At the American College of Cardiology (ACC) 2007 Legislative Conference in Washington, D.C., more than 250 cardiovascular specialists from 49 states and Puerto Rico came to learn about the key issues facing health care and take the cardiovascular message directly to lawmakers on Capitol Hill. Throughout the conference, we heard from numerous congressional staff, payer representatives, and others, who consistently recognized the ACC for its leadership.

We heard similar praise during a recent whirlwind week spent meeting with key members of Congress and their staff, including Sen. Hillary Clinton (D-NY), Rep. Tom Allen (D-ME), Rep. Xavier Becerra (D-CA), Sen. Michael Enzi (R-WY), Sen. Ted Kennedy (D-MA), and House Speaker Nancy Pelosi (D-CA). Although these meetings touched on issues such as public reporting, imaging, Medicare physician payment, and the sustained growth rate formula, they almost inevitably veered back to health system reform and the ACC’s quality efforts.

Health system reform is essential and it is imminent. Travel anywhere in the U.S. and you will find physician and patient satisfaction levels decreasing as a result of misaligned incentives. We are struggling with a lack of coordination of care, excessive documentation requirements, medical liability concerns, and inconsistent quality. Combine that with 47 million uninsured Americans, and payers focused on cutting costs and controlling the growth of new technologies, and you have a system primed for reform.

We have much to be proud of over the past 30 years, with dramatic decreases in mortality from cardiovascular disease. Nevertheless, if we as physicians do not take responsibility to bring about change, we can only expect to see more volume targets, continued decreases in payment, greater outside interference with care delivery, and stifling of innovation. More blame will be placed on the profession when these measures fail.

It is for this reason that each of us, as leaders of the ACC, have been traveling around the country—and the world for that matter—speaking about the importance of health system reform. Everywhere we go, we promote the ACC’s end-to-end systems approach to quality improvement as the standard for translating evidence-based knowledge into practice.

When it comes to health system reform and ensuring quality care, the ACC’s continuous review of new science, evidence-based guidelines and standards, data reporting, and collection tools are examples of a true professional society. Physician and hospital quality feedback initiatives; education and lifelong learning opportunities; and performance evaluation programs and products are models that can be used to ensure patient value and access to quality care.

However, it is one thing for the ACC president and other ACC leaders to tout these tools. But as we heard again and again during the legislative conference and our visits to Congress, these tools are being recognized nationwide as ahead of the curve on quality.

Specifically, the ACC’s National Cardiovascular Data Registry (NCDR), clinical practice guidelines, performance measures, and appropriateness criteria are lauded as impor-
tant, innovative tools that could be used to reduce costs, improve outcomes, and bring about timely, efficient, and equitable care. The tremendous support and involvement of ACC members in the Physician Quality Reporting Initiative (PQRI) is also noted. Although not ideal, the ACC has viewed PQRI as a starting point for testing the feasibility of a quality self-reporting alternative.

In addition, the ACC’s ongoing efforts to address the issues of transparency and public reporting has not gone unnoticed by Congress, payers, and others who are increasingly focusing on this issue. The College is committed to the collection of data and the provision of information to members and to patients, both current and potential, to assist in shared decision-making about health care. However, we continue to oppose the public release of Medicare claims data in a physician-identified format because claims data alone are insufficient for quality improvement. The ACC’s willingness to be transparent, measured, and accountable—provided assurance that quality is measured the right way using the best data—has opened doors to discussions that likely would not have occurred otherwise. Given the recent ruling by the U.S. District Court for the District of Columbia that the Department of Health and Human Services must release Medicare physician claims data for Illinois, Maryland, Virginia, Washington, and Washington, D.C., the ACC’s continued efforts to disseminate principles and to develop tools that facilitate reporting of accurate patient encounter data could not be more necessary.

The external acknowledgement that we are on the right track presents exciting opportunities for the College as the debate about health system reform intensifies. It is affirmation that our plans for expedited guidelines and clinical consensus documents, appropriateness criteria pilot programs, ambulatory data collection, and initiatives designed to bridge the gaps between science and practice are essential goals. And it gives us the credibility necessary to take control of the debate and proactively ensure that the needs of our patients are met.

To this end, we strongly urge each and every member of the cardiovascular community to actively engage in discussions around health system reform and take advantage of the ACC’s tools and resources already in place to help patients and practices. We must continue to make this issue a priority and continue to lead. The issues surrounding quality improvement and health system reform affect us all.

We have an obligation to influence our partners, community physicians, and others about the need to lead this debate. The legislative conference sent a clear message to Congress: the ACC has a seat at the table. A similar strategy is in place for informing payers and purchasers of our role in the debate. The ACC will work closely with every organization that believes access to quality care for all is the desired end point.

Working together, we can transform health care from the inside out and set a new standard for reform.

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