



Pennsylvania

CHAPTER



May 18, 2010

Donald Fischer, M.D.
Senior Vice President and Chief Medical Officer
Highmark, Inc.
120 Fifth Avenue
Suite 4105
Pittsburgh, PA 15222

Dear Dr. Fischer:

The Pennsylvania Chapter of the American College of Cardiology (PaACC) and the American College of Cardiology (ACC) have significant concerns with Highmark's expanded Radiology Management program for prior-authorization of Myocardial Perfusion Imaging (MPI) beginning in September 2010. While we share your commitment to increase the rate of appropriate MPI studies, Highmark's implementation of an expanded program that challenges physicians' decisions on test selection for specific patients when these specific modalities are deemed appropriate by the ACC Appropriate Use Criteria (AUC) is problematic.

To elaborate, we are very concerned with Highmark and National Imaging Associates' (NIA) perception that both MPI and Stress Echocardiography are interchangeable imaging modalities to evaluate suspected or known coronary artery disease in most patients. As you are aware, the final decision to use either test takes into account numerous factors including a patient's physical characteristics and demographics as well as clinical variables, provider experience and modality availability. These factors are best considered and decided upon by the treating physician and patient.

Although NIA states its decision making guidelines and criteria rely on the ACC and American Heart Association AUC and Practice Guidelines, we did not intend for these documents to be used to establish the "most appropriate" test. Rather, the AUC addresses whether a specific indication is appropriate for a given modality. We strongly disagree with this program's attempt to steer patient testing from one imaging modality to another under the guise of the implementation of ACC AUC. Rather, we urge Highmark and NIA to base appropriate use of MPI solely on the ACC AUC for Cardiac Radionuclide Imaging and not deny appropriate MPI imaging requests.

Furthermore, we are concerned by this program's potential disruption in practice workflow and added inefficiencies and delays for our patients and members. Prior authorization programs are notorious for creating additional work and expense for practices. It has been shown that offices must frequently hire at least one full-time employee to process these various types of insurer requests.¹ Who will absorb these costs?

Finally, the lack of provider feedback and education about the basis of Highmark and NIA's decision making process is of concern. It is important to the PaACC and the ACC for providers who need improvement in identifying appropriate use of imaging studies to be provided educational resources to improve their quality of cardiovascular care. Additionally, those who demonstrate consistently

¹ L.P. Casalino, S. Nicholson, D. N. Gans et al., "What Does It Cost Physician Practices to Interact with Health Insurance Plans?" *Health Affairs* Web Exclusive, May 14, 2009, w533-w543.

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appropriate imaging should be rewarded with a “gold card” system which exempts them from the pre-authorization requirement.

To this end, the ACC has developed a patient-centered, performance based cardiovascular diagnostic imaging utilization optimization product. Built upon core competencies of the ACC and Medicalis, the program focuses on appropriate patient selection through physician developed AUC, point of order clinical decision support, education, and quality improvement. This product aims to achieve the following 5 goals: facilitate point of order decision support and quality improvement, optimize imaging to improve care, provide transparency and consistency, demonstrate professionalism, and reduce third party costs to physicians and health plans.

We hope to discuss with you the College’s solution to inappropriate imaging and refine the goals and objectives for improving cardiovascular care. Ultimately, we would like to identify and reduce the level of inappropriate cardiac testing as well as increase provider education and eliminate the administrative burden for appropriate referrers and imagers.

The PaACC and ACC greatly appreciate our continued dialogue and if you would like to discuss our solution for inappropriate imaging and opportunities to pilot the program, feel free to contact either Joseph Allen with the ACC Staff at jallen@acc.org or Henry McCants at hmccants@acc.org.

Sincerely,



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