Appropriateness Criteria Helpful for Meeting New Quality Standards

By Gary Kauffman, M.D., F.A.C.C.

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To succeed in a health care environment increasingly focused on cutting costs, it is critical that we find ways to ensure our practices meet and exceed the "quality" and "efficiency" standards developed by health plans and lawmakers alike and still ensure that our patients continue to receive excellent care. To that end, the ACC has been a leader in developing tools, such as appropriateness criteria, that we can use to assist with this daunting task.

Phoenix, which is a large managed care market, was part of several pilot programs dating back to 2005 in which cardiologists were ranked by large insurers based on claims data and efficiency parameters that were being deemed "quality." While we felt that our large, single-specialty cardiology practice in Phoenix provided excellent care, the rankings from the insurance companies did not always place us in their preferred provider classifications.

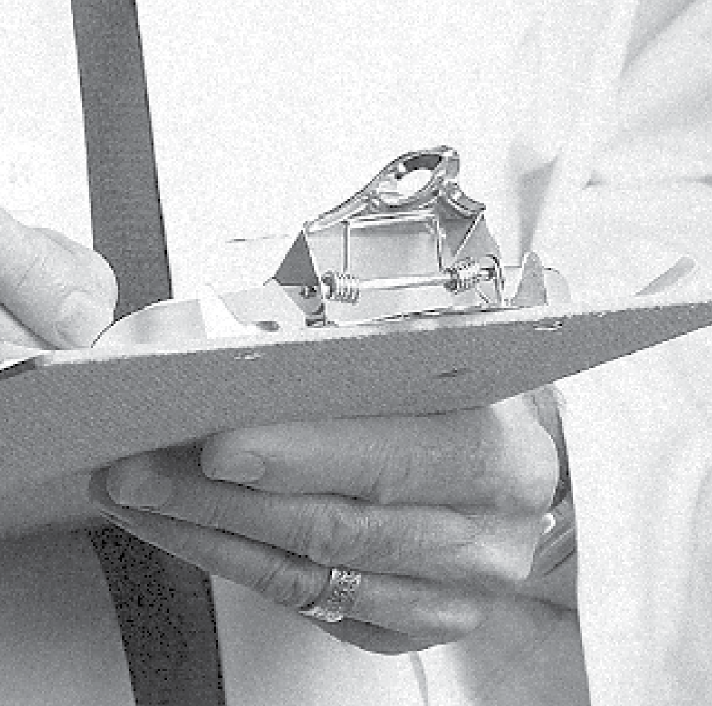
To address this problem, our practice implemented a policy in January 2006 that used ACC's Appropriateness Criteria for SPECT MPI to determine whether to order nuclear stress imaging studies. Every provider had a copy of the appropriateness criteria on their desks and before a nuclear stress study could be ordered, a short form had to be filled out with the reason for the study; the corresponding number in the ACC appropriateness criteria; and whether the criteria met was "A" for appropriate, "I" for inappropriate and "U" for uncertain. Midway through the program we recognized that the ACC criteria differed some from Medicare criteria and some of the insurance companies, so we modified our forms to include a list of the most common Medicare indications and their corresponding ICD9 codes.

The results of nearly two years of data collection are quite interesting. First, getting providers to fill out the forms has improved, growing from 50 percent during the first six months to 70 percent over the last six months. Second, the number of appropriate studies (A) has jumped from 64 percent during the first six months to 87 percent during the last six months of data collection.

ACC, UnitedHealthcare to Launch Appropriateness Criteria Pilot

The ACC has announced a pilot program, sponsored in part by UnitedHealthcare, to assist physicians in the appropriate use of Single-Photon Emission Computed Tomography Myocardial Perfusion Imaging (SPECT MPI). The ACC, along with the American Society of Nuclear Cardiology (ASNC), published Appropriateness Criteria for SPECT imaging about two years ago, and the ACC is now focusing on assisting physicians in the implementation of the Criteria. This program represents the first time ACC has partnered with a health plan to implement Appropriateness Criteria.

The pilot program, which will be launched at 10 practice sites, is designed to support physicians in their efforts to continuously improve the quality and cost effectiveness of their clinical care. "As the professional home of our nation's cardiologists, the ACC is in a unique position to provide its members with reliable information and assessment of their clinical performance," says ACC CEO **Jack Lewin, M.D.**



In addition, the actual number of nuclear studies performed has fallen substantially — more than 20 percent from the number prior to starting the program. However, the number of stress echo tests, which are less expensive and less invasive, has risen by more than 20 percent during the same timeframe. We have also seen a substantial decline in claim denials for nuclear studies, which has helped compensate for the decline in volume.

While we have made other changes to stay ahead of the Medicare and insurance companies, the ACC's SPECT MPI appropriateness criteria have given our group a major boost. As of the last quarter, CIGNA and United Healthcare, the two largest managed care insurers in Arizona, have listed us as preferred providers for meeting both their efficiency and quality indicators. This is important because the data are publicly reported and published online for patients and anyone else to see. Not to mention, meeting these higher standards will no doubt be tied to pay-for-performance in the near future.

Moving forward we plan to make similar use of ACC's echo appropriateness criteria. I am quite certain that our imaging ordering process has and will continue to play a major role in our ability to be recognized by both insurance plans and patients. Even more important, I believe appropriateness criteria are one answer to how we health care providers can provide true quality care to our patients that is efficient, cost-effective and of the highest value.

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Statin-Induced Myalgia Calls for Creativity

When a cardiac patient develops aching muscles, the diagnosis of statin-induced myalgia may be more art than science. Pain tends to affect large muscle groups and be symmetric, but this isn't always the case. It may be associated with an increase in creatine kinase (CK) 10 times normal or higher, but recent research has shown that myalgia can also occur in the absence of CK spikes. Moreover, enzyme levels may be elevated simply as the result of exercise.

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"There is no hard and fast rule for diagnosis," said **Paul Thompson, M.D., F.A.C.C.,** in the November 2007 American College of Cardiology ACCEL audiojournal. "You look for a temporal relationship. You stop the drug and see if the pain goes away, then re-challenge."

When statins *are* found to be the cause of myalgia, more creative thinking is called for, said Thompson, who is director of cardiology at Hartford Hospital, Hartford, Conn. A reduction in statin dose may be the answer, sometimes coupled wi th the addition of ezetimibe. In a patient with cramps, tonic water, which contains quinine, may provide relief. Use of a long-acting statin every other day or twice weekly is another effective option. Alternatively, the patient may take the statin for six to eight weeks, temporarily discontinue it once myalgia develops, and begin therapy again after the pain subsides, Thompson said.