

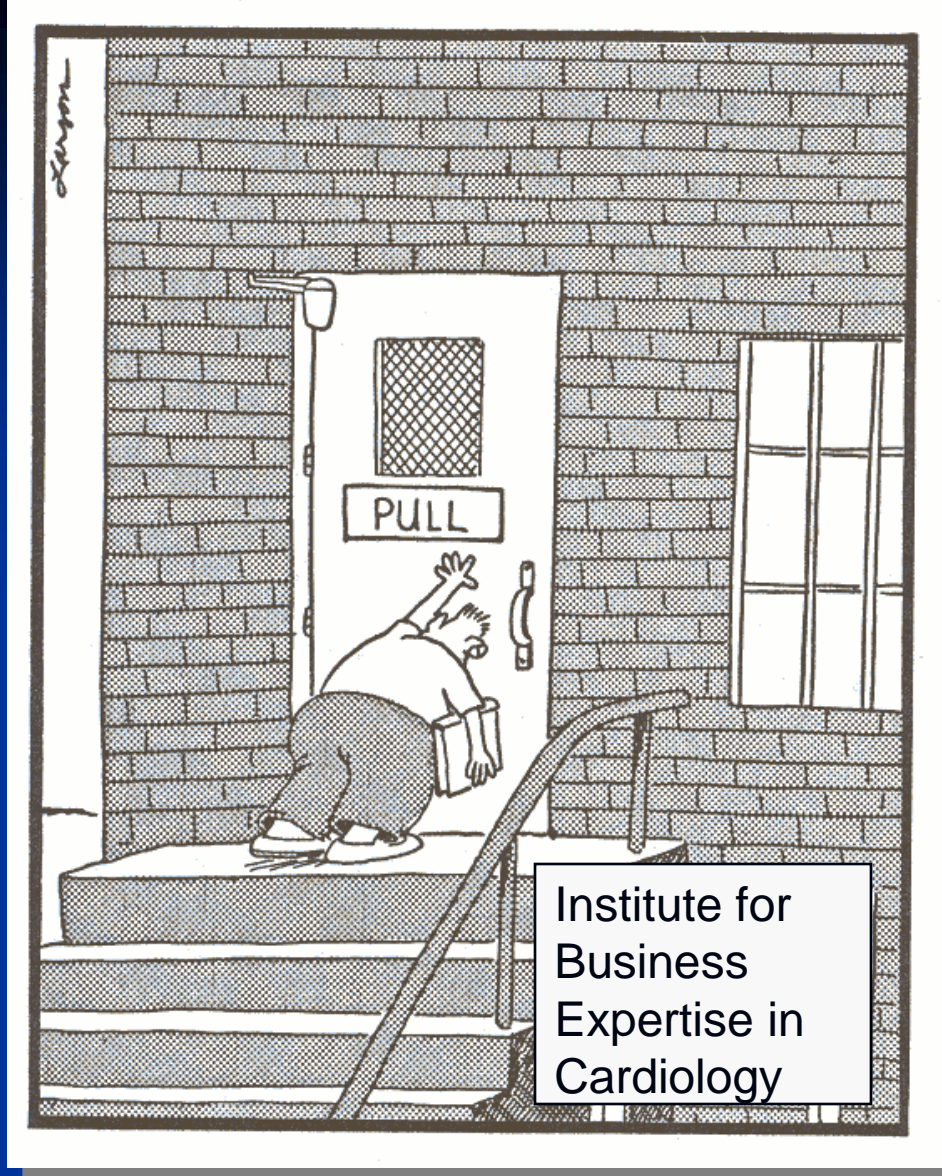


Responding to the RUC Survey: Importance of Your Input

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...or, getting from: Rx —————> \$\$\$

RVS Update Committee (RUC)

- 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 (ie. 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%
- \geq 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 sub-specialties, 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)

■ Cath Codes:

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

- ACC RUC Representative: Jim Blankenship, MD (Geisinger Clinic)



Any questions?