VISION FOR OPTIMAL CARDIOVASCULAR CARE

As the stewards of cardiovascular patients, the American College of Cardiology (ACC) is committed to developing and advancing solutions that will optimize the delivery of cardiovascular care, increase access to care, and improve patient outcomes and health. However, the following significant reforms are necessary within the current Medicare system to achieve this vision:

- Establish Sustainable Payment Practices
- Provide Access to High-Quality, Continuous Cardiovascular Care
- Foster Beneficiary Engagement
- Support the Transition to Value-Based Care

Establish Sustainable Payment Practices

Stagnant and declining payment for Medicare services exacerbates financial uncertainty for health systems and practices and furthers disparities in care delivery. The cost of operating a practice has increased dramatically – 37% over the last 20 years – while physician payment has steeply declined, resulting in an alarming 25% reduction in physician payments. There is an urgent need to implement policies to stabilize the payment system and appropriately recognize the value of clinicians' work. We must do everything we can to keep practices in business now and bolster the nation's physician pipeline for the future. ACC recommendations to improve payment practices include:

- Securing financial stability in the Physician Fee Schedule Payment System (PFS) with baseline positive inflationary updates.

- Eliminating the $20 million budget neutrality requirement within the PFS.

- Recognizing reduced resources negatively affects equitable access to care and outcomes.

Provide Access to High-Quality, Continuous Cardiovascular Care

Ensuring patients have access to high-quality and continuous care is a critical factor in optimizing care delivery and outcomes. To do this well, the ACC recommends:

- Streamlining prior authorization practices to ensure patients receive timely access to care.

- Expanding telehealth access through permanent flexibilities.

- Incentivizing effective ambulatory and virtual specialty care that can prevent or slow disease progression.

- Establishing flexibility for aligned incentives across specialties and various health care providers by updating Stark Law and Anti-kickback and Safe Harbor rules.

- Encouraging accountable, team-based, interdisciplinary multispecialty care.
- Supporting purposeful operations, data infrastructure and concurrent analytics to manage patient populations in real-time and facilitate timely intervention.

Foster Beneficiary Engagement

Appropriate and meaningful beneficiary engagement in accountable care can have a positive impact on improving health outcomes. ACC recommendations to encourage this engagement include:

- Supporting patient care that is facilitated through shared decision-making and merges risk stratification and evidence-based treatment options with patient preferences.
- Reducing barriers to early specialty referral and treatment planning to promote systematic patient identification and ensure access to care for patients with suspected or newly diagnosed complex cardiovascular disease.

Support the Transition to Value-Based Cardiovascular Care

Addressing the key issues outlined above will improve the viability of value-based care models and position clinicians to better take on the inherent financial risk associated with these models. As clinicians make the transition to value-based care, retaining quality will be of utmost importance. ACC recommendations to retain quality in the transition to value-based care include:

- Achieving quality measurement that drives optimal patient outcomes and provides the care team with actionable data to continually improve and/or sustain the delivery of quality care.
- Encouraging innovative care delivery and cost-benefit scenarios by approving appropriate use of advanced diagnostics and new procedures and medications that can improve quality of life.
- Providing actionable data and tools that empower cardiovascular professionals to address health disparities and social determinants of health.