



POLICY & PRACTICE

**WANT MORE HEALTH REFORM NEWS?
SUBSCRIBE TO OUR PODCAST – SEARCH
'POLICY & PRACTICE' IN THE ITUNES STORE**

Imaging Project to Close Bids

The Centers for Medicare and Medicaid Services is about to close off bids from physician groups wishing to participate in a Medicare demonstration project to test whether real-time decision-support systems ensure appropriate use of imaging, improve quality of care, and reduce radiation exposure. Participating practices will be paid for reporting data. The project will cover SPECT-MPI, MRI, and CT of the lumbar spine; MRI and CT of the brain; CT of the sinus, abdomen, and pelvis; and MRI of the knee and shoulder. All these exams are covered by specialty society guidelines that can be part of the systems, and they account for high use and costs among Medicare enrollees. Applications must be submitted by Sept. 21.

Bill Targets Radiation Dose

Sen. Mike Enzi (R-Wyo.) and Sen. Tom Harkin (D-Iowa) have introduced a proposal to create education and credential-

ing standards for people who deliver radiation therapy and imaging procedures to Medicare patients. The CARE (Consistency, Accuracy, Responsibility, and Excellence) in Medical Imaging and Radiation Therapy Act, S. 3737, would, however, grandfather in technicians and others who do not meet the bill's standards. "This bill will reduce the risk of medical errors associated with misdiagnosis or inappropriate exposure to medical radiation, and save millions of health care dollars by decreasing the number of examinations that must be repeated due to poor quality," said Sen. Harkin in a statement. The CARE act was first introduced in September 2009 in the House, as H.R. 3652, by Rep. John Barrow (D-Ga.).

CABG Mortality Down

The Agency for Healthcare Research and Quality says that there was a huge decline in mortality among patients undergoing coronary artery bypass graft surgery from

2000 to 2006. In 2000, the death rate was 42 per 1,000 admissions; 6 years later, it had declined to 24 per 1,000. Women still had higher mortality (36 per 1,000) than men (21 per 1,000), and, despite a 92% decline in the death rate, rural hospitals still posted a 38 per 1,000 mortality figure in 2006. There were few differences in death rates among whites, African Americans, and Hispanics. Perhaps surprisingly, uninsured patients had the lowest death rate by insurance status, 23 per 1,000. Medicaid patients had the highest, at 29 per 1,000. The data are contained in the 2009 National Healthcare Quality and Disparities Report, published by the agency.

Low Income Trumps Race in Risk

An epidemiological study by researchers at the University of California, Los Angeles has shown that socioeconomic status is a bigger risk factor in cardiovascular disease than is race or ethnicity. The researchers looked at data on 12,154 people from the National Health and Nutrition Examination Survey (2001-2006), focusing on 10-year risk for coronary heart disease as predicted by National Cholesterol Education Program Adult Treatment Panel III guidelines. People with a

lower socioeconomic status turned out to have a higher risk of cardiovascular disease, regardless of race or ethnicity. Most of the increase comes from greater rates of smoking and less physical activity in low-income/low-education groups. The National Institutes of Health-funded study appeared in the August issue of the *Annals of Epidemiology*.

Hypothermia Therapy Going Mobile

New York City's paramedics are now using hypothermia therapy on eligible cardiac arrest patients outside hospitals. In cooperation with Greater New York Hospital Association, Emergency Medical Service personnel have begun administering cold intravenous liquids to people in cardiac arrest who have not responded to CPR or a defibrillator. The treatment was already being used in city hospitals, where it has saved "hundreds of lives during the past 18 months," according to a statement from the City Health and Hospitals Corporation. Since the in-hospital project began in January 2009, there has been a 20% increase in survival of arrest patients admitted after being stabilized in emergency departments, the statement said.

—Alicia Ault

CLASSIFIEDS

www.ecardiologynews.com

PROFESSIONAL OPPORTUNITIES

Interventional Cardiologist Columbus, Ohio

Reputable Mount Carmel Columbus Cardiology group seeks additional Interventional Cardiologist to support the rapid growth of the patient population of the practice. Hospital employed, full benefits, 2 hospitals, very busy from start! Current group size is 12 cardiologist – 3 electrophysiologists, 5 invasive and interventional; 4 non-invasive.

Seeking a candidate trained in coronary/peripheral interventions. Interventionalists in the group easily average 300-400 cases per year. Full cardiology services and newly equipped labs on the East and West campuses. The offices are located on the hospital campuses plus the hospitals are regional referral centers.

Serving more than a half million patients each year, Mount Carmel is the second-largest healthcare system in central Ohio. More than 1,500 physicians employ state-of-the-art facilities, pioneering procedures and clinical excellence to accomplish our mission of healing patients and improving the health of the communities we serve.

For more information please contact Julie Hotchkiss at 614-546-4398; email jhotchkiss@mchs.com

ST. LOUIS AREA

Hospital employed Non-Invasive Cardiology position in family oriented community 30 minutes to St. Louis suburbs associated with financially stable hospital. \$350-400K salary, bonus and benefits. Donohue and Associates 800-831-5475 F: 314-984-8246 E/M: donohueandassoc@aol.com

Give to the
American
Cancer Society.



Have questions on classifieds?
Call Andrea LaMonica
(914) 381-0569 • (800) 381-0569
for more information.

Disclaimer

CARDIOLOGY NEWS assumes the statements made in classified advertisements are accurate, but cannot investigate the statements and assumes no responsibility or liability concerning their content. The Publisher reserves the right to decline, withdraw, or edit advertisements. Every effort will be made to avoid mistakes, but responsibility cannot be accepted for clerical or printer errors.

PRODUCTS

EKG Machines at Rock Bottom Prices!

Medical Device Depot sells the best name brands at the lowest prices!

Our machines come with a long-term warranty and in-office training. Choose from the following special deals:

See before you buy!!
Trade-ins Welcome!!

- AT-1i:** Multi-channel EKG w/interpretation ~~\$2,477~~ **\$1,398**
- AT-2i:** Multi-channel EKG w/interpretation & full page printout ~~\$3,277~~ **\$1,856**
- AT-2 light:** Multi-channel EKG w/interpretation, full page printout & alphanumeric keyboard ~~\$3,645~~ **\$2,275**
- AT-2 plus:** Multi-channel EKG w/interpretation, full page printout, alphanumeric keyboard & EKG waveform display ~~\$3,995~~ **\$2,677**
Add spirometry for **\$1,000**



Pulse Oximeters from **\$199** - Spirometers **\$350-\$2500** - PC Based EKG **\$1800** - Stress Test Systems **\$2995** - PC Based Holter System **\$2900** - Ambulatory BP Monitors - Vital Signs Monitors from **\$300** - Dopplers from **\$395** - Refurbished Ultrasounds

Call for on-site demonstration or more info!

877-646-3300 • www.medicaldevicedepot.com

ATTORNEYS

CAN YOU COLLECT DISABILITY INCOME BENEFITS?

Our law firm represents medical and business professionals who are either preparing to file or have been denied benefits under their insurance policy. We also handle lump-sum buyouts.

Established in 1979, our litigation experience and disability claim handling knowledge has allowed us to help our clients receive disability benefits. Visit our website at: **DiAttorney.com**

FREE PHONE CONSULTATION REPRESENTING CLIENTS NATIONWIDE

800-797-7091

Call to learn how we can help you with your disability claim.

DELL & SCHAEFER
ATTORNEYS REPRESENTING YOUR FUTURE
DISABILITY INCOME DIVISION



Hollywood