



Pennsylvania

CHAPTER

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Donald Fischer, MD
Senior Vice President and Chief Medical Officer
Highmark
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Dear Dr. Fischer,

We very much appreciated the opportunity for representatives of the ACC/ASNC/PA Medical Society Task Force to meet with you regarding Highmark's nuclear cardiology precertification program. We felt that the meeting was quite constructive and made significant progress. We are writing to describe our understanding of the agreements that were reached during that meeting, as well as to address future steps.

As we have explained from the outset, we agree that there is evidence that there are nuclear cardiology studies being performed that may not benefit the patient in terms of management or outcomes, and may not be in compliance with national evidence-based medicine standards. We will support initiatives to eliminate any unnecessary imaging procedures as long as those initiatives meet reasonable minimum quality standards that assure that the legitimate interests of all segments of society impacted by the program are appropriately protected. We believe that any program that would restrict patient access to diagnostic imaging procedures must carefully adhere to national evidence based medicine guidelines and standards, must be both transparent and accountable, and cannot involve either explicit or implicit mandatory test substitution.

We were very pleased with your statement that in December 2010 Highmark instructed its agent, National Imaging Associates, to adhere in their precertification decision algorithm to the American College of Cardiology and American Society of Nuclear Cardiology Appropriate Use Criteria for stress myocardial perfusion imaging, as published in 2009. These guidelines, while imperfect, are the best objective, authoritative, evidence-based standards that exist.

In order to verify that National Imaging Associates is complying with those instructions from Highmark, the Task Force appreciated your agreement to request that National Imaging Associates provide the Task Force with its

decision making algorithm for screening nuclear cardiology studies. We would emphasize that this is an absolutely essential step in assuring the transparency and accountability of the program. Since the Appropriate Use Criteria are published standards in the public domain, and since any precertification program that implements those standards impacts the legitimate interests of employers, the health care provider community, and most importantly the patients whom we all serve, any algorithm to implement those standards cannot be claimed by any RBM to be proprietary or confidential information. Such a claim creates a “black box” process that does not protect legitimate public interests or rights to know.

We also were pleased with your agreement that in implementing the Appropriate Use Criteria, cases that fall in to the “uncertain” category, with scores of 4 through 6, will in accordance with the explicit written provisions of the Appropriate Use Criteria, be considered to be appropriately indicated studies. The authors of the Appropriate Use Criteria stressed that these are not studies that are not indicated, but rather are studies in which there are insufficient published data to confirm their benefit and as such cannot and should not be used by any insurance carrier as a basis for denying payment for a patient study. Hence, once a case is documented to be in an AUC category of 4 through 6, the test should then be approved without being subjected to additional burdensome scrutiny. As more data become available in the literature, and as the Appropriate Use Criteria are implemented across the country, we anticipate that these criteria will evolve and that eventually the number of studies that will fall into the uncertain category will diminish.

At the meeting, the Task Force presented data from a substantial number of Highmark patients (more than 40) in whom the Task Force documented that a clearly indicated nuclear cardiology study by Appropriate Use Criteria was denied by National Imaging Associates. Since these cases were nearly all from prior to Highmark’s updated instructions to National Imaging Associates and NIA’s reported implementation of a new decision making algorithm in December 2010, we mutually agreed that it would not be productive to further investigate these cases at this time.

The Task Force was also appreciative of Highmark’s clearly stated position that they have instructed National Imaging Associates that no test substitution of any kind, either explicit or implicit, is to be implemented as part of the precertification process. If more than one diagnostic study is appropriate by published national Appropriate Use Criteria, the decision of which test is performed will be made at the sole discretion of the patient and their treating physician. Any requested nuclear cardiology study will be judged in the precertification evaluation solely based on the criterion of whether that study meets the standard of appropriateness for a nuclear cardiology test.

The Task Force believes that implementation of the American College of Cardiology FOCUS tool would be a superior process to the use of any radiology business manager for precertification of any diagnostic cardiology procedure. The FOCUS tool is objective in its implementation of published Appropriate Use Criteria, is fully transparent and accountable, and is backed by the American College of Cardiology, a highly respected, independent, quality-focused and authoritative national organization. This tool is available for immediate implementation. The Task Force is working with the American College of Cardiology to determine whether a pilot demonstration of this product in Western Pennsylvania is feasible. We look forward to further discussions with Highmark in that regard.

We believe that the dialogue between Highmark and the Task Force has been mutually productive. We appreciate your willingness to participate in this dialogue with us and look forward to continuing to work together on constructive solutions to the complex problems that confront today's health care community.

Sincerely yours,



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