



AMERICAN
COLLEGE of
CARDIOLOGY



American Heart Association | American Stroke Association®

July 24, 2013

The Honorable Fred Upton
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C., 20515

The Honorable Henry Waxman
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C., 20515

Dear Chairman Upton and Ranking Member Waxman,

The American Heart Association (AHA) and the American College of Cardiology (ACC), collectively representing patients, physicians and health care professionals, are writing to encourage the Committee to take decisive action this year to repeal the Sustainable Growth Rate and replace it with a payment system that better aligns financial incentives with high quality evidence-based medicine.

Our two organizations have decades of experience in developing and applying quality improvement tools, including clinical practice guidelines for the prevention, diagnosis and treatment of common cardiac diseases. Through this experience, we have identified several elements that are critical to designing a sustainable Medicare physician payment system that can improve quality, improve patient outcomes, and lower costs.

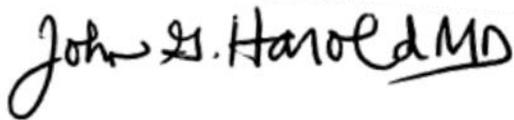
In particular, we believe three elements are essential to include in a new quality improvement payment system:

- **Adherence to Clinical Guidelines and Measure Development** – Efforts to improve quality and efficiency must use the best scientific evidence available. The AHA and the ACC have invested significant organizational resources, time and effort collaborating on the development of evidence-based cardiovascular clinical guidelines and performance measures for physicians that support the diagnosis and treatment of patients. Any physician payment system must be based on regularly updated guidelines and performance measures as it seeks to incentivize continuous quality improvement.
- **Adherence to Appropriate Use Criteria** – Appropriate use criteria (AUC) strive to apply evidence-based medicine to determine the right care using the appropriate diagnostic and treatment approaches and to define those that may be inappropriate. Congress should incentivize the continued creation, use and evaluation of AUCs as another tool that could improve patient care and optimize the use of resources.
- **Participation in Clinical Data Registries** – Clinical data registries are proven means to identify and close gaps in quality of care when they are tied to the implementation of effective, continuous quality improvement processes. By capturing and aggregating clinical information through the course of care, registries enable the use of performance measures and

validate appropriate use criteria in order to accurately measure patient outcomes and clinical practice.

We commend your efforts to design a sustainable Medicare physician payment system that promotes the delivery of high quality care by aligning incentives with physician performance, quality improvement and patient outcomes. Improved quality measure development and adherence to clinical practice guidelines and measures, expanded application of appropriate use criteria, and participation in clinical data registries are essential elements of any value driven payment model that achieves both higher quality of patient care and reduced costs.

Sincerely,

A handwritten signature in black ink that reads "John G. Harold MD". The signature is written in a cursive style with a clear "MD" at the end.

John Gordon Harold, MD, MACC, MACP, FESC, FCCP, FAHA
President, American College of Cardiology

A handwritten signature in black ink that reads "Mariell Jessup MD". The signature is written in a cursive style with a clear "MD" at the end.

Mariell Jessup, MD, FAHA
President, American Heart Association