

EDITOR'S PAGE



Reading RVUs

How Can We Meet the Informational Needs of Cardiologists?

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Relative value units (RVUs) are a measure of value used in the U.S. Medicare reimbursement formula for physician services. There are over 9,000 distinct physician services listed; reading is not one of them. For each service, the payment formula contains 3 RVUs: 1 for physician work, 1 for practice expense, and 1 for malpractice expense. A clinic visit ranges from 1 to 3 RVUs.

Heart failure doctors are faced with assimilating more information than ever before as they care for some of the most complicated patients in the field of medicine, while trying to integrate over 5,000 years of cumulative knowledge and up to 2 million pieces of information. The practicing heart failure physician is often faced with 1 to 2 complex questions regarding diagnosis, prognosis, and treatment with every new patient interaction (1). As we have adopted electronic health records into our practice, heart failure physicians are required to spend additional time managing information on these new systems, and yet, we also expect our heart failure physicians to be current, relevant, and up-to-date in their knowledge.

How can we move forward to assure that our heart failure physicians have and know the information they need? How can journals do a better job at meeting this need? It turns out that, in surveys of general practice physicians, the need and appetite for relevant information occurs at each interaction with patients. The data can be complex and multidimensional, and the need to assimilate these quickly in a timely fashion becomes ever more necessary. Current data suggests that physicians have even less time to read, and filtering data through the multiple venues of information makes the challenge of reading even more complex (2).

Thus, at *JACC: Heart Failure*, we are proposing a 3-point solution to this ever-challenging field of information management for the heart failure doctor:

1. We are proposing that RVUs can be generated by reading relevant medical information. We believe that health systems and third-party payers should reimburse physicians for up to 1 h/day of medically relevant reading and information pertinent to their area of practice. Because so much information is changing quickly and presented through the journals and the internet, we want to encourage our heart failure physicians to cumulate RVUs through reading or listening to the latest new developments in diagnosis and treatment. Let us give 1 new patient of credit (3 RVUs) for reading time each clinic day.
2. We have set the challenge to continue to evolve as a journal that provides information through print and other technologies to keep the highest quality, most scientifically and medically relevant information before you. We have adopted the *JACC* policy of providing a clinical perspective on each scientific paper. We should continue to encourage and increase the interpretation of these papers through peer review editorials, and we will foster the continued publication of state-of-the-art papers that summarize relevant information in the field of heart failure.
3. We have also adopted the use of central illustrations in the state-of-the-art papers to better present the information at hand in a single picture, and we will increase our presence in the audio version of the American College of Cardiology's information dissemination by joining their editorial leadership team. As technology continues to improve, we will also better provide information to our colleagues in a timely manner through the use of iPhones, tablets, social media, audio digests, and other novel means of transmitting information.

Let us join the cause to reform reimbursement for heart failure doctors and all physicians by rewarding information management through reading and assigning RVUs to reading time. Now that would be a true commitment to a learning health system!

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