

Will the First 100 Days Mean Health Care Reform?

By Jim Fasules, M.D., F.A.C.C.

The idea of a new president's "first 100 days" extends back to 1932. A country in crisis, Congress granted every request of President Franklin Delano Roosevelt, resulting in the passage of the New Deal. These days, while a new president is not likely to have every request granted, the first 100 days is still considered a honeymoon period where the president has a better chance of passing major initiatives. Some consider it the *only* chance a new president has to pass major initiatives.

What does this mean for President-elect Obama? The jury's still out. Some pundits have called the first 100 days Obama's best chance of passing major health care reform legislation, while others have said this is unlikely to occur — if it occurs at all — until late 2009 or 2010. House Ways and Means Health Subcommittee Chair **Pete Stark** (D-Calif.) said in December that Congress has too many other issues to address in the first 100 days to consider a health care overhaul.

However, to be successful, Stark said the issue must be addressed before mid-term elections in 2010.

Whether in 2009 or 2010, Obama has made it clear that health care reform is a priority. He has called health care reform a necessary component to any economic stimulus package, echoing

a sentiment presented by economist **Uwe Reinhardt, Ph.D.**, at ACC's 2008 Health System Reform Summit. The ACC, hopeful that Obama will take up major health care reform after taking office, answered Obama's call to offer health care reform ideas by holding a Health Care Community Discussion in late December.

Working through Congress

Although quick passage of major health care reform is unclear, it is highly likely that Obama will work with Congress on an economic stimulus package, which he has said should include health information technology (IT) provisions. Senate Finance Chair **Max Baucus** (D-Mont.) is in favor of the idea and said he supports authorizing up to \$50 billion in funds for health IT — the amount that Obama proposed in his health care reform plan during the election. This would be a much-needed investment in the health care infrastructure and would make a dent in a formidable barrier to practices adopting health IT.

Congress has much to tackle when it resumes Jan. 6. It still must pass fiscal year 2009 appropriation bills to fund federal activities. This could be a "win" for cardiology if Congress includes appropriate funding for health agencies, such as the National Institutes of Health, the National Heart, Lung and Blood Institute, and the Centers for Disease Control and Prevention.

It is also expected that Congress will reauthorize the State Children's Health Insurance Program (SCHIP), which provides health insurance to children in lower-income households that do not qualify for Medicaid. The ACC supports the reauthorization of SCHIP as part of its commitment to expanding access to health care.

2009 and 2010 will be watershed years for health legislation. We must use this momentum to pass health care initiatives that better enable us to provide high quality, cost-effective care. Let's work together as a profession and make this happen.

Fasules is ACC's new Senior Vice President of Advocacy and a pediatric cardiologist.



To learn more about the College's commitment to health care reform, visit: qualityfirst.acc.org.

CMS Releases 2009 PQRI Technical Specifications

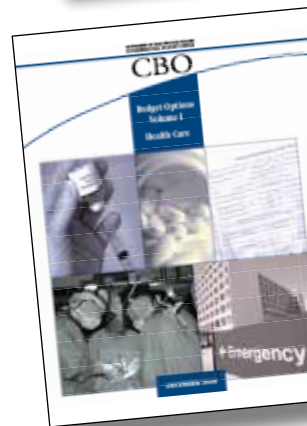
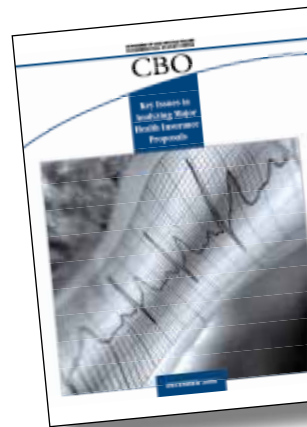
CMS has released the 2009 technical specifications for the Physician Quality Reporting Initiative (PQRI). As part of these specifications, CMS has included a new measure for cardiology, measure #152: CAD: Lipid Profile in Patients with CAD. In addition, CMS has determined that some of the PQRI measures used during 2008 are not conducive to claims-based reporting and, in 2009, will only be accepted via registry-based reporting. Measure #7, "CAD: Beta-Blocker Therapy for CAD patients with Prior Myocardial Infarction," affects cardiology. Practices should discontinue submitting this measure via their claims process effective Jan. 1, 2009. For a list of 2009 measures and reporting options per measure, go to www.cms.hhs.gov/PQRI/Downloads/2009PQRI MeasuresList.pdf.



CBO Releases Two Reports on Health Care

The Congressional Budget Office (CBO) released in December two new reports examining issues within the U.S. health care system. The first report, "Key Issues in Analyzing Major Health Insurance Proposals," examines background information, as well as large-scale reform proposals. The report finds that the rising costs of health care and health insurance will be a significant problem to the country's financial stability. Meanwhile, the number of non-elderly residents without health insurance is likely to increase substantially, from at least 45 million in 2009 to about 54 million in 2019. According to the report, the problems cannot be solved without making major changes in the financing or provision of health insurance and health care.

The second report, "Budget Options, Volume 1: Health Care," discusses the projected effects of 115 discrete options for the financing and delivery of health care. The options range in topic and include the private health insurance market, tax treatment of insurance, quality and efficiency of health care, health behavior and health promotion. The report provides cost or savings estimates on a year-by-year basis for five years and a 10-year total. ACC staff is currently reviewing the reports. The College applauds CBO's efforts to address these critical issues related to health care reform. For more information, visit qualityfirst.acc.org.



E-Prescribing Program Begins

The Centers for Medicare and Medicaid Services' e-Prescribing incentive program began on Jan. 1. Under this program, physicians who successfully e-prescribe under the program requirements will receive incentive payments of 2 percent in 2009. The size of the payment will decrease to 1 percent in 2011 – 2012 and 0.5 percent in 2013. Tools and resources to assist practices in adopting e-prescribing are available at www.acc.org/HealthIT.

ACC Informatics Committee Co-Chair **Michael Mirro, M.D., F.A.C.C.**, discusses health information technology (IT) as the January contributor to ACC's online forum, *The Lewin Report*. Mirro writes, "Of the recent activities to accelerate health IT adoption, the CMS e-prescribing initiative will likely have the greatest impact. The current adoption of health IT has been slow" and the "development of e-prescribing incentives by CMS will clearly move the needle for health IT." Mirro's post in full is available at lewinreport.acc.org.

