



**ASE** American Society of  
Echocardiography  
*Heart & Circulation Ultrasound Specialists*

July 23, 2009

Samuel R. Nussbaum, M.D.  
Executive Vice President, Clinical Health Policy  
and Chief Medical Officer  
**WellPoint, Inc.**  
120 Monument Circle  
Indianapolis, IN 46204

**Re: Changes to the Anthem BCBS /American Imaging Management Cardiac Services Program**

Dear Dr. Nussbaum:

The American College of Cardiology (ACC) and the American Society for Echocardiography (ASE) would like to comment on the upcoming changes to the Anthem Blue Cross and Blue Shield Cardiac Services Program administered by American Imaging Management (AIM). As you are aware, the Anthem plans in 12 states are scheduled to expand cardiac prior-notification and authorization programs to include stress, resting, and transesophageal echocardiography as well as require ordering providers to submit diagnostic test results and subsequent imaging requirements to AIM.

Echocardiography is a vital diagnostic tool used by cardiovascular specialists. An average practice site with 4-5 active cardiologists may perform dozens of diagnostic echocardiograms and stress echocardiograms each day. Assuming each of these studies will require even 5 minutes of staff time to pre-notify, implementing such a prior notification or prior authorization protocol for echoes will be a huge time burden to these practices.

While we can speculate about the motives of the AIM for results reporting, we question whether simple results reporting by the ordering physician will provide useful information about either the appropriateness of the initial echo or the appropriate use of other imaging tests. Because the time required to pre-notify every echo is an undue burden, and because the results reporting proposal has serious deficiencies, **the ACC and ASE recommend suspension of the program's implementation until such time as a reasonable and viable alternative that will support the delivery of quality cardiovascular care is collaboratively identified.**

The ACC is a 37,000 member non-profit professional medical society and teaching institution whose purpose is to advocate for quality cardiovascular care through education, research promotion, development and application of standards and guidelines-and to influence health care policy. The College represents more than 90 percent of the cardiologists practicing in the United States.

The ASE is a professional organization of physicians, cardiac sonographers, nurses and scientists involved in echocardiography. These professionals are committed to excellence in cardiovascular ultrasound and its application to patient care through education, advocacy, research, innovation and service to our members and the public. The organization was founded in 1975 and has more than 15,000 members nationally and internationally.

We recognize the increase in imaging utilization and have developed initial products such as the Appropriate Use Criteria (AUC) to educate physicians. We are now interested in exploring partnerships that will work with the ACC to fully implement the AUC in a meaningful way to ensure patients have the appropriate test at the appropriate time. We would like to explore such a partnership with WellPoint and AIM.

We remain concerned that prior notification and prior authorization procedures will result in significant delays in patient flow through cardiology offices, with ensuing patient dissatisfaction. Unlike nuclear stress testing and left heart catheterization, which are seldom performed ad hoc, unplanned echocardiograms are frequently performed when patients are found to have changing conditions, symptoms or physical findings at an office visit.

After many discussions with other health plans, we conclude that health plans' primary concern with echocardiography is the volume of repeat and/or duplicate tests performed on its members. We believe a large number of "first" echoes are being performed by non-cardiovascular providers many of whom are not adequately trained and using equipment not appropriately calibrated for the individual patient. As a result, test results are unusable and will need to be duplicated.

Under the current design of the program planned for implementation in August 2009, the terms will require many cardiovascular specialists to pre-authorize the second echo in many instances where the first echo was only subjected to prior notification and the result was inadequate. Any prior approval protocol placed on highly trained cardiovascular specialists will impede them in accurately diagnosing patients with heart disease. The focus of these policies should also be placed on providers not adequately trained in this specific modality performing these tests in non-accredited imaging labs. Certain health plans have tracked echocardiograms as being provided by non-cardiologists nearly 50% of the time. Echocardiograms should be performed by physicians meeting ACC COCATS guidelines in ICAEL accredited laboratories. The ACC and ASE urge WellPoint to analyze its claims data to identify all practices with high rates of repeat/duplicate echo testing and determine if the lab is accredited and the providers meet the above mentioned training requirements rather than penalize all echo providers.

