



Heart House  
9111 Old Georgetown Rd.  
Bethesda, MD 20814-1699  
USA

(301) 897-5400  
(800) 253-4636  
Fax: (301) 897-9745  
[www.acc.org](http://www.acc.org)

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May 18, 2006

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The Honorable Nancy Johnson  
Chairman Ways and Means  
Health Subcommittee  
1136 Longworth  
Washington, DC 20515

Dear Chairman Johnson:

On behalf of the American College of Cardiology (ACC), I am writing to thank you for your commitment to aiding the widespread adoption of health information technology (HIT), and particularly your efforts to provide assistance to physician practices in implementing HIT. I am pleased to offer the ACC's support of the "Health Information Technology Promotion Act of 2005" (H.R. 4157).

The ACC is a 33,000 member non-profit professional medical society and teaching institution whose purpose is to advocate for quality cardiovascular care through education, research promotion, development and application of standards and guidelines—and to influence health care policy. The College represents more than 90 percent of the cardiologists practicing in the United States.

In the world of health care informatics, the ACC is a leader in the physician community and supports the national agenda to accelerate the integration of HIT. We believe the Office of the National Coordinator for HIT is playing a critical role and we support its codification and continued efforts as called for in H.R. 4157.

While the ACC recognizes the potential benefits of widespread HIT use, including health care quality improvement, investing in HIT imposes an unmanageable financial burden on many physician practices at a time when physicians are facing declining reimbursements and an uncertain future for Medicare payments.

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Aside from the significant initial investment in technology, physicians also incur large costs from training and maintenance over time. These costs would be especially prohibitive for small physician practices. The ACC supports the safe harbor provisions included in H.R. 4157 that allow entities to share HIT systems and support with physician practices. We agree that this will provide some relief from the cost-burdens associated with HIT implementation. Among items for your consideration is an issue that could arise in instances where physician practices are located in towns with multiple hospitals. The net result may be the inducement of referrals to the HIT “donor” hospital by default unless interoperability is sufficient to allow physicians to use the system in any hospital. This is important because if physicians lose the ability to leverage their admissions among competing hospitals, they may lose the ability to drive improvement in hospital services.

While the safe harbor provisions are an important step, the ACC also believes federal financial assistance directly to physician practices, through mechanisms such as grants, loans, Medicare add-on payments or tax credits, is critical to widespread adoption of HIT by physician practices.

The ACC supports the move to the International Classification of Diseases, 10th edition, Clinical Modification (ICD-10-CM) as a more precise and granular coding system than the currently used ICD-9-CM; however, we are concerned with the level of resources that physician practices will need to invest in order to make the transition. Aside from the additional practice cost, the change will also require physician practices to dedicate resources to training of support staff. Physician practices would most likely be able to meet a three-year implementation deadline. Our concern is the processes software vendors and payers (including the Centers for Medicare and Medicaid Services) will first need to go through in order to allow for an effective transition will make the Oct. 1, 2009 deadline presented in the legislation impracticable from the physician perspective. We recommend including in your legislation implementation benchmarks for software vendors and payers, and that a more practical deadline for physician practices to implement ICD-10-CM be based upon when those benchmarks are reached. Without requiring that benchmarks be met throughout the transition, we fear the situation will be reminiscent of the implementation delays of the transactions and code set requirements under HIPAA.

Finally, the ACC agrees that a successful nationwide implementation of interoperable HIT in both the public and private health care sectors will require a national set of privacy standards. The Veterans Health Administration and military health systems are good examples of why a uniform patient identifier is so critical.

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We commend you for your leadership on this important issue and we look forward to working with you on enactment of HIT legislation this year. Should you have any questions, or if the ACC can be of assistance, please contact Camille Bonta at [cbonta@acc.org](mailto:cbonta@acc.org) or (301) 897-2620 or Jennifer Brunelle at [jbrunell@acc.org](mailto:jbrunell@acc.org) or (301) 581-3477.

Sincerely,

A handwritten signature in black ink that reads "Steven Nissen". The signature is written in a cursive, flowing style.

Steven E. Nissen, M.D., F.A.C.C.  
President