Michigan Outpatient Cardiovascular Association

November Edition

National Diabetes Month 2021

"November is National Diabetes Month, a time when communities across the country team up to bring attention to diabetes. This year's focus is on prediabetes and preventing diabetes.

Prediabetes is a serious health condition where your blood sugar levels are higher than normal, but not high enough yet to be diagnosed as type 2 diabetes. According to the CDC, more than 1 in 3 U.S. adults have prediabetes—that's 88 million people—but the majority of people don't know they have it.

The good news is that by making small healthy lifestyle changes, it is possible to prevent type 2 diabetes and even reverse your prediabetes.

Here are some tips to help manage prediabetes and prevent diabetes:

Take small steps. Making changes to your lifestyle and daily habits can be hard, but you don't have to change everything at once. It is okay to start small. **Move more.** Limit time spent sitting and try to get at least 30 minutes of physical activity, 5 days a week. Start slowly by breaking it up throughout the

Lose weight, track it, and keep it off. You may be able to prevent or delay diabetes by losing 5 to 7 percent of your starting weight." www.niddk.nih.gov/health-information/community-health-outreach/national-diabetes-month

Legislative Speaking Series

Individuals from various leadership positions will be speaking to the association on important healthcare topics and issues.

Next, **State Representative Bronna Kahle**: Representative Kahle was first elected in 2016 to represent the 57th district. Rep. Kahle serves as chair of the House Health Policy Committee. She also serves as a member of the Judiciary Committee and Insurance Committee.

Medtronic announces 2045 net zero emissions ambition to combat climate change

"Medtronic has announced its ambition to achieve net zero carbon emissions by fiscal year 2045 across its operations and value chain to accelerate efforts to combat climate change.

The announcement comes amidst the 2021 United Nations Climate Change Conference (COP 26), where world leaders are focusing on collectively cutting greenhouse gas (GHG) emissions and limiting global warming to 1.5 degrees Celsius compared to pre-industrial levels.

As published in Medtronic's new Decarbonization Roadmap, the FY45 milestone builds on the company's existing goal of reaching carbon neutrality in its operations by fiscal year 2030, to encompass GHG emissions reductions across its entire value chain.

To achieve its ambition, Medtronic will pursue setting GHG emission reduction targets across scopes 1, 2, and 3 through the Science-Based Targets Initiative (SBTi) – a multi-year initiative that provides companies a clearly defined path to reduce emissions aligned with the Paris Agreement.

"As a global healthcare technology leader, our goal is to transform industry expectations and behavior where health and climate change intersect," said Geoff Martha, Medtronic chairman and chief executive officer.

"Our teams across 150 countries are actively working to protect our planet by reducing our energy use, investing in renewables, and now moving toward net zero emissions throughout our operations, supply chain and logistic partners, by pursuing science-based targets."'

https://cardiovascularnews.com/medtronic-announces-2045-net-zero-emissions-ambition-to-combat-climate-change/

Medtronic is a proud supporter of M.O.C.A.

FYI:

- **Smoking Cessation, Not Reduction, Reduces CVD Events**
- **Venous Thromboembolism Treatment by Body Size**

CMS Releases Final 2022 Medicare Physician Fee Schedule

"The Centers for Medicare and Medicaid Services (CMS) on Nov. 2 released the 2022 Medicare Physician Fee Schedule (PFS) final rule, addressing Medicare payment and quality provisions for physicians in the next fiscal year. Under the rule, the conversion factor will decrease by $1.30 on Jan. 1, 2022, going from $34.89 to $33.59. CMS estimates payments to cardiologists will decrease by about 1% from 2021 to 2022 through updates to work, practice expense and malpractice relative value units (RVUs). This estimate is based on the entire cardiology profession and can vary widely depending on the mix of services provided in a practice. Highlights from the final rule include:

