

QualityFirst

American College of Cardiology

Improvements to the Patient Protection and Affordable Care Act (ACA)

Since the historic passage of the national health reform law (ACA), the American College of Cardiology (ACC) remains committed to working with Congress and the Administration to further transform our flawed payment system into one that puts patients first and rewards quality, evidence-based care. In order to best serve patients, the College has identified three priorities Congress must consider to further refine the health care law and make needed improvements to the health care system:

1) Medical Liability. The ACC was disappointed that Congress failed to enact proven and meaningful liability reforms. The costs of defensive medicine alone exceed \$200 billion annually and Congress missed an important opportunity to enact reforms to improve the system. We believe many of the reforms currently being discussed can be shaped to provide the maximum benefit to both patients and health care providers. The ACC supports a system that increases patient safety, ensures that injured patients are compensated quickly and fairly, improves provider-patient communications, and ensures affordable and accessible medical liability insurance. The College supports provisions such as “I’m Sorry” protections, Early Offers, Good Samaritan protections, proportional liability and collateral source rules to prevent double recoveries – all linked to HIT adoption and adherence to clinical guidelines. **Therefore, we urge Congress to enact legislation that links liability protections with the rapid adoption of health information technology (HIT). These common sense improvements will improve patient safety, reduce medical errors, result in fewer negligence claims filed, lower malpractice premiums, increase HIT use, and save overall health care dollars.**

2) Independent Payment Advisory Board (IPAB). The ACC is concerned with the Independent Payment Advisory Board (IPAB) provision in the ACA. Physicians are already subject to an expenditure target and other potential payment reductions as the result of the Medicare physician payment formula. The ACC believes that since the IPAB has broad discretionary authority to make radical changes in the structure of the Medicare program, its recommendations should require an affirmative vote by Congress before they can be implemented. **The ACC, therefore, is opposed to the provision and urges Congress to make modifications to retain the ability to achieve a different level of savings than proposed by the IPAB to adjust for new developments that warrant spending increases, and maintain its ultimate accountability for the sustainability and stability of the Medicare program.**

3) Value-Based Index. The ACC is strongly committed to ensuring patient access to high-quality, appropriate and cost-effective care. The College has led the way in the development of quality initiatives and tools designed specifically to help cardiovascular professionals bridge the gaps between science and practice. However, we have significant concerns over the provision to establish a “value-based index” that would redistribute Medicare payments among providers based on outcomes, quality, and risk adjustment measurements that are not scientifically valid, verifiable, and accurate. Unfortunately, the availability of policy tools and a level of precision that are necessary to measure these elements do not currently exist. A similar provision in the House health reform proposal requires the Institute of Medicine to study geographic variation with recommendations on modifying payments for Medicare providers based on a quality/cost value index. **Therefore, the ACC urges Congress to: (1) modify this provision to provide incentive payments for those physicians achieving a level of efficacy and quality improvement; and (2) study the implementation of the geographic variation on modified payments for providers based on a quality and cost index.**

The ACC is a 39,000 member, 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. For more information, contact the ACC at 202-375-6000.



Cosponsor Legislation to Transition Excessive Cuts to Physician Codes

The American College of Cardiology (ACC) asks that you become an original cosponsor of legislation led by Rep. Charles Gonzalez (TX) that would require the Centers for Medicare and Medicaid Services (CMS) to transition excessive payment reductions to existing physician service codes to allow physician practices time to adjust to lower payment rates.

As CMS and the American Medical Association/Specialty Society RVS Update Committee (RUC) continue the effort to identify misvalued services and bundle existing services frequently billed together into a common code, the Gonzalez legislation would prevent an existing code from receiving an excessive payment reduction in one year. A resolution similar to the Gonzalez legislation was broadly supported and adopted at the AMA House of Delegates meeting in June 2010.

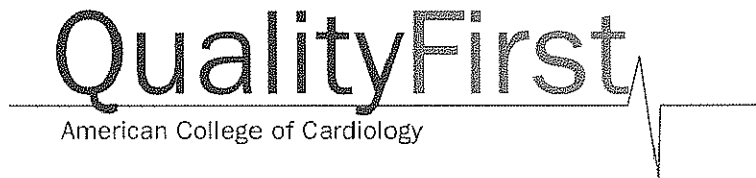
By providing a four year transition to the new payment rate for significant reductions, the legislation would provide physician practices with time to adjust to reductions and avoid disruptions in patient care. This is becoming increasingly important given that CMS previously looked at existing services billed together 95 percent of the time or more for bundling into a common code but recently lowered the threshold to services billed together 75 percent of the time. This lower threshold will impact more physician services in coming years.

In the 2010 Medicare physician fee schedule, CMS bundled together several existing codes for nuclear cardiology services, also known as SPECT MPI, which resulted in renumbered codes. Treating it as a new service rather than existing one, CMS chose not to phase-in the payment reductions. Nuclear cardiology services, therefore, received a 28 percent payment cut in 2010. This does not include the 23 percent Medicare sustainable growth rate (SGR) cut. The payment reduction for these services forced many cardiovascular practices to take immediate measures such as laying off staff, selling their practice to a hospital or merging into another practice, or limiting services to Medicare beneficiaries.

The Gonzalez legislation would help physician practices adjust to such significant changes. Although cardiology services have dominated CMS' first efforts to revalue existing services, a much broader range of specialty areas will be impacted in the future.

The ACC urges you to become an original cosponsor of legislation to transition excessive payment reductions to existing physician service codes to allow physician practices time to adjust to lower payment rates. To cosponsor the legislation, please contact Julie Hart in Rep. Charlie Gonzalez' office at: Julie.Hart@mail.house.gov or 202.225.3236.

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Congress Must Act to Repeal the Flawed SGR Formula

The American College of Cardiology (ACC) urges Congress to permanently repeal the flawed sustainable growth rate (SGR) formula used to set Medicare physician payment rates. Physicians will receive a 23 percent Medicare payment cut on December 1 and another cut of 6.5 percent on January 1, 2011 unless Congress acts to intervene.

Physicians across the country are tired of Congress's short term budgetary solutions to this ongoing physician payment crisis. This year alone, Congress has approved, and allowed to expire, three short term freezes in Medicare payments without addressing the growing problem. If allowed to continue, the cuts will impact patients the most - leading to less access, higher fees, longer waits, and impersonal care. Each time Congress has passed a short-term intervention it has only created practice instability, deepened the payment cuts in future years, and increased the cost of permanently resolving the problem. Putting another Band-Aid on the problem is no longer a viable solution.

The ACC continues to support moving the current Medicare physician payment system away from a volume-based system and toward a value-driven system. **We urge Congress to:**

- (1) Avoid cuts scheduled for December 2010 and thereafter;**
- (2) Provide 13-months, through 2012, of stable reimbursement to allow additional time to work toward a long-term sustainable payment formula.**

In addition, the College supports the testing of new payment models of delivering and reimbursing for care, through the CMS Innovation Center. The ACC is very encouraged that the use of registries and imaging appropriate use criteria are concepts on the list of ideas for the Center to test. It is imperative that CMS have the administrative flexibility to test new methods of payment that may be implemented more broadly in the future. The experience gained by the Center's work will be essential to reforming the system, incentivizing quality and better outcomes, and bending the cost curve.

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