



February 27, 2009

Ms. Charlene Frizzera
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Dear Ms. Frizzera:

The American College of Cardiology (ACC) is pleased to offer suggestions for additional measures and measures groups that may be used as part of the Medicare Physician Quality Reporting Initiative (PQRI) program in 2010.

The ACC is a professional medical society and teaching institution made up of 37,000 cardiovascular professionals from around the world – including 90 percent of practicing cardiologists in the United States and a growing number of registered nurses, clinical nurse specialists, nurse practitioners, physician assistants, and clinical pharmacists. The ACC is committed to quality in medicine and the suggested additions should allow further participation of ACC members in the reporting of quality data.

There are a number of measures that can be reported by cardiologists in the current PQRI program, particularly those related to heart failure and coronary artery disease (measures 5, 6, 7, 8, 118, 152). The ACC believes that these measures should be retained in the PQRI program for 2010 but believes that the program would benefit from the addition of other measures that could be frequently reported by cardiologists.

In addition to proposing additional measures, the ACC strongly endorses the creation of a measures group that may be reported by cardiovascular specialists. The Centers for Medicare and Medicaid Services (CMS) proposed a measures group for coronary artery disease (CAD) to be included in PQRI in 2009, but did not include the group with the final rule because of a difficulty in determining a common denominator. The ACC recommends that CMS create at least one measures group that may be used by cardiovascular specialists. Such a group could be constructed around either coronary artery disease (CAD) or heart failure. The measures group reporting option is an

excellent opportunity for physicians to be able to focus on a particular subset of patients and the reported data can provide a more complete picture of the care for those patients.

The ACC believes that a measures group for CAD could easily be constructed. While CMS indicated that it did not finalize the measure group for CAD for 2009 because of issues related to establishing a common denominator, the ACC believes that this issue can be addressed by CMS. However, even if the denominator issue cannot be addressed, the ACC believes that the addition of measures for patients who were prescribed lipid-lowering therapy for CAD (NQF measure set 74) and symptom and activity assessment for CAD (NQF measure set 65), in addition to the existing CAD measures (measures 6 and 152) would allow for the creation of a measure group for CAD. This measure group would then exclude the measures that are titled as CAD measures but which are restricted to patients that have both CAD and other diagnoses (measure 7 and measure 118). Excluding those measures should avoid the problems that caused CMS to not finalize the proposal to create a CAD measures group for 2009.

The ACC believes very strongly in the importance of registries throughout the practice of medicine and has spent considerable resources in developing registries for cardiovascular disease. However, the ACC believes that physicians should have the opportunity to participate in the submission of a measures group through the claims process. For this reason, the ACC believes that a newly created CAD measures group should not be limited to registry-based submission.

The ACC recommends the addition of a number of measures to the PQRI program. All of the measures suggested for addition are endorsed by the National Quality Forum (NQF) and have been developed through the participation of the ACC and the American Medical Association's Physician Consortium for Performance Improvement (AMA PCPI). A detailed chart with these measures and the additional information requested by CMS is attached to this letter.

The ACC appreciates the opportunity to offer suggestions for additional measures for the PQRI program and looks forward to continue to work with CMS to continue to improve this program. If you have any questions about the submission, please contact Brian Whitman, Associate Director of Regulatory Affairs, at (202) 375-6396 or bwhitman@acc.org

Sincerely,

Sincerely,

A handwritten signature in black ink that reads "W. Douglas Weaver, M.D." The signature is written in a cursive style.

W. Douglas Weaver, M.D., F.A.C.C.
President