2022 Medicare Physician Fee Schedule:

- A revised and finalized plan to update clinical staff labor inputs in the direct practice expense formula, which takes into account some comments from the ACC and other groups, will be phased in over four years, starting in 2022. Increases for the cost of clinical staff in the **office setting** require reductions elsewhere in the formula to supplies and equipment. The ACC and others expressed concerns about the severity of the cuts at a time when clinicians are needed on the front lines of the COVID-19 pandemic. As a result of the phased-in approach, **office-based services** with high supply costs (lower-extremity revascularization) and equipment (imaging) are estimated to see reductions of roughly 1% to 6% in 2022 and 4% to 24% after full implementation absent changes in future rulemaking."

https://www.acc.org/Latest-in-Cardiology/Articles/2021/11/02/21/53/CMS-Releases-Final-2022-Medicare-Physician-Fee-Schedule

OBL: In praise of the office-based interventional lab

"Initially, most interventions were done in the operating room (OR), where we were most familiar with the conduct of that environment. But it did not take long to realize that there were fundamental limitations in imaging equipment and personnel expertise.

As time progressed, many cases began to migrate down to the cardiac catheterization lab. This created other issues, as we were now in competition with cardiologists for the limited resources of the lab. In many institutions, the cardiology service line created a tremendous financial windfall, which was hard to ignore. This meant that vascular surgeons were not the most "favored nation," and oftentimes our cases were pushed to later times in the day if they were being done at all.

At an institutional level, there was a contemporaneous increase in consolidation, and an overall net reduction in available procedure rooms. With an increasing number of cases and no place to do them, something had to give.

It became clear that most endovascular cases could be done on an outpatient basis. With development of effective femoral artery closure devices, recovery times were brief after endovascular interventions. This led to the realization that these cases could be done in a different venue than the hospital—such as an ambulatory surgery center or even in an office.

In 2008, the Centers for Medicare & Medicaid Services (CMS) recognized that endovascular procedures could be done in an office setting (site of service 11) at a significant savings compared to hospital-based procedures. Available data supported the idea that procedures done in an office were as effective as those done in the hospital and did not compromise patient safety." https://vascularspecialistonline.com/obl-in-praise-of-the-office-based-interventional-lab/

For more CON Info: check out these helpful links:

- Further CON Info & where to ask questions: MDHHS - Certificate of Need (michigan.gov)
- Commission overview & members: MDHHS - Commission Overview and Members (michigan.gov)

Update: Certificate of Need (MI)

On **September 22, 2021**, new Certificate of Need (CON) Cardiac Catheterization Review Standards took effect in Michigan. These standards are requirements for approval of the initiation, replacement, expansion, or acquisition of cardiac catheterization services, and the delivery of these services. To view the new standards, please visit: CC_Standards_204884_7.pdf (michigan.gov).

To begin the application process, the first step is the Letter of Intent (LOI), just please make sure you meet the requirements in the above Review Standards. LOI instructions can be found here: MDHHS - Submit a Letter of Intent (michigan.gov). The "agent" will go to the MiLogin system and submit the LOI electronically. If whomever is submitting the LOI does not have access to MiLogin, instructions on how to gain access can be found here: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5106-165238--,00.html.

Once the LOI is submitted, the Department has 15 days to process it. Once it is processed, an email will be sent to the "agent" letting them know the assigned CON number and that an application can be submitted. The applicant/agent has one year to submit the application before the LOI expires and the process would have to begin again. No application, forms, or documents will be accepted until after the LOI is processed. As part of processing the LOI, all required forms and documents are assigned. These can be found under the CON Application link after the LOI processing, at MDHHS - Submit a CON Application (michigan.gov).

Please note, if you are applying for both an FSOF/ASC and CCL, they will have to be submitted separately.

For questions regarding the LOI and application, please contact (517) 241-3348 or visit the Certificate of Need website at www.michigan.gov/con.

