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August 8, 2011

Donald Berwick, MD
Administrator
Centers for Medicare and Medicaid Services
7500 Security Blvd
Attention: CMS-5059
PO Box 8012
Baltimore MD 21244-1850

Dear Dr. Berwick:

The American College of Cardiology (ACC) is pleased to offer comments on the proposed rule on the *Medicare Program; Availability of Medicare Data for Performance Measurement (CMS-5059-P)* as published in the Federal Register on June 8, 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 40,000-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>.

Measures

CMS proposes the implementation of elements of the Affordable Care Act (ACA) that require the release of Medicare claims data to entities so that they might calculate performance measures using these data. This portion of the ACA is highly specified giving CMS little administrative discretion in implementation. As required by the legislation, CMS will only offer the data to those organizations that have experience in calculating performance measures and those that have access to substantial claims data outside of the Medicare program. These organizations are also limited in their use of these data for the calculation of performance measurement. ACC supported these protections of the data when they were included in the ACA and supports the CMS implementation of these elements.

The ACC supports the CMS proposal to limit the measures reported to standard measures used in other CMS programs in most cases. We also support a public process to review the creation of alternative measures to ensure that they receive the same level of scrutiny as those standard measures and to ensure that those alternative measures meet the statutory requirement of being “more valid, reliable, and responsive to consumer preferences, cost effective, or relevant to dimensions of quality and resource use not addressed by such standard measures.” The standard measures are not comprehensive but do have the benefit of having been reviewed and vetted by several large multi-stakeholder bodies.

Role of Clinical Data

The ACC is a strong believer in the power of data in transforming medical care. Only by reviewing data can we learn what elements of the healthcare system are effective and which are not. For this reason, we are excited for the possibilities of Medicare claims data. However, we are concerned that the claims data will be limited in calculating many performance measures. Claims data does not contain the level of detail or nuance required to truly understand the quality of care provided for patients.

In the rule, CMS proposes that the qualified entities be restricted to **only** using claims data to calculate performance measures. This is not required by the legislation that created this program which merely states that the claims data must be used to calculate performance measures. The ACA does not state that no other data sources may be used to complement the claims data. ACC opposes the proposal to limit qualified entities to only using claims data to calculate performance measures. Instead, we believe that CMS should encourage the qualified entities that purchase the Medicare claims to work with organizations that have access to large amounts of clinical data from registries. This clinical information would add a great deal of context to these claims data. This would give these qualified entities at least three different data sources – Medicare claims data, other payer claims data, and registry data. The more data that can be examined the higher quality and more reliable the performance measures are likely to be.


The ACC has recent experience with the power of combining clinical and claims data in a study known as American College of Cardiology Foundation-The Society of Thoracic Surgeons Collaboration on the Comparative Effectiveness of Revascularization Strategies (ASCERT). The ASCERT study, funded by the National Institutes of Health, is intended to demonstrate the effect of two common forms of coronary intervention: coronary artery bypass surgery and percutaneous coronary interventions like stents. The study links information from the clinical databases and registries from these two professional societies with the MedPAR data available from Medicare today. The MedPAR data is a very limited set of data in comparison to the Medicare claims data that would be available under this program so we think adding even more claims data to a project like this would improve it considerably. Unfortunately, under this proposal, entities would not be allowed to add in this clinical information if they were intending to calculate performance measures in these areas. We strongly urge CMS to change this position with the release of the final rule.

Physician Review of Data

The ACC is concerned that the proposal to allow physician review of the data related to these performance measures does not provide significant opportunity for physician review and comment as required by the statute. While physicians are given an opportunity to review the data, CMS only proposes as little as a 10 day period in which to review what may be thousands of records covering a period of two to three years. This is not nearly enough time to review data and point out errors to the qualified entities. In addition, the rule is unclear on what happens if a physician or other provider does identify problems. The ACC urges CMS to provide a longer period for physicians and other providers to review data and a specific action plan for the qualified entities if a physician or other provider identifies an issue.

The ACC appreciates the opportunity to comment on this proposed rule. If you have any questions or would like to discuss the issue further, please contact Brian Whitman, Associate Director of Regulatory Affairs at bwhitman@acc.org or (202) 375-6396.

Sincerely,

A handwritten signature in cursive script that reads "David R. Holmes".

David R. Holmes Jr, MD, FACC
President