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March 8, 2011

Donald Berwick, MD
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445 G
Hubert H. Humphrey Building
200 Independence Ave SW
Washington DC 20201

Dear Dr. Berwick:

The American College of Cardiology (ACC) is pleased to have the opportunity to offer comments on the proposed rule **Medicare Program; Hospital Inpatient Value-Based Purchasing Program** as published in the Federal Register on January 13, 2011. The ACC is transforming cardiovascular care and improving heart health through continuous quality improvement, patient-centered care, payment innovation and professionalism. The College is a 39,000-member nonprofit medical society comprised of physicians, nurses, nurse practitioners, physician assistants, pharmacists and practice managers, and bestows credentials upon cardiovascular specialists who meet its stringent qualifications. The College is a leader in the formulation of health policy, standards and guidelines, and is a staunch supporter of cardiovascular research. The ACC provides professional education and operates national registries for the measurement and improvement of quality care. More information about the association is available online at <http://www.cardiosource.org/ACC>. Our goal in commenting on this proposed regulation is to ensure that hospitals that provide the highest quality care are appropriately rewarded.

The proposed rule on hospital value-based purchasing is a landmark achievement, for the first time adjusting payment for the quality of care provided in a major healthcare sector. The ACC has long supported a movement from today's volume-based system to one with more grounding in quality. We strongly support payment adjustments for quality, but know that measuring quality in healthcare is incredibly difficult. CMS is fortunate that almost all hospitals report on quality measures – we believe that assessing quality for future value-based purchasing programs such as that in physicians will be complicated by both the low number of physicians that participate in the program as well as the heterogeneous nature of the more than 1 million providers paid under the physician fee schedule. Starting with hospitals provides some significant advantages.

The mission of the American College of Cardiology is to advocate for quality cardiovascular care — through education, research promotion, development and application of standards and guidelines — and to influence health care policy.

We believe that CMS has generally done a good job of using the existing quality infrastructure to measure and reward performance. We strongly endorse providing incentives for both performance and improvement. We will not be commenting on the precise mathematical formula for determining the bonus, but would recommend that CMS be open to adjustments and refinements in future years as the results of this program are better understood.

We fully support the decision to not include measures in the value-based purchasing program before they have been included as publicly reported measurements that do not affect payment. Hospitals should be given the opportunity to correct issues before they impact payment. The primary goal of this program should be to improve the quality of care provided to patients in hospitals. If hospitals do not improve the quality of care provided, then patients are not well served by this program.

We are very supportive of the CMS proposal to focus the measures in the program on those diseases that have a high impact on the Medicare population. Cardiovascular disease has the highest impact on patients in the Medicare population and has long been the top killer in the United States. We are pleased to see the inclusion of measures of quality of performance in this area, particularly those measures that were developed by the ACC and American Heart Association.

Three of the sixteen process measures that are included in the first year of implementation are measures that may be generated through the use of ACC's ACTION-Get With the Guidelines Registry, which aims to track data to facilitate quality improvement for patients who present with Acute Coronary Syndrome (ACS). We believe that the hospitals that have invested the time and money in this registry are showing a strong interest in improving care for these patients. We would encourage CMS to allow registry-based reporting of data in order to reduce administrative burden and further encourage quality improvement in this important space. While we appreciate and support the administration's intention to allow reporting through an electronic medical record, we believe that the registry program offers substantial additional benefits that allow for rapid quality improvement. Again, the goal of such a program should be improved quality in hospitals and we believe CMS should design a system that best encourages that improvement.

We appreciate the intention of CMS to align all value-based purchasing programs as they are enacted in the future. This is particularly important as more and more cardiologists are becoming hospital employees who not only have responsibility in improving quality for their individual patients but for entire hospital units. The incentives within these programs should be closely aligned. If these incentives are not aligned, CMS risks disagreement between physicians and hospitals over the best quality care which will not benefit patients.

All of the value-based purchasing programs created in the coming years will benefit strongly from public input through the regulatory process. The measurement and assessment of quality is difficult and requires diverse public expertise. For that reason,

we do not support the proposal of CMS to move measures into the value-based purchasing program through a sub-regulatory process. These measures take years to create and implement into a public reporting system – there is no reason why these measures cannot be included in a proposed rule in future years to allow for public comment.

The ACC is very pleased to offer these few comments on this plan. We look forward to working closely with CMS in the coming years to greatly improve the quality of care for patients with cardiovascular disease. If you have any questions about this letter, please contact Brian Whitman, Associate Director of Regulatory Affairs at bwhitman@acc.org or (202) 375-6396.

Sincerely,



Ralph G. Brindis, MD, MPH, FACC
President