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John C. Lewin, M.D.

September 22, 2009

Chairman Max Baucus  
Senate Finance Committee  
219 Dirksen Senate Office Building  
Washington, D.C. 20510

Dear Chairman Baucus,

On behalf of the American College of Cardiology (ACC), representing 37,000 cardiovascular specialists, I am writing to provide comments on your health reform proposal, the "America's Healthy Future Act of 2009." The ACC believes reform of the current health care delivery system is essential and commends you for moving the process forward by advancing this proposal.

The ACC is pleased that the legislation you have proposed attempts to extend coverage to every American and strengthen the Medicare program. However, the College does have concerns with several provisions of the proposed legislation and looks forward to working with you and your colleagues in the weeks ahead on recommendations to improve quality and reduce costs in cardiovascular care.

The ACC has provided comprehensive comments in response to the policy options papers that you released earlier this year. Rather than repeat many of those, I have focused on some key areas.

#### Coverage Expansion and Insurance Reforms

The ACC applauds your effort to expanding insurance to all Americans. The College supports initiatives to provide coverage to the more than 46 million uninsured and the underinsured. The College appreciates your 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 health care costs down and also significantly improves health outcomes. The College supports the prohibition of discrimination based on health status. The ACC also supports the Medicare annual wellness visit and incentives for healthy lifestyles program.

#### Sustainable Growth Rate (SGR)

While the ACC acknowledges that your proposal provides a .5 percent update in place of the scheduled 21.5 percent Medicare physician payment cut due to the flawed sustainable growth rate (SGR) formula, the College is deeply disappointed that your proposal does not include a permanent solution.

The ACC strongly supports moving the current Medicare physician payment system away from a target-based system and toward a value-driven approach. The College urges you to establish a transition to a complete replacement of the flawed SGR formula that provides stable, positive updates that account for inflationary increases in the cost of providing care.

### CMS Innovation Center

The ACC strongly supports your proposed Center for Medicare and Medicaid Services (CMS) Innovation Center which would test new models of delivering and paying for care. The ACC is very encouraged that the use of registries and imaging appropriate use criteria are concepts on the list of ideas for the Center to test. It is imperative that CMS have the administrative flexibility to test new methods of payment that may be implemented more broadly in the future. The experience gained by the Center's work will be essential to reforming the system, incentivizing quality and better outcomes, and bending the cost curve.

The ACC would like to work with CMS and with you and your colleagues on a payment reform and quality improvement model that builds upon the foundation of PQRI, but is much bolder. The College proposes quality physician networks, through which cardiovascular practices receive more robust incentives for meeting quality measures and improving patient outcomes. Participants would report to and receive feedback from the ACC's outpatient registry, IC<sup>3</sup> (Improving Continuous Cardiac Care).

### Physicians Quality Reporting Initiative (PQRI)

The ACC believes your proposed improvements to the physician quality reporting initiative (PQRI), including an appeals process and more timely feedback, are necessary and strongly supports them. The ACC also supports maintenance of certification as an additional PQRI participation option. The College notes that more timely feedback is extremely difficult through claims-based reporting, but is possible through clinical data registries, such as the ACC's National Cardiovascular Data Registry® (NCDR).

The ACC opposes moving forward with penalties under the current PQRI program in 2011. PQRI has considerable administrative issues and kinks that have prohibited physicians from successfully participating that must be addressed before the program can contemplate a punitive component. To drive real quality improvement, CMS must fix these administrative issues and functional health information technology (HIT) systems and registries must be in place to facilitate clinical data reporting.

### Physician Feedback Program

The College also is concerned with the proposal to expand the physician feedback program to penalize physicians who utilize significantly more resources than their peers beginning in 2015. As with PQRI, the ACC believes that more testing and exploration of this approach and its technical applications must be undertaken before the program is expanded so significantly.

### Advanced Diagnostic Imaging Services Utilization Rate

The ACC notes that the utilization rate assumption for advanced imaging equipment proposed in your plan is an improvement from the 90 percent rate included in the policy options paper and framework issued earlier this year. The ACC opposes a change in the rate, however. There is insufficient data available to accurately reflect the amount of time imaging equipment is in use, which is likely to vary by setting and modality. In addition, the effect of numerous already implemented policy changes on imaging volume growth and pricing accuracy should be assessed before additional changes are enacted, so that patient access to these diagnostic services can be ensured.

