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COLLEGE of
CARDIOLOGY



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June 16, 2008

Michael J. Astrue
Commissioner
Social Security Administration
P.O. Box 17703
Baltimore, MD 21235-7703

RE: SSA-2007-0102
Revised Medical Criteria for Evaluating Cardiovascular Disorders

Dear Commissioner Astrue,

The American College of Cardiology (ACC) and the American Heart Association (AHA) are pleased to submit comments on the Advance Notice of Proposed Rulemaking entitled “Revised Medical Criteria for Evaluating Cardiovascular Disorders” published in the **Federal Register** on April 16, 2008. We appreciate the opportunity to contribute to the Social Security Administration’s (SSA) efforts to ensure appropriate access to Social Security disability benefits for individuals impaired by cardiovascular conditions.

The ACC is a 36,000 member non-profit professional medical society and teaching institution whose mission is to advocate for quality cardiovascular care through education, research promotion, development and application of standards and guidelines, and to influence health care policy. The College represents more than 90 percent of the cardiologists practicing in the United States.

The AHA is the nation’s largest voluntary health agency, with over 22.5 million volunteers and supporters. Since 1924, AHA has dedicated itself to reducing disability and death from cardiovascular disease and stroke – the #1 and #3 leading causes of death in the United States – through research, education, community-based programs, and advocacy.

The ACC and the AHA have reviewed the SSA’s current medical criteria for evaluating cardiovascular disorders. We believe that the criteria as currently written do not reflect current medical practice and do not provide adequate guidance to the SSA in making disability determinations for individuals with cardiovascular impairments.

We are concerned that many of the criteria used to evaluate patients do not reflect a contemporary knowledge of the disorders in question. For example, under the current listings of impairment, in patients with arrhythmias the issues of genetic arrhythmias (LQTS, Brugada, CPMVT, etc) and potential risks of loss of consciousness should be addressed directly. Further, these patients must also suffer from recurrent episodes of cardiac syncope or near syncope. This requirement is too restrictive and is not consistent with the criteria by which clinicians evaluate arrhythmias. The requirement is also very limiting for patients with congenital heart disease who may suffer profoundly from arrhythmias because their unusual anatomy does not tolerate arrhythmias well, but does not result in syncope or near syncope. Similarly, the criteria for congenital heart disease resulting in chronic heart failure are also inadequate. The chronic heart failure criteria focus on systolic or diastolic failure associated with the *left* ventricle; however, with congenital heart disease patients, the right ventricle can be the “systemic ventricle” or they may have a single ventricle. The strict wording of this section could preclude a disability finding for patients with congenital heart disease. Under the section on ischemic heart disease, the difficulty posed by left bundle branch block in making a diagnosis is not mentioned.

We are also concerned that the document fails to mention a number of newer medical technologies that are routinely used by clinicians to diagnose and treat cardiovascular disorders. For example, the section on peripheral vascular disease discusses the use of Doppler studies in evaluation, but does not include the commonly used duplex ultrasound technology. This section also addresses how a patient treated with a peripheral graft will be evaluated, but does not address angioplasty or stent placement, which are two of the more common surgical treatments for lower extremity vascular disease in use today.

The examples listed above do not comprise a comprehensive listing of the issues SSA should consider in revising the criteria, but rather serve to illustrate the pressing need for such a revision. The AHA and ACC, therefore, strongly urge SSA to update and revise the medical criteria the agency will use to determine whether individuals with cardiovascular impairments are determined to be disabled. We believe it is essential that these criteria reflect current technology and standards of care for diagnosing cardiovascular disorders, as well as the latest science demonstrating the impact of cardiovascular disorders on patients’ health and functional capacity.

As the SSA undertakes the important task of revising the criteria for cardiovascular disease, the ACC and AHA urge the agency to base its proposals on evidence-based clinical practice guidelines for cardiovascular disease. It is important that the medical profession play a significant role in critically evaluating the use of diagnostic procedures and therapies as they are introduced and tested in the detection, management, or prevention of disease states. Rigorous and expert analysis of the available data documenting absolute and relative benefits and risks of those procedures and therapies can produce helpful guidelines that improve the effectiveness of care, optimize patient outcomes, and favorably affect the overall cost of care by focusing resources on the most effective strategies.


The American College of Cardiology Foundation (ACCF) and the AHA have jointly engaged in the production of such guidelines in the area of cardiovascular disease since 1980. The ACC/AHA Task Force on Practice Guidelines, whose charge is to develop, update, or revise practice guidelines for important cardiovascular diseases and procedures, directs this effort. Writing committees are charged with the task of performing an assessment of the evidence and acting as an independent group of authors to develop, update, or revise written recommendations for clinical practice.

Experts in the subject under consideration are selected from both organizations to examine subject-specific data and write guidelines. The process includes additional representatives from other medical practitioner and specialty groups when appropriate. Writing committees are specifically charged to perform a formal literature review, weigh the strength of evidence for or against a particular treatment or procedure, and include estimates of expected health outcomes where data exist. Patient-specific modifiers and comorbidities and issues of patient preference that may influence the choice of particular tests or therapies are considered, as well as frequency of follow-up and cost effectiveness. When available, information from studies on cost is considered; however, review of data on efficacy and clinical outcomes constitute the primary basis for preparing recommendations in these guidelines.

Attachment A identifies the ACC/AHA guideline documents relevant to each section of the current medical criteria for evaluating cardiovascular disorders. We strongly urge SSA to draw upon these guidelines as a primary source for developing a proposal to revise the criteria. Both organizations' members, volunteers, and staff stand ready to assist the agency in assessing the current criteria and setting priorities for revision and updates. Please feel free to call upon us. If you have questions or if we can be of any assistance, please contact Susan Bishop at AHA at 202-785-7908 (susan.k.bishop@heart.org), or Rebecca Kelly at ACC at 202-375-6398 (rkelly@acc.org).

Thank you for the opportunity to provide comments. We look forward to reviewing the proposed rule.

Sincerely,



W. Douglas Weaver, M.D., F.A.C.C.
President
American College of Cardiology



Daniel W. Jones, M.D., F.A.H.A.
President
American Heart Association

Attachment A
ACC/AHA Clinical Guidelines

Exercise Testing

2002 ACC/AHA Guidelines

Echocardiography

2003 ACC/AHA/ASE Guidelines

Chronic Heart Failure

2005 ACC/AHA Guidelines

Ischemic Heart Disease

2002 ACC/AHA Chronic Stable Angina Guidelines

2007 ACC/AHA Stable Angina focused update (only changes to secondary prevention recommendations)

Arrhythmias

2006 ACC/AHA/ESC Guidelines for Management of Atrial Fibrillation

2003 ACC/AHA/ESC Guidelines for Management of Supraventricular Arrhythmias

2006 ACC/AHA/ESC Guidelines for Management of Ventricular Arrhythmias and Sudden Cardiac Death

2008 ACC/AHA/HRS Guidelines for Device-Based Therapy

Peripheral Arterial Disease

2005 Peripheral Arterial Disease (A Collaborative Report From the AAVS/SVS, SCAI, SVMB, SIR, and the ACC/AHA Task Force on Practice Guidelines)

Congenital Heart Disease under section H-2.

2008 ACC/AHA Guidelines for Adult Patients with Congenital Heart Disease (**in development**)

All guidelines are available at:

<http://www.acc.org/qualityandscience/clinical/topic/topic.htm#guidelines>