

June 13, 2007

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Ave., SW, Room 314G Washington, DC

VIA FACSIMILE: 202-690-6262

Dear Ms. Norwalk:

On behalf of the more than 33,000 members of the American College of Cardiology (ACC), a non-profit professional medical society and teaching institution whose mission is to advocate for quality cardiovascular care—through education, research promotion, development and application of standards and guidelines—and to influence health care policy, I am writing to express the College's support for the Centers for Medicare and Medicaid Services' (CMS) new initiative on public reporting of all cause mortality associated with AMI and Heart Failure care.

The ACC supports public reporting of these measures because they have been rigorously risk adjusted, vetted through an external review process and are intended to drive quality improvement efforts to enhance care in these two important and high volume clinical areas. The ACC would be honored to be represented at the launch event for the new measures to show our support for this effort.

We recognize that cardiologists and the hospitals where they practice will need technical assistance to make improvements based on this analysis. ACC has programs already developed that apply directly to hospitals improving care in these areas and reducing mortality associated with HF and AMI. We are eager to facilitate broader participation in our ongoing programs in response to interest generated by reporting of the CMS mortality measures.

Reporting of the new mortality measures will provide hospitals with critical information about the quality of care they provide and will also provide a non-pecuniary incentive – and in some cases an imperative to improve quality. Yet, unlike CMS's process of care measures for cardiac care, these outcomes measures do not signal to hospitals how to improve their performance. Clinicians and hospitals across the country will have to look closely at the multiple factors within a hospital that contribute to excess mortality and share successful strategies for lowering mortality rates.

This is a challenging task for most hospitals, and they will need leadership and technical assistance. The ACC helps meet that need:

- Our Take ACTION Campaign (*Acute Coronary Treatment & Intervention Outcomes Network*) to improve the care of patients with Acute Coronary

Syndrome (ACS) and specifically improve transitions of care from the acute care to ambulatory settings has just begun.

- The National Cardiovascular Data Registry (NCDR™) includes data collection and quality improvement tools to help healthcare providers:
 - Quickly and easily identify gaps in quality of care
 - Reduce wasteful and inefficient variations in care
 - Implement effective, ongoing quality improvement processes
 - Continuously improve patient satisfaction
- The NCDR currently addressing four clinical areas – myocardial infarction (ACTION Registry™), cardiac catheterization and percutaneous coronary intervention (Cath PCI Registry™), carotid artery stenting and endarterectomy (CARE Registry™), implantable cardioverter defibrillators (ICD Registry™)..
- Our Guidelines Applied in Practice program (GAP) has developed successful tools that improve AMI and Heart Failure care and has been shown to have a statistically significant impact on reducing in hospital, 30 day and 1 year mortality associated with AMI. The AMI discharge contract is a quality improvement tool which was independently associated with a decline in these mortality measures.
- The Door to Balloon Quality Alliance is currently working to reduce door to balloon times in over 900 hospitals across the country. This project will be extended to include a focus on the broader challenge of minimizing Door to Reperfusion times (D2R). The second phase of this National Quality Alliance – labeled D2R will address the challenges of minimizing door to needle (D2N) times for lytics, door to transfer (D2T) times in those facilities that transfer to primary PCI capable facilities and transfer to balloon (T2B) times for those receiving facilities. The ACC anticipates that D2R, second phase of the D2B Quality Alliance, will be kicked off in 2008.
- We are developing additional quality programs tailored to hospitals concerns that may arise from publication of these new mortality measures.

The cardiology community is willing and ready to help hospitals respond to the measures by leading efforts to improve patient care and building on the extensive existing initiatives. The community caring for patients with cardiovascular disease is embracing opportunities for greater accountability and transparency in performance and is working hard to ensure that measurement is fair and valid – and that our response as a community always places the best interests of the patients in the forefront of our efforts.

The ACC welcomes the opportunity to work with CMS and other stakeholders to strengthen the Medicare program and ensure that Medicare beneficiaries receive high quality cardiovascular care. If the College can be of further assistance, please feel free to contact Matthew Fitzgerald, DrPH, Senior Director for Science and Quality at 202-375-6421, or via e-mail at mfitzger@acc.org.

Sincerely,

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

John C. Lewin, M.D.

President

CEO

cc: Barbara Cebuhar, CMS/Office of External Affairs, Partnership Relations Group