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June 15, 2009

Chairman Edward Kennedy
Senate Health, Education, Labor, & Pensions Committee
Washington, D.C. 20510

Senator Christopher Dodd
Senate Health, Education, Labor, & Pensions Committee
Washington, DC 20510

Dear Chairman Kennedy and Senator Dodd,

On behalf of the 37,000 members of the American College of Cardiology (ACC), I am pleased to offer the following comments on the "Affordable Health Choices Act." I commend you for setting out many positive health care delivery system reforms in your legislation that would take the necessary steps towards improving the coordination and quality of care. The ACC believes reform of our current health care delivery system is essential and stands ready to help you as undertake system transformation.

Title I: Quality, Affordable Health Coverage for all Americans

Subtitle A: Effective Coverage for All Americans

ACC applauds the committee's attention to insuring all Americans. This issue is of utmost importance. Strategies for ensuring coverage must be careful to address the issues of prevention, payment, and access. Failure to fully consider these issues may create a nation of nominally insured people without meaningful access to the healthcare they need.

The ACC supports initiatives to provide coverage to the almost 50 million uninsured and underinsured in our country today. The College appreciates the HELP Committee's efforts to reform the insurance market and promote the availability of more coverage options. The ACC is particularly supportive of any efforts to ensure the quality of care and promote the coverage of essential preventive services. Prevention is a key component to keeping our nation's health care costs down and also significantly improves health outcomes. The College also supports the prohibition of discrimination based on health status.

Subtitle B: Available Coverage for All Americans

The ACC supports finding ways to provide coverage for those who do not qualify for Medicaid but also do not have the financial capability to purchase private insurance. We are pleased that the HELP Committee has addressed this issue.

Assumptions regarding Medicaid:

The College supports pathways to help the heart health of all Americans regardless of age or income. The right to good healthcare is what every American deserves and we support initiatives to help American's get the care they need.

Public Health Insurance Option:

While the ACC supports Universal Coverage through an expansion of both public and private programs, we do have concerns about a public plan with a payment structure and benefit structure that is linked closely to the Medicare program. Basing a new public plan on a system that is in desperate need of reform is unlikely to provide a feasible alternative to private plans. The ACC asks that Congress work to find new and innovative ways to reform the problems within the Medicare program before moving forward with a public plan that hasn't addressed any of these issues.

Title II: Health Quality and Delivery System Reform

Subtitle A: National Strategy to Improve Health Care Quality

The ACC has a long history of leadership in quality improvement and supports initiatives to align payment incentives with quality improvement. It has invested millions in its quality infrastructure, including the largest national cardiovascular data registry that tracks data on millions of patients with cardiovascular disease. Rewarding health care practitioners for providing high quality, cost-effective care is one of many ways in which quality can be improved. Other ways include: improved coordination across sources and sites of care; a sense of partnership between providers and patients; increased transparency; and a focus on patient value. The ACC supports the development of a national strategy and agree that reducing unwarranted variations in care and health disparities are priorities for the College.

Quality Measure Development, Quality Measure Endorsement, and Public Reporting, Data Collection and Analysis:

The ACC supports your proposed improvements to quality measures. It is very important to continue to have an established, trusted consensus-based process to develop, test and maintain performance measures. Performance measurement and reporting are critical elements in improving the quality of care delivered as well as providing a mechanism to promote transparency. The ACC recommends that new measures in these areas be subject to the same rigorous reviews through consensus-based processes such as the National Quality Forum.

The ACC is also pleased that appropriateness of care is addressed in this legislation. Appropriate care is essential to creating value in a reformed health care system. The College has developed appropriate use criteria that define when and how often physicians should perform a given cardiovascular procedure or test.

Subtitle B: Health System Quality Improvement

The ACC applauds the Committee for addressing ways to reduce medical errors, reduce hospital readmissions, improve patient safety, promote evidence-based medicine, and disseminate best care practices.

Reporting and Reducing Hospital Readmissions:

In particular, the College supports the Committee's proposal to report and reduce preventable hospital readmissions through a partnership with local patient safety organizations. However, we would ask for the inclusion of physicians in this process. Physicians will prove to be an invaluable resource in conjunction with patient safety organizations. The College is committed to improving the transitions across sites and sources of care for patients with cardiovascular disease, and thereby reducing preventable 30 day readmissions for patients with heart disease by at least 20 percent within one year. The ACC also commits to looking at opportunities to measure and improve upon hospital readmissions rates beyond 60 days. This will be accomplished by providing hospitals and practices the evidence-based strategies to change their behaviors and improve the transition of care from "hospital to home." Specifically, this summer the ACC is launching the "Hospital to Home" program with the Institute for Health Care Improvement (IHI) with the goal of reducing preventable hospital readmissions for heart failure and acute myocardial infarction (AMI) by 20 percent by the end of 2012.

Improving the Health of Women:

The ACC is strongly committed to improving the health of women as heart disease, stroke, and other cardiovascular diseases are the number one killer of American women, claiming the lives of more than 450,000 American women each year. The College strongly supports proposals to improve the health and quality of care for women by making permanent women's health offices that currently exist within the Department of Health and Human Services and its agencies.

Title III: Improving the Health of the American People

The College has long recognized prevention and wellness as the keys to creating a better, more cost effective health care system. Forty three percent of Medicare dollars are spent on heart disease, the nation's number one killer. Promoting prevention and early detection of chronic disease, like heart disease, will reduce the financial toll these diseases currently take on programs like Medicare and Medicaid, and will in turn, improve the quality of life for many and create healthier nation for all.

The ACC is also committed to educating cardiovascular patients on their disease. When patients are armed with the necessary information, they are empowered to make appropriate, well informed decisions about their care and ultimately, will be less of a

burden on the health care system. Specifically, patients can use ACC's Cardiosmart website, a consumer information service for patients with cardiovascular disease.

Subtitle A: Modernizing our Disease Prevention and Public Health Systems

The ACC supports the Committee's proposals to create a national strategy to prevent disease, promote health, and build our public health system.

Subtitle C: Creating Healthier Communities

Community Transformation Grants:

The College supports Option A that proposes the authorization of competitive grants to eligible entities for programs that promote individual and community health and prevent the incidence of chronic disease. Such communities that would carry out these programs would be able to prevent and reduce chronic diseases associated with obesity and tobacco use. Tobacco use kills more than 400,000 Americans each year and costs our nation more than \$96 billion in health care bills. The ACC firmly believes that the programs promoting the reduction of tobacco use and promotion of healthy active lifestyles will in turn create healthier communities and healthier Americans.

Title IV: Health Care Workforce

The ACC commends you for addressing the issues related to workforce in the healthcare environment. We also appreciate the interest in providing a robust base of primary care physicians; however, we are concerned with the lack of attention paid to the current shortages in other specialties such as Cardiology.

Currently, there is a shortage of 1,700 general cardiologists and more than 40 percent of general cardiologists are over the age of 55 and nearing retirement. A recent report estimates that the cardiology workforce will need to double in order to keep with the demand in the next 20 years. To help meet future cardiology workforce needs, the ACC recommends an expansion in the number of fellowship positions, opportunities for part-time work, and training for mid level cardiovascular professionals, as well as incentives for services in underserved communities.

The ACC also is concerned with the workforce shortages of our colleagues in thoracic surgery. A recent Government Accountability Office (GAO) study found that in 2008, 40 percent fewer physicians applied for thoracic surgery fellowship positions than those applying for 2004 positions. Less than 67 percent of positions were filled in 2008, down from 94 percent in 2004. In 2009, there were 101 applicants for 118 cardiothoracic residency training positions, and ultimately, 24 training positions went unfilled. In addition, research indicates that the average age of practicing cardiothoracic surgeons is 55 and more than 50 percent plan to retire within the next 10 years.

Additionally, as population demographics are expected to shift, and with the CDC anticipating more than 70 million people over the age of 65 in the United States by 2030, the ACC is very supportive geriatric education and training, career awards, and comprehensive geriatric education. Given the tremendous affect this will have on demand and need for specialized healthcare for the elderly, we congratulate the legislators on recognizing the need for increased resources.

The ACC supports workforce diversity grants for health care professionals and the development and dissemination of cultural competency training in health professions schools. The ACC would like to note that underrepresented minorities comprise about 25% of the U.S. population but only 6% of the cardiovascular physician workforce. Increasing the representation of underrepresented minorities provides an opportunity to diversify the physician population and address cultural proficiency in the general cardiology profession.

In addition to making sure sufficient physicians are trained, attention must also be paid to ensuring physicians serve in shortage areas since simply training more physicians will not solve this problem. The College encourages you and your colleagues on the Health Education Labor and Pensions (HELP) Committee to further explore options that would help incentivize physicians to build their careers in rural and underserved areas.

Title V: Fighting Health Care Fraud and Abuse

The ACC supports efforts to weed out fraud and abuse in the healthcare system but asks that fraud and abuse elimination efforts not cause undue administrative burden on those productive and honest providers of health care services.

Policy options proposed by the ACC

Medical Liability Reform

The ACC believes the current medical liability system is in serious need of reform and strongly encourages you to address it in health reform legislation. The ACC urges you to test approaches to reducing the cost of defensive medicine, such as health courts, arbitration, and providing protection to physicians who participate in Medicare quality incentive programs and have followed guidelines or practiced according to appropriate use criteria.


Repeal of the Sustainable Growth Rate

The ACC is disappointed that your legislation does not include a permanent solution to the flawed sustainable growth rate (SGR) formula, as the repeal and replacement of the SGR with a system that provides positive, stable updates that covers the increase in the cost of care, is integral to a reformed health system.

Conclusion

The College applauds the HELP Committee for its leadership and dedication to transforming the health care system in the United States and offers the ACC as a resource to you and your colleagues as you work to enact many of the positive reforms addressed in the Affordable Health Choices Act. The ACC believes medical profession engagement is an essential aspect of actually reforming the delivery and payment systems. ACC's CEO John C. (Jack) Lewin, M.D., and Senior VP for Advocacy James (Jim) Fasules, M.D., F.A.C.C., are prepared to assist your staff and Committee in any way to further these worthy goals.

Sincerely,

A handwritten signature in black ink that reads "Alfred A. Bove". The signature is written in a cursive, flowing style.

Alfred Bove, M.D., Ph.D., F.A.C.C.
President