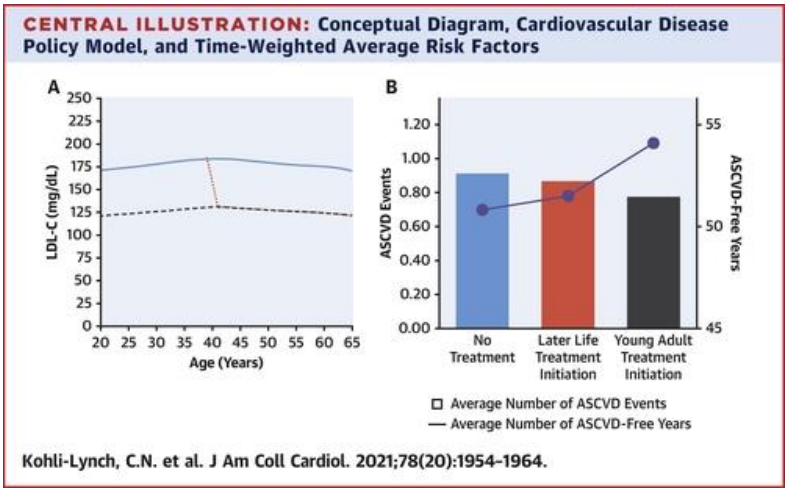
MICHIGAN OUTPATIENT CARDIOVASCULAR ASSOCIATION

Cost-Effectiveness of Lipid-Lowering Treatments in Young Adults

"Raised low-density lipoprotein cholesterol (LDL-C) in young adulthood (aged 18-39 years) is associated with atherosclerotic cardiovascular disease (ASCVD) later in life. Most young adults with elevated LDL-C do not currently receive lipid-lowering treatment.

This study aimed to estimate the prevalence of elevated LDL-C in ASCVD-free U.S. young adults and the cost-effectiveness of lipid-lowering strategies for raised LDL-C in young adulthood compared with standard care.

The prevalence of raised LDL-C was examined in the U.S. National Health and Nutrition Examination Survey. The CVD Policy Model projected lifetime quality-adjusted life years (QALYs), health care costs, and incremental cost-effectiveness ratios (ICERs) for lipid-lowering strategies. Standard care was statin treatment for adults aged ≥40 years based on LDL-C, ASCVD risk, or diabetes plus young adults with LDL-C ≥190 mg/dL. Lipid lowering incremental to standard care with moderate-intensity statins or intensive lifestyle interventions was simulated starting when young adult LDL-C was either ≥160 mg/dL or ≥130 mg/dL.



Approximately 27% of ASCVD-free young adults have LDL-C of ≥130 mg/dL, and 9% have LDL-C of ≥160 mg/dL. The model projected that young adult lipid lowering with statins or lifestyle interventions would prevent lifetime ASCVD events and increase QALYs compared with standard care. ICERs were US$31,000/QALY for statins in young adult men with LDL-C of ≥130 mg/dL and US$106,000/QALY for statins in young adult women with LDL-C of ≥130 mg/dL. Intensive lifestyle intervention was more costly and less effective than statin therapy.

Statin treatment for LDL-C of ≥130 mg/dL is highly cost-effective in young adult men and intermediately cost-effective in young adult women."

https://www.jacc.org/doi/full/10.1016/j.jacc.2021.08.065

M.O.C.A. Board Spotlight:

Dr. Steven B H Timmis, M.D.

Dr. Steven Timmis, MD is a Cardiology Specialist in Southfield, MI and has over 30 years of experience in the medical field. Dr. Timmis has more experience with Adult Congenital Heart Conditions and Heart Conditions than other specialists in his area. He graduated from Wayne State University School of Medicine medical school in 1991. He is affiliated with medical facilities such as Ascension Providence Hospital, Southfield Campus and Beaumont Hospital – Dearborn.

Dr. Timmis is Board Certified in Internal Medicine, Cardiovascular Disease, Interventional Cardiology and Cardiac CT Angiography.

Dr. Timmis served as Chief Cardiology Fellow during his Cardiovascular Fellowship at Northwestern Memorial Hospital in Chicago, Illinois and then completed his Interventional Cardiology Fellowship as Chief Fellow at Beaumont Hospital in Royal Oak.