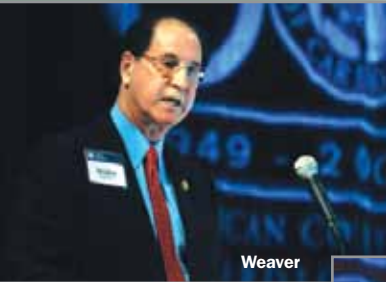




Dove



Weaver



Belshe and Wingle



Nichols



Wood



de Brantes



Dr. Alfred Bove



Herzlinger and Jack Lewin



Brindis



Steele

ACC Health System Reform Summit Focuses on Professions' Role

The ACC held its 2009 Health System Reform Summit on February 1-2 in Washington, D.C. More than 125 health care professionals, policymakers, industry representatives, payers and others gathered for two days to discuss the roles and responsibilities of health care providers and issues surrounding patient access to care, payment reform and defining and measuring quality and value.

In his opening remarks, ACC President **Doug Weaver, M.D., F.A.C.C.**, said that the two constituencies most affected by health care reform — patients and physicians — are ironically often on the menu, but missing from the table. “The purpose of this meeting,” said Weaver, “is more than getting the profession and the patient heard in the national health care reform discussion. It’s about determining our accountability and our responsibility in reform.”

The 2009 Summit aimed to build on the key health care reform principles drafted by the ACC’s Blue Ribbon Panel and presented at the 2008 Summit. Since the first Summit, the ACC has worked to engage lawmakers, payers and others around the principles and the concept that the role of physician specialty communities is to “transform health care from the inside out.”

“I think we have come a long way in making the case that only health care providers can best ferret out waste and unnecessary or inappropriate care,” said **James Dove, M.D., M.A.C.C.**, co-chair of the Blue Ribbon Panel and ACC immediate-past president. “However, there is still a lot of work to be done.”

Participants at the 2009 Summit heard from key congressional staff on legislative efforts at the national level and opportunities for physician involvement. In addition, California Health and Human Services Secretary **Kimberly Belshe** and **Paul Wingle** of the Massachusetts Commonwealth Health Insurance Connector presented their views on state reform issues based on their efforts to cover the uninsured in California and Massachusetts, respectively.

ACC President Comments on Prasugrel Before FDA Panel

ACC President **Douglas Weaver, M.D., F.A.C.C.**, provided public comments at the Feb. 3 meeting of the Food and Drug Administration's (FDA) Cardiovascular and Renal Drugs Advisory Panel on a new drug application for prasugrel hydrochloride. The panel unanimously recommended approval to treat patients with either unstable angina, NSTEMI or STEMI. They suggested that use of prasugrel should be limited in individuals age 75 and older or with a history of stroke.

In his comments, Weaver said that studies have found the effectiveness of prasugrel in reducing the rates of recurrent non-fatal myocardial infarction, rehospitalization for ischemia and stent thrombosis is clinically meaningful. However, he said that "if the drug is approved, additional studies should be conducted to ensure its safety and to ensure that it is prescribed to those patients who might benefit," which can be completed most prudently through a post-market registry outside of the manufacturers' typical post-market analyses. More information can be found at FDA.gov.

President Signs State Children's Health Insurance Program Legislation

President Obama signed into law legislation providing a \$32.8 billion expansion of the State Children's Health Insurance Program (SCHIP). The expansion would provide health care coverage for 7 million children in lower-income families and is partially funded through a tobacco tax, which the ACC supports. The House on Jan. 14 had passed a version of the bill, which included as a funding mechanism a ban on physician self-referral to hospitals in which they have an ownership interest. That provision, which the ACC did not support, was left out of the final legislation.

HHS Recognizes Three Health IT Standards

The Department of Health and Human Services (HHS) on Jan. 21 formally recognized three new interoperability specifications for electronic health records, personal health records and electronic quality monitoring, effective Jan. 16. This is the second step of a two-step process in which the HHS secretary accepts specifications and then one year later recognizes the specifications. The Health-care Information Technology Standards Panel now recognizes as standards: IS04 Emergency Responder Electronic Health Record Version 1; IS05 Consumer Empowerment and Access to Clinical Information via Portable Media Version 1; and IS06 Quality Version 1. HHS called the recognition process "critical to advancing both federal and private sector use of health IT standards."

Economist **Len Nichols, Ph.D.**, director of the health policy program at the New America Foundation, discussed ways in which the new administration and Congress can provide the private sector with incentives to provide affordable, quality health care. According to Nichols, the current health care system's incentive structure is "deeply flawed" — and some profit from the flawed structure. He noted that behavioral choices affect health and health costs and that the system cannot afford "business as usual" trajectories. "Change is impossible but necessary," he added.

Author and Harvard Business Professor **Regina Herzlinger** offered an interesting perspective on payment reform models, while **Darren Willcox** of the Coalition to Advance Health Care Reform, **Bill Novelli**, CEO of AARP, and Helen Darling from the National Business Group on Health discussed the need for patients to take more responsibility and become more involved in their health and health decisions. **Douglas Wood, M.D., F.A.C.C.**, of Mayo Clinic, **Glenn Steele**, president and CEO of Geisinger Health System, and **Francois de Brantes**, CEO of Bridges to Excellence all agreed that we need to seek value and that pursuing quality will enable us to reduce costs.

In the wrap-up session, ACC's current presidential team commented on the findings of three break out sessions held throughout the Summit. ACC Vice President **Ralph Brindis, M.D., F.A.C.C.**, stressed the importance of our showing willingness to work with CMS on appropriate use and openness to conducting comparative effectiveness research by using real-time registries. "In particular, we need to mature our ambulatory registry efforts, as conducted through the IC³ Quality efforts, so that quality can be measured in all places where care is provided," Brindis said.

During the final session, attendees clarified essential issues for the College — the issues on which we must focus soon, define better and reach consensus. "If this conference shows anything, Weaver said, "it is that there is no shortage of ideas and there is a sense of urgency. ... None of this is easy, but if we can do it convincingly, we will be ready for when patients want to know more; we will be on our way to improving quality, and we will be role models for other specialties."

Coverage of the ACC's Health System Reform Summit is available at:

- lewinreport.acc.org
- qualityfirst.acc.org