

ACC to Congress: Physician Payment Cuts Don't Equal Quality

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With Congress just back from its August recess, the ACC is gearing up for renewed debate over Medicare reform and physician reimbursement. The ACC is working to move beyond the continuous debate over Medicare physician payment and process measures. The College is focused on its demands for overall health system reform that is patient-centered, physician-driven and focused on quality rather than cost cutting.

Moving into the fall, the House and Senate will have to reconcile legislative differences between the House-passed CHAMP Act, which contains Medicare reforms, and the Senate-passed SCHIP bill, which does not. While the House CHAMP Act replaces 15 percent in cuts over the next two years with slight positive updates, it fails to advance the quality and appropriateness of care provided to Medicare beneficiaries. Instead the legislation contains numerous troubling provisions for the cardiology community. Two of the most egregious provisions would:

- Establish separate expenditure targets, which would only perpetuate the weaknesses in the current single expenditure target system. Because many services provided by cardiologists are included in targets that are experiencing significant growth, they would exceed their target and result in reimbursement cuts for imaging and other services in 2010 and beyond.

- Change the payment formula for medical imaging services, including a requirement for CMS to increase its assumption on the amount of time imaging equipment is in use, which would lead to lower estimates of the cost of using imaging equipment and result in lower payments.

The ACC is working to ensure both the House and Senate stop the Medicare physician payment cuts, but also address those provisions in the CHAMP Act that threaten the ability of the cardiovascular community to put quality first and provide the care that patients need and deserve. On the broader quality level, the ACC is urging lawmakers in both chambers to allow tools to be developed and implemented that will assist physicians in being good stewards of limited health care resources. Such tools include data registries, electronic health records, confidential comparative feedback programs, appropriateness criteria, and clinical guidelines. If physicians are going to be responsible for controlling volume of services, they need a commitment from Congress to help fund the development and implementation of such tools in conjunction with work already underway by physician organizations.

It is also critical that other physicians who image and referring physicians be required to develop and use appropriateness criteria so that cardiologists are not unfairly punished by growth caused by other specialties

or by referrals. Congress should also continue incentive payments for and improve on the Physician Quality Reporting Initiative (PQRI) in 2008 and beyond, possibly including registries as reporting mechanisms. Performance measurement is critical to quality improvement and the PQRI, while far from ideal, is an important starting point for Medicare

While it is our personal and professional responsibility to provide quality care, we are limited in what we can do by ongoing Medicare physician payment cuts and the ever-increasing focus on simply reducing costs. The only way we can change this is by taking our message directly to Capitol Hill. In addition to urging Congress to find a Medicare payment fix, we must also educate Congress about our ongoing efforts to improve the quality of cardiovascular care.

You can help by calling your representative and senators using the ACC's toll-free grassroots hotline (800-210-7193) or sending an email via the ACC's CardioAdvocacy Network at www.acc.org/can. Provide specific examples of how cuts in Medicare reimbursement for cardiovascular services will affect your ability to provide quality care to your patients. For more information, email grassroots@acc.org or call (800) 253-4636 x 6470.

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