We recommend pilot studies that utilize the soon-to-be-released appropriateness tools in order to determine whether these are an effective and less burdensome means of ensuring appropriate test utilization that could serve as an alternative to this AIM program. The ACC developed a decision support tool to assist clinicians in applying the ACC/ASNC Appropriate Use Criteria (AUC) for SPECT MPI. This fall, the College will be launching a national campaign to create a quality improvement learning community around appropriate use of imaging. The campaign entitled **IMAGING in FOCUS (Formation of Optimal Cardiovascular IMAGING Utilization Strategies)** will engage practices in data collection, sharing of best practices, and developing innovative models to influence ordering behavior. Among tools for echocardiography which have been released and will be used in FOCUS are the following:

- A pocket card of appropriate and inappropriate echo indications for use by clinicians/offices. This tool emphasizes the inappropriate indications and helps to highlight differences between an initial evaluation and appropriate follow-up exam vs. an exam for a new indication.
- PDA version of the appropriate use document.
- Order entry tool--under development. The ACC Appropriateness Taskforce (ATF) is also addressing this issue with a view to establishing appropriate use at the time of ordering. A beta version has been developed by ATF and pilot labs are being chosen to evaluate for this tool.

Additionally, the ACC and ASE are concerned by the implementation of the results reporting requirement and whether such data will be useful for benchmarking and educational purposes. From the AIM *Anthem Cardiac Services Fact Sheet*, under "Results Reporting", the document states, "For cardiac services tests (existing or new modality) that are authorized, ordering providers will be asked to provide information regarding the test results." We are worried that if the ordering providers do not submit the results in a timely fashion, the performing providers will receive claims denials for a process out of their control. For example, the emergency department physician who orders an outpatient stress echo for a low risk chest pain patient will have little incentive to forward results to AIM. The unintended consequence of this particular scenario might be a shift to admit such patients to the hospital, where the expense will be greater.

During the ACC 2009 Annual Scientific Session in Orlando, the ACC presented information from its SPECT-MPI AUC Pilot. The pilot collected clinical data from 8 cardiovascular practices for all performed SPECT-MPI studies and subsequently applied the AUC to the data. Preliminarily, it showed that reporting results requires more than just normal/abnormal to understand the true nature of the result. We found that while collecting test results sounds good, doing it in a cursory fashion is unlikely to yield meaningful results and feedback reports.

Finally, during the ACC Medical Directors' Institute (MDI) Strategy Roundtable in June 2009, the invited cardiologists and medical directors from Aetna, WellPoint, UnitedHealthcare, CIGNA, and various BCBS plans discussed echocardiography claims data as well as echo ordering patterns from cardiovascular and non-cardiovascular providers. There was an extensive discussion concerning the development of educational tools for non-cardiologists who order echocardiograms. As an alternative to pre-authorization, the group recommended the ACC and ASE develop a one-page point-of-order form for non-cardiovascular providers. We hope WellPoint would support this effort and pilot test this form for ordering providers.

**The ACC and ASE urge WellPoint to delay implementation of the program until December 2009 and would like to request a meeting so that the following options can be fully explored:**

- 1. WellPoint share data with the ACC and ASE so that a complete understanding of echo utilization and the associated issues.** We are also very interested in reviewing the 3 month results from the Anthem of Virginia echo outliers program. We believe this program would be less burdensome for practices and patients.
- 2. Explore physician tools that can be used for continuous quality improvement versus administrative burden.**
- 3. Explore opportunities for collaboration.**

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Thank you for allowing us the opportunity to comment on this program. We look forward to working with you on these issues. Feel free to contact Henry McCants, ACC Payer Advocacy at (202) 375-6642 or [hmcants@acc.org](mailto:hmcants@acc.org) to arrange a follow-up meeting with ACC and ASE.

Sincerely,



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Cc:

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