



AMERICAN COLLEGE *of* CARDIOLOGY

Dear Mr. President and Members of Congress:

Outpatient cardiovascular care in America is facing a terminal event. Bad government policy threatens to slow and even reverse decades of progress in the treatment of heart disease.

Over the last 30 years, significant advances have been made in diagnosing and treating cardiovascular disease – the number one killer in the United States. **In the last decade alone, heart disease-related deaths have decreased by 27 percent.** These dramatic results reflect the benefits of public education and awareness combined with a sophisticated system of diagnosis and treatment.

We must continue to make these advances. As baby boomers advance in age, the need for life-saving cardiovascular care is expected to increase 60 percent over the next 15 years. With this increase, the ability of patients to receive care at an outpatient setting, away from the more expensive hospital setting, is crucial to timely, efficient and cost-effective care.

Unfortunately, Medicare policies over the last several years have ignored these statistics and consistently reduced physician payment for office and community-based cardiac services. **The Medicare fee schedule for 2010 is the final fatal blow to the private practice of cardiology.** The Centers for Medicare and Medicaid Services (CMS) chose to use highly suspect data showing a 42 percent decline in costs associated with running a cardiovascular practice. The truth is that the cost of cardiology practice has actually gone up by five to six percent every year. CMS' decision to ignore this fact and to pretend that good cardiology has suddenly become less expensive to provide is not the way to reduce government spending.

This is causing a mass migration of cardiologists from private practice to hospital employment. Already many practices, particularly in rural and inner-city areas, have been forced to lay off staff and/or been sold to hospitals as a result of the rule. This is only the beginning. There is already a shortage of cardiologists and this shortage will grow. The dismantling of the outpatient infrastructure, which has taken many decades to build, will inevitably mean longer waits, higher co-pays and more costly trips to the hospital for treatment and diagnostic services. In fact, Medicare will incur costs of up to five times higher if these services are provided in the hospital. To sum it up: reduced access to community care and drastically higher costs are the opposite of what our national health care reform goals should be!

Are Congress and the Administration prepared to be responsible for these human and material costs?

We strongly request that you act now to stop the latest Medicare cuts to cardiology. The proven, life-saving practice of cardiology as we know it is at stake.

Sincerely,
America's Cardiovascular Professionals

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