



ACC ADVOCACY IN ACTION

Shaping Health Policy to Meet the Triple Aim of Better Health, Better Outcomes and Lower Cost

ACC Advocacy seeks to advance the College's mission of improving the cardiovascular wellbeing of the nation through interactions with Congress, federal government agencies, state legislative and regulatory bodies, private insurers, and other policy making groups.

By advocating for a quality driven health care system, provider stability, population health and the future of cardiovascular medicine, the ACC is leading the transformation of care. Here is a snapshot of some of the ways ACC Advocacy has been successful so far this year.

TOP ADVOCACY SUCCESSES OF 2014

SGR Reform Bill Includes AUC Mandate

In conjunction with most of organized medicine, the ACC pushed for permanent Sustainable Growth Rate (SGR) repeal, working with key congressional committees to produce a bipartisan, bicameral SGR repeal bill. While Congress failed to agree on budget offsets for final passage of the bill, a one year patch was passed to avert a 24 percent cut to Medicare payments without any onerous provisions. The patch will expire on March 31, 2015, and the ACC continues to advocate for permanent payment reforms that will provide stability and facilitate the delivery of high quality, cost-efficient care.

The Protecting Access to Medicare Act of 2014, which delayed payment cuts associated with the SGR, also requires consultation with appropriate use criteria (AUC) and clinical decision support for advanced diagnostic imaging, beginning in 2017. The ACC is working with the Centers for Medicare and Medicaid Services (CMS) on a regulatory framework and will be engaged every step of the way to ensure that the use of AUC in Medicare works to improve patient care and creates the minimum possible burden for physicians.

Record Number of ACC Members Connect With Congress

Nearly 400 cardiovascular professionals gathered in Washington, DC, for ACC's 2014 Legislative Conference, which centered on the many ways the ACC is leading the transformation of care. During nearly 300 congressional meetings, ACC members urged Congress to work with the ACC to develop a quality driven health care system, ensure practice stability and secure the future of cardiovascular care. For the first time, conference attendees were able to connect with Congress on the go using the new ACC Advocacy Action mobile app. ACC members can now use their smartphones and tablets to communicate with lawmakers throughout the year using ACC's grassroots alert system. This will empower ACC members to engage in advocacy and strengthen ACC's burgeoning grassroots efforts, which have already facilitated 56 practice visits by members of Congress to date.

On the state level, ACC chapter members in four states teamed with patients to meet with lawmakers and before legislative committees, and four state Lobby Days were instrumental in advancing legislation. The ACC has helped craft policy for Certificate of Need/percutaneous coronary intervention oversight in seven states, critical congenital heart defects (CCHD) screening in three states and cardiopulmonary resuscitation in four states.

TOP ADVOCACY SUCCESSES OF 2014

ACCPAC Leads CV Political Action Committees

ACC's Advocacy efforts are fueled by the ACC Political Action Committee (ACCPAC), which increases the political power and reach of the College by engaging ACC members in support of federal candidates who back legislation and policies that facilitate the delivery of the highest quality cardiovascular care. ACCPAC, which is pushing hard to surpass \$1 million in contributions for the 2013-2014 cycle, is the number one cardiovascular PAC and ranks among the top 10 medical specialty PACs in the U.S.

Patient Access to Imaging Protected

A California Senate bill which sought to remove the in-office ancillary exception for advanced modality imaging and many other services performed outside cardiology was successfully defeated, thanks in part to grassroots efforts by the ACC's California Chapter. California's defeat of the bill means that other states do not have the legislative precedent or political momentum to justify similar proposals.

Coding and Coverage Wins

In collaboration with other societies, the ACC successfully requested that CMS create national coverage for transcatheter mitral valve repair (TMVR). The ACC was pleased that CMS responded positively to comments recommending deletion of its proposal to require joint intraoperative participation by both an interventional cardiologist and cardiac surgeon. The ACC also worked with other stakeholders to request an expansion of national Medicare coverage of cardiac rehabilitation. Those services are now covered for chronic heart failure patients. To report TMVR and other services, the ACC Coding Task Force successfully presented proposals, along with several societies, to create codes for TMVR, subcutaneous implantable cardioverter defibrillators, extracorporeal membrane oxygenation, and a new code to report transesophageal echocardiography guidance during transcatheter interventions like TMVR.

SMARTCare Lands CMMI Grant

The Center for Medicare and Medicaid Innovation awarded a \$15.8 million grant to support SMARTCare pilot projects designed by the ACC's Florida and Wisconsin Chapters. The innovative pilots aim to reduce health care costs by providing tools to help doctors and patients communicate about options for their care while helping physicians apply the latest guidelines to the decision-making process.

ACC President Provides Expertise to Congressional Committee

ACC President Patrick T. O'Gara, MD, FACC, shared his perspective on personalized medicine with the House Energy and Commerce Committee as part of the 21st Century Cures initiative, a series of hearings and stakeholder roundtables intended to promote the discovery, development and delivery of new cures and therapies. The 21st Century Cures initiative is expected to culminate in a legislative package in early 2015.

Tobacco Tackled at the Federal and State Level

The ACC, a number of ACC Chapters and partners such as the Campaign for Tobacco Free Kids submitted letters calling for the Food and Drug Administration to extend its regulatory authority to cover electronic cigarettes and additional tobacco products. Additionally, the ACC and its chapters are actively advocating for smoke-free policies in the states.

TOP ADVOCACY SUCCESSES OF 2014

Pulse ox Legislation Advances in the States

Significant strides have been made on the state level for advancing legislation for CCHD screening. To date, 41 states have CCHD requirements in place and two others are working on regulations.

Greater Flexibility for EHR Incentive Program Reporting

In response to comments from the ACC and other health care organizations, CMS issued a final rule allowing health care providers more flexibility in how they use certified electronic health record technology to meet meaningful use requirements under the Electronic Health Record Incentive Program reporting period for 2014. The rule also extended Meaningful Use Stage 2 through 2016 for certain providers and announced the Stage 3 timeline.

Facilitating Alternative Payment Model Participation

The ACC is conducting ongoing surveillance of alternative payment model activity and outcomes as well as ACC member understanding of and involvement in alternative payment models. In a quest to facilitate member participation in alternative payment models, ACC members are able to seamlessly take part in federal quality reporting programs, including the Physician Quality Reporting System, by participating in the PINNACLE Registry. For the 2013 Program Year, the PINNACLE Registry submitted data on behalf of 1,236 providers across 96 practices.

Cost and Resource Use Measures for Cardiovascular Conditions

The ACC opposed the National Quality Forum's (NQF) recommendations on Cost and Resource Use Measures for Cardiovascular Conditions for use in federal payment programs due to risk adjustment and attribution concerns. The NQF Consensus Standards and Approval Committee is considering approval of the measures despite the lack of NQF member consensus. The ACC will develop a response to any decision made to endorse any of the measures.
