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August 28, 2007

The Honorable Xavier Becerra
U.S. House of Representatives
1119 Longworth House Office Building
Washington, D.C. 20515

Dear Congressman Becerra:

On behalf of the more than 34,000 members of the American College of Cardiology (ACC), I want to thank you and your Legislative Director Sean McCluskie for reaching out to the ACC during the development of your legislative proposal that would require the accreditation of imaging facilities. Like you, the ACC believes that imaging laboratory accreditation is one important component of quality improvement.

I know you share the ACC's disappointment that the language ultimately included in the Children's Health and Medicare Protection (CHAMP) Act falls short of true imaging accreditation by allowing imagers to be exempted from a full and rigorous accreditation process by simply having their imaging equipment certified. The ACC strongly endorses the accreditation programs sponsored by the Intersocietal Accreditation Commission (IAC), which examines three key components of any imaging laboratory: the safety and accuracy of the imaging equipment; the training of the imaging technologists; and the training/certification/experience of the supervising and/or interpreting physician(s).

The ACC is further disappointed that the bill fails to exempt invasive diagnostic tests and procedures that rely on image guidance, such as cardiac catheterization, from the accreditation requirements. All interventional cardiac catheterizations and most diagnostic cardiac catheterizations are performed in hospitals that are accredited by The Joint Commission or similar accrediting body. The ACC believes that additional accreditation requirements for these types of services would be duplicative and administratively burdensome. As such, we ask that any accreditation language clearly define the types of diagnostic imaging services that would be required to meet accreditation requirements and include specific exemptions where necessary.

The ACC stands willing to work with you to correct and improve the existing accreditation language. ACC staff has provided Mr. McCluskie with model language that we believe would accomplish your goals without requiring a "crosswalk" to the Mammography Quality Standards Act (MQSA). While the ACC agrees that certain important processes found under MQSA may translate well into an accreditation program for advanced diagnostic imaging services under Medicare, the legislation, as currently constructed, is confusing and has the potential to be misinterpreted and misapplied.



I want to commend Mr. McCluskie for working with the ACC and the American College of Radiology (ACR) to ensure that the legislation recognizes existing, nationally accepted accrediting bodies, such as the IAC and ACR, rather than requiring the establishment by the Secretary of Health and Human Services of new accrediting standards. The ACC feels very strongly that payers, including Medicare, should not be in the business of developing standards. The ACC supports accreditation programs, such as those offered by the IAC, that are developed by physicians and other health care providers and are appropriate to the field of practice.

Imaging accreditation is only part of the equation when it comes to quality improvement and ensuring that imaging services provided to patients are clinically appropriate. To that end, the ACC has undertaken the responsibility of developing appropriateness criteria for imaging services and educating its members about their use. Appropriateness criteria define when and how often physicians should perform a given procedure or test. The ACC is working with a national private payer to test and validate these criteria and seeks your support for a similar demonstration project under Medicare. Cardiology ranks second to radiology in the use of diagnostic imaging. The ACC firmly believes that arbitrary approaches to reducing the growth of imaging services, such as cuts imposed under the Deficit Reduction Act, could have a deleterious effect on the quality of imaging services. We believe that before Congress can institute policies aimed at stemming the growth in imaging services, it must first better understand reasons for such growth. The ACC appropriateness criteria, when properly applied, can help benchmark appropriate growth and lead to better care and reimbursement policies.

Again, I appreciate the outreach by you and your staff to the ACC and hope that we can continue this dialogue in a constructive manner. Please do not hesitate to contact me at JDove@prairieheart.com if I can be of further assistance.

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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