo, Consults
  - For cardiology, only about 150 responses, 2/3’s rejected for “errors” or as “incomplete”
  - 2010 codes based on flawed data from 55 responses.
- PPIS used to determine the CMS final rule
- Experience with Out-Patient Cath Lab RUC
- “GARBAGE IN, GARBAGE OUT !!! ”
2010 Cardiac Cath Codes

- Bundling of codes occurring together >95% of the time (i.e., Injection codes with supervision and interpretation codes)

- New code bundles based on clinical use:
  - Examples: RHC, LHC+LV, R/LHC+LV, etc.
  - New codes for Pharmacologic challenge, transeptal, exercise study with cath

- Each code is accompanied by a clinical vignette and description to support assessment of work.
The RUC Cath Code Surveys

- One survey for each of the 20 codes (about 2 hours to complete all)
  - Respondent may not do procedures covered by all codes (eg, transeptals, pharmacologic challenges)

- Components:
  - Pre-service – review chart, old films, labs, informed consent, pt. preparation, “time out”, sedation, etc.
  - Intra-service – access, cath placement, imaging, pt. management, complications, monitoring, etc.
  - Post-service – review, reporting, discussion, QI, databases, discharge, medications, etc.
RUC Survey: “Typical Patient”

1992

2010
RUC Survey: “Typical Patient*”

- **Age:** Mean = 65 yrs old, 20% >80 yrs old
- **Gender:** Almost 50% female
- **Prior CABG:** 20%
- **MI:** 25%
- **PVDz:** 10%
- **≥ CKDz Stage 3:** 20%
- **LVEF <40%:** 30%
- **In-Pt 50%**

*All co-morbidities more frequent than in 1992*
2009 Cath Codes RUC Survey

- To be distributed this week, due early Dec. 2009

- Respondents selected by ACC
  - Non-interventional > Interventionalists
  - Private practice, hospital-based, and academic
  - Past codes based on 30-50 responses
  - Want >100 responses this round
  - Need volunteers!
The RUC Cath Code Surveys: Tips

- Be honest, be very detailed, be clear
- No premium on speed, this is not a contest.
  - Cath not just part of PCI
- Think of typical patient in your practice
  - Focus on in-patients.
  - Remember co-morbidities.
- Get help from others (partners, other subspecialties, practice administrators, ACC, SCAI)
- With the opportunity to have a major impact, comes the responsibility to do a good job.
RUC Survey: Resources

- **Volunteers:**
  - Contact Brian Whitman at ACC ([bwhitman@acc.org](mailto:bwhitman@acc.org))

- **Cath Codes:**
  - ACC: Rob Piana, MD ([robert.piana@vanderbilt.edu](mailto:robert.piana@vanderbilt.edu))
  - SCAI: Issam Moussa, MD ([ism9003@med.cornell.edu](mailto:ism9003@med.cornell.edu)), Wayne Powell ([wpowell@scai.org](mailto:wpowell@scai.org)), Dawn Hopkins ([dhopkins@scai.org](mailto:dhopkins@scai.org))

- **ACC RUC Representative:** Jim Blankenship, MD (Geisinger Clinic)
Any questions?