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John C. Lewin, M.D.

June 4, 2007

Dear Senators Kennedy, Clinton, Enzi and Hatch:

On behalf of the 34,000 members of the American College of Cardiology (ACC), thank you for the opportunity to review and comment on your draft legislation, the "Wired for Health Care Quality Act."

The ACC was supportive of the "Wired for Health Care Quality Act" in the 109th Congress and supports federal efforts to accelerate the widespread adoption of health information technology (HIT).

Summary

Before the ACC can express support for your draft legislation, I believe further discussion and development are necessary on the following provisions:

- Section 3003 – Partnership for Health Care Improvement
- Section 3008 – Fostering the Development and Use of Health Care Performance Measures
- Section 3010 – Dissemination of Information
- Section 3011 – Demonstration Project to Discover Performance Metrics Using Large Clinical Data Sets

My thoughts on those sections and others are described below. I would welcome the chance to meet with you to further discuss these recommendations.

Title I: Section 3002 and 3003

The ACC supports the role of the Office of the National Coordinator for Health Information Technology, and supports the unification and strengthening of current federal efforts to expand HIT use.

The ACC understands the importance of HIT standards and of certification of products, and knows that certification increases physicians' confidence in HIT products. I would like clarification on the role of the Partnership for Health Care Improvement, and how its role is unique and not duplicative of other current, similar efforts related to standards and certification.

Title II: Section 3006

The ACC appreciates the federal investment the legislation makes through grant and loan programs to enhance the use of HIT. I recommend an even stronger investment directed at integrating HIT into physician practices in order to make a true impact. One option for such assistance is adding a bonus payment for HIT use to the 2008 Medicare Physician Quality Reporting Program.

While the ACC realizes the potential benefits of widespread HIT use, physicians face significant costs in implementing and supporting HIT. At a time when physicians face an uncertain future for Medicare payments, investing in HIT imposes an unmanageable financial burden on many physician practices. Aside from the significant initial investment in technology, physicians also incur large costs from training and maintenance over time. While cost savings from the implementation of HIT would benefit the health care system overall, the return on HIT investment for physician practices would be more gradual and over the long term. Therefore, federal financial assistance, such as that provided by your legislation, is much needed.

Title III:

Section 3008

The ACC has more than 13 years of experience in performance measurement and believes the current performance measurement process is evolving in a positive, collegial way. I support the valuable role many organizations are playing in the quality improvement arena. That being said, the ACC believes there is a need to have one organization taking the lead in performance measurement to harmonize efforts. It is essential that the designated entity has the resources needed to fulfill the comprehensive list of responsibilities outlined in your bill. I therefore suggest that your legislation include increased funding to support the efforts of the entity.

With its long history in performance measurement, the ACC knows that physician involvement in the process is critical. The ACC recommends that physician involvement be clearly noted by including physicians or groups representing physicians on the Board of the entity. The need to update and enhance performance measures should be left to the discretion of the physician specialties that have developed the measures. I suggest that the legislation make this very clear in the delineation of responsibilities of the designated entity.

The ACC cautions against outlining the measures that will be given priority (such as measures that can apply to multiple services furnished by different providers during a care episode), or of including language regarding the methodology or construction of measures. I suggest that such things are best determined through the expertise of the designated entity.

The ACC supports the awarding of grants through the Agency for Healthcare Research and Quality (AHRQ) to support the development and testing of measures and urges you

to include increased funding for AHRQ to carry out this effort rather than redirect funds from its already tight budget for this.

Finally, much of the terminology included in this section can have different meanings to different parties. The ACC, therefore, suggests that definitions be included.

Section 3010

The ACC is concerned that Section 3010 as currently drafted is vague and allows for a wide interpretation. The ACC believes that providing confidential, comparative feedback to physicians and hospitals is a powerful tool in quality improvement when provided in a meaningful manner. However, I urge extreme caution in providing public dissemination of performance measure data and ask that you collaborate with the ACC and other physician specialties as you further develop Section 3010.

Section 3011

The ACC recommends that the list of entities eligible to participate in the demonstration project to discover performance metrics using large clinical data sets be broadened. Specifically, the ACC suggests inclusion of data registries. I believe there is no need to arrange new consortiums for the data collection and analysis efforts described in the legislation. There are existing entities, such as data registries, already meeting the responsibilities outlined.

Summary

Moving to a fully interoperable, nationwide health information infrastructure will require a significant commitment from the federal government and all sectors of the health care industry, but will result in a substantial benefit for quality, outcomes and patient safety.

The ACC offers itself as a resource to you as you continue the drafting process. I hope that you will consider the ACC's comments, and that the ACC will be able to support a revised version of the Wired for Health Care Quality Act. Should you have any questions, or if the ACC can be of assistance, please contact Jennifer Brunelle on the ACC Advocacy staff 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