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September 4, 2007

The Honorable Charles B. Rangel
Chair, Ways and Means Committee
1102 Longworth Building
Washington, D.C. 201515

The Honorable John Dingell
Chair, Energy and Commerce Committee
2125 Rayburn Building
Washington, D.C. 201515

Dear Chairman Rangel and Chairman Dingell,

On behalf of the 34,000 members of the American College of Cardiology (ACC), thank you for including in the Children's Health and Medicare Protection Act of 2007 (CHAMP Act) a positive physician reimbursement update for 2008 and 2009 rather than the scheduled 10 percent and 5 percent cut in 2008 and 2009, respectively.

As you work with your Senate colleagues this fall to negotiate a conference agreement, the ACC asks for your support in key critical areas:

- 1) stopping the scheduled cuts in Medicare physician reimbursement due to the flawed sustainable growth rate formula (SGR) for at least the next two years;
- 2) preserving Medicare beneficiaries' access to quality medical imaging services by refraining from further cuts in Medicare payments for imaging services; and
- 3) supporting initiatives aimed at quality improvement in the Medicare program, including additional funding for the Physician Quality Reporting Initiative (PQRI), effective confidential physician feedback programs, and funding for new comparative effectiveness research.

The Medicare Sustainable Growth Rate Formula

Without relief from the impact of the flawed SGR formula, cardiovascular specialists on average will experience a 15 percent reduction in Medicare reimbursement in 2008 as a result of the SGR formula and regulatory changes. The ACC looks forward to working with you to address concerns the cardiovascular community has with the proposed separate expenditure target payment structure in the CHAMP Act.

Separate expenditure targets that are set arbitrarily without taking into account the appropriate growth and intensity of services provided to Medicare beneficiaries will only perpetuate the weaknesses in the current 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. Placing arbitrary or unreasonably low payment caps on these services could result in access problems for beneficiaries who benefit from these services.

Medical Imaging

Physicians have a responsibility to help control health care costs through appropriate clinical use of medical services, but 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. Toward that end, the ACC urges you to support the establishment of a Medicare demonstration project to test imaging appropriateness criteria to determine how utilization rates are affected when these criteria are used by physicians. 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. Testing the use of appropriateness criteria in the Medicare population will help address important questions related to the growth in imaging utilization and will ultimately lead to better policy decisions.


The ACC is deeply concerned about the impact the cuts to medical imaging included in Section 309 of the House-passed CHAMP Act will have on cardiovascular care, particularly the change in the equipment utilization rate assumption. Currently, there are no adequate data to demonstrate that 75 percent is the correct utilization rate for imaging equipment. CMS acknowledged this in the 2008 physician fee schedule proposed rule and is soliciting comments on the appropriate utilization rate.

Quality Improvement

As evidenced by its significant investment in guideline development, data collection, and other quality improvement tools, the ACC works continuously to help its members deliver quality cardiovascular care. The ACC believes the Physicians Quality Reporting Initiative (PQRI) constitutes an important starting point for Medicare and encourages you to provide funding in 2008 that would encourage continued voluntary participation. Furthermore, the ACC believes that steps are needed to expand and improve upon the PQRI in 2008 by creating a pathway for the use of data registries that collect valuable clinical information that is the gold standard for performance measurement and quality improvement.

I offer the ACC as a resource as you continue to work to address the problems with the current physician reimbursement system while ensuring that Medicare beneficiaries receive the highest quality of care. Should you have any questions, or if the ACC can be of assistance, please contact Jennifer Brunelle at jbrunell@acc.org or (202) 375-6477.

Sincerely,



James Dove, M.D., F.A.C.C.
President, American College of Cardiology

Cc: Jack Lewin, M.D., CEO, American College of Cardiology
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