### Imaging Self Referral Sunshine

The ACC supports the provision to improve transparency in self referrals for MRI, CT, and PET services, and believes all providers should be included in the requirement, not just physician-owned facilities.

### Medical Liability Reform

The ACC agrees with the proposed Sense of the Senate that health care reform presents an opportunity to address issues related to medical liability insurance and supports the Sense of the Senate that states should be encouraged to test alternative approaches to the current system. The College urges you to work with your colleagues on the Senate Judiciary Committee to go further than the Sense of the Senate, however, and enact reform, such as your legislation with Sen. Enzi, the “Fair and Reliable Medical Justice Reform.”

### Physician-Owned Hospitals

The ACC opposes the proposal included in the legislation to place restrictions on physician-owned facilities that are not placed on all hospitals. The ACC supports physician ownership in facilities, equipment or services that benefit patients through the delivery of appropriate, high quality medical care. The ACC believes all facilities should strive to enhance quality of care, efficiency and patient access, while ensuring that ownership interests are directed to improving the delivery of care through implementation of quality systems and measures.

### Primary Care and General Surgery Bonus

The ACC supports efforts to bolster primary care and is pleased that your legislation takes several steps to help. With access to care being expanded to millions of uninsured, it is imperative that there be sufficient primary care providers. The ACC opposes offsetting bonuses to primary care through reductions in payments for other critical physician services. Investments in primary care should be funded through new money and system-wide savings stemming from more appropriate utilization of various services throughout Medicare and without regard to current payment silos.

### Transitional Program

The ACC strongly supports the goals of the proposed Community Care Transitions Program. Specialists should be eligible for recognition as directors of the care teams especially for patients with chronic diseases.

### Bundling Pilots

The ACC supports the proposal for a voluntary bundling pilot program.

### Accountable Care Organizations

The ACC supports opportunities that allow groups of providers to voluntarily be recognized as accountable care organizations (ACOs) and share in cost-savings they achieve for the Medicare program. The ACC seeks clarity on the operational details.

### Misvalued Relative Value Units

The ACC supports the development of rational, equitable payment policies for physician services provided to Medicare beneficiaries. CMS has proposed several strategies for implementing an ongoing review of the relative value units (RVUs) assigned under Medicare’s RBRVS. The College supports the American Medical Association’s Specialty Society Relative Value Update Committee’s (RUC) efforts to identify potentially misvalued services and believes that this methodology will serve to address concerns raised about overvalued codes in the physician fee schedule. The ACC urges

Congress and CMS to avoid making the assumption that all services for which utilization has grown rapidly are misvalued. In many cases, rapid adoption of a service reflects its clinical benefits. Too often, evidence-based clinical innovations take too long to become a part of common medical practice.

#### Improving Quality Measurement

The ACC supports your proposal to provide more resources to the Department of Health and Human Services (HHS) to further strengthen and improve quality measurement and development processes.

#### Comparative Effectiveness Research

The ACC supports a well-funded, national commitment to comparative effectiveness research (CER) with the goal of providing the data necessary to better inform physician/patient decision making and is pleased that it is included in your proposal. The ACC strongly supports your proposals related to the dissemination of the information.

#### Physician Payment Sunshine

The ACC supports efforts to set appropriate rules that allow for greater transparency in the relationship between health care professionals and industry. I note that the ACC has taken several steps on a voluntary basis to foster such transparency among the College's membership.

#### Workforce

The ACC appreciates your recognition of, and proposed steps to address, physician workforce concerns. The College notes that a recent report estimates the cardiology workforce will need to double to keep up with demand in the next 20 years. Today in cardiology, there is a shortage of 1,700 general cardiologists and more than 40 percent of general cardiologists are over age 55 and nearing retirement.

#### Conclusion

Thank you for considering the ACC's views. The College applauds you for your leadership on health system transformation. ACC's CEO John C. (Jack) Lewin, M.D., and Senior VP for Advocacy James (Jim) Fasules, M.D., F.A.C.C., offer the ACC as a resource to you and are prepared to assist you in achieving meaningful, broad-based reforms this year.

Sincerely,



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

