



September 27, 2010

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Dear Drs. Doherty, Follansbee and Alvarez:

I appreciate the opportunity to continue our dialogue with the Pennsylvania Chapter of the American College of Cardiology (PaACC) and to address our shared concerns about inappropriate cardiac testing, including the patient safety issue associated with unnecessary testing and radiation exposure. I am responding at this time to your letter dated August 23, 2010 which was received at Highmark on August 31, 2010. I have responded to each of your concerns as noted below:

- Use of the ACC/ASNC Appropriateness Criteria

In several of our meetings, we discussed that the NIA guidelines and algorithms are consistent with the ACC appropriate use criteria to help ensure the delivery of high-quality cardiac imaging services. Our intent is to utilize the ACC's appropriateness criteria to operationalize a precertification program based on the excellent work of the ACC.

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For those patients who fall into either the inappropriate or indeterminate categories of the ACC appropriate use criteria, the requesting clinician has the opportunity to speak with a practicing cardiologist who reviews these cases at NIA. It is through this collaborative approach in the review of the unique circumstances of each individual case that a decision for approval or denial will be made. Often, additional information is provided that clarifies what is in the best interests of the patient and that a test is clearly appropriate. Alternatively, a provider who may be unaware of the ACC's appropriateness criteria, may be educated to assure appropriate indications are met in the future.

All cases that result in an adverse determination have been reviewed by an NIA physician, and both the member and provider have appeal rights if