

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
CARDIAC CATHETERIZATION (CC) STANDARD ADVISORY COMMITTEE (SAC)
MEETING**

Tuesday, May 22, 2007

Capitol View Building
201 Townsend Street
MDCH Conference Center
Lansing, Michigan 48913

APPROVED MINUTES

I. Call To Order

Vice-Chairperson White called the meeting to order at 9:01 a.m.

A. Members Present:

Herbert D. Aronow, MD, Michigan Chapter, American College of Cardiology
James Ball, General Motors (Alternate)
Eric R. Bates, MD, Ex-Officio (Arrived at 9:12 a.m.)
Simon R. Dixon, MD, William Beaumont Hospital
Barry K. Lewis, D.O., Botsford General Hospital
Karen S. MacLachlan, RN, Marquette General Health System
Sandy L Reoma, Blue Cross Blue Shield of Michigan
Robert F. Stanton, Munson Medical Center
James E. Stopford, The Detroit Medical Center (Alternate)
Lois Van Donselaar, RN, Borgess Medical Center
Ronald L. Vanderlaan, MD, Spectrum Health
Bridget M. White, Vice-Chairperson, The Alliance for Health

B. Members Absent:

Robert N. Alpert, UAW
Brooks F. Bock, MD, The Detroit Medical Center
Carol Joseph, RN, Chairperson, Genesys Regional Medical Center
Gwen Thompson, General Motors

C. Michigan Department of Community Health Staff Present:

Umbrin Ateequi
Larry Horvath
John Hubinger
Irma Lopez
Andrea Moore
Brenda Rogers

II. Introduction of Members and Staff

There were no new members present.

III. Declaration of Conflicts of Interests

No conflicts of interest were stated.

IV. Review of Agenda

Vice Chairperson White reviewed the agenda and recommended that items VI (C) and VI (B) be combined into one (1) discussion item.

Motion by Dr. Aronow, seconded by Dr. Lewis, to accept the agenda as modified. Motion Carried.

V. Review of Minutes – April 25, 2007

Motion by Ms. Reoma, seconded by Dr. Aronow, to accept the minutes as presented. Motion Carried.

VI. Summarizing and Drafting Recommendations

A. Minimum Physician Volume Requirement and Institutional Pediatric Volume Requirements.

Ms. Ateequi provided a summary of the findings on the volume requirements for pediatrics. Additionally, she outlined the Guidelines for Pediatric Cardiovascular Centers from the American Academy of Pediatrics (March 2002). Discussion followed.

Public Comment

Robert Meeker, Spectrum Health

Motion by Mr. Ball, seconded by Dr. Lewis, that the April 25, 2007 Motion of Dr. Lewis and Dr. Dixon to eliminate the physician volume requirements for pediatric diagnostic cardiac catheterization services be removed from the Table. Motion Carried.

Discussion followed.

Public Comment

Robert Meeker, Spectrum Health

The April 25, 2007 Motion of Dr. Lewis, seconded by Dr. Dixon, that the physician volume requirements for pediatric diagnostic cardiac catheterization services be eliminated. Motion Withdrawn.

Break from 10:15 a.m. to 10:35 a.m.

Motion by Mr. Ball, seconded by Dr. Lewis, that Section 6 and Section 8(2)(a) be combined and updated with the following points from the American Academy of Pediatrics, Guidelines for Pediatric Cardiovascular Center (March 2002):

1. Require a Board Certified Pediatric Cardiologist with training in pediatric catheterization procedures to direct the Pediatric Catheterization Laboratory,
2. Require standardized equipment as outlined;
3. Require on-site ICU as outlined; and
4. Require on-site pediatric open heart surgery.

Motion Carried

Vice-Chairperson White, Dr. Vanderlaan, and Dr. Bates will work with the Department prepare an electronic survey document outlining the pediatric criteria and standards. The survey will be shared with pediatric cardiologists for their review and recommendations.

- B. Consider New and Emerging Technology – Electrophysiology and Peripheral Procedures and Codes.

Dr. Dixon gave an overview of the proposed procedure categories and weights for calculating the equivalents. Discussion and modification of the procedures followed.

Motion by Vice-Chairperson White, seconded by Dr. Lewis, to accept the procedure categories and the proposed weights for adult cardiac catheterization procedures detailed in the table below:

Procedure Categories	Current	Proposed
Diagnostic, cardiac catheterization	1.0	1.0
Therapeutic, cardiac catheterization	1.5	1.5
Therapeutic, other (PFO/ASD/Valvuloplasty, LVAD)	NA	2.5
Diagnostic, peripheral	NA	1.0
Therapeutic, peripheral – Carotid, Subclavian, Renal, Iliac, Mesenteric	NA	1.5
Therapeutic, peripheral – SFA	NA	2.5
Therapeutic, peripheral – Infrapopliteal		3.0
Therapeutic, peripheral – Aorta	NA	4.0
Diagnostic, EP	3.0	2.0
Therapeutic, EP – PPM, ICD	4.0 (for all procedures)	2.5
Therapeutic, EP – Ablation Non-AF	NA	3.0
Therapeutic, EP – Ablation AF or VT	NA	4.0
Therapeutic, EP – Cardioversion	NA	1.0
Other Procedures (IVC Filter, Temporary Venous Pacemaker, IABP, other radiological procedures)	NA	1.0
Multiple Procedures within the Same Session (diagnostic and/or therapeutic)	NA	The sum of procedures minus 0.5 for each procedure after the first procedure

Motion Carried.

- C. Consider New and Emerging Technology – Diagnostic and Therapeutic Cardiac Catheterization Category Weighting.

Mr. Horvath requested discussion and clarification of the issue of therapeutic permanent pacemaker and ICD device implantations being performed in diagnostic Cardiac Catheterization Laboratories. Discussion followed.

Public Comment

Dan Witt, Metro Health Hospital

Motion by Ms. Van Donselaar, seconded by Dr. Dixon, that Cardiac permanent pacemaker/ICD device implantations can be performed in Diagnostic Cardiac Catheterization Laboratories without on-site open heart surgery and can be used to calculate procedure equivalents. Motion Carried.

VII. Public Comment

None.

VIII. Next Steps

- Review pediatric cardiologist survey results and finalize the pediatric criteria and standards.
- Review draft language.

IX. Future Meeting Dates 2007

June 20, 2007 (9:00 a.m. to 12:00 noon)

X. Adjournment

Motion by Dr. Aronow, seconded by Dr. Lewis, to adjourn the meeting at 12:47 p.m. Motion Carried.