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July 23, 2007

The Honorable Pete Stark
Chairman
Ways and Means Health Subcommittee
U.S. House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
Chairman
Energy and Commerce Health Subcommittee
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Stark and Chairman Pallone,

On behalf of the 34,000 members of the American College of Cardiology (ACC), I am writing to express appreciation for your efforts to work with the physician community to stop a 10 percent cut in Medicare physician reimbursements from taking effect on Jan. 1, 2008 and an estimated 5 percent cut in 2009.

While the ACC has not seen legislative language on the Medicare package you are developing, we look forward to reviewing it and commenting on the package in its totality.

In the meantime, the ACC was pleased to learn from committee staff during a meeting in late June that you are considering a positive physician reimbursement update for 2008 and 2009 in place of the scheduled 15 percent cuts. Without relief, cardiologists on average will experience a 15 percent reduction in Medicare reimbursement in 2008 as a result of the flawed sustainable growth rate (SGR) formula and regulatory changes.

Based upon what is known at this time, the ACC is concerned, however, with the new payment structure being proposed. Because we are without details, the real issues will be around how a system of separate expenditure targets is operationalized. The ACC believes that separate expenditure targets that are arbitrarily set without taking into account the appropriate growth of services provided to Medicare beneficiaries simply perpetuates the flawed payment system. Many services that are critical to the everyday care of cardiovascular patients – including medical imaging, cardiac catheterization, angioplasty and stress tests – are services that would be included in separate expenditure categories (minor procedures, imaging) that have recently experienced significant growth. We fear that these high growth areas, and many cardiovascular services in particular, would be unfairly penalized under a separate expenditure target system unless the targets take into account appropriate growth.

Physicians have a responsibility to help control health care costs through appropriate clinical use of medical services, but we need the help of Congress to fund the development and implementation of tools that will assist physicians in being good stewards of limited health care resources. Such tools include appropriateness criteria, data registries, electronic health records, confidential comparative feedback programs, and clinical guidelines.

For instance, the ACC is proactively responding to the growth in cardiovascular imaging through the development of appropriateness criteria that define when and how often physicians should perform a given procedure or test. The ACC urges Congress to establish a Medicare demonstration project to test appropriateness criteria to determine how utilization rates are affected when these criteria are used by physicians.

The mission of the American College of Cardiology 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 Honorable Pete Stark and Frank Palone
July 23, 2007
Page 2

In addition, the ACC encourages you to improve on the Physicians Quality Reporting Initiative (PQRI) in 2008, by creating a pathway for the use of data registries that collect valuable clinical information that can be used for performance measurement and quality improvement. The PQRI, while far from an ideal performance measurement system, constitutes an important starting point for Medicare. We therefore encourage Congress' continued funding of PQRI in 2008.

The ACC appreciates your commitment to addressing the problems with the current physician reimbursement system and looks forward to working with you to address the concerns of the cardiology community.

Sincerely,



James Dove, M.D., F.A.C.C.
President

cc: Jack Lewin, M.D.
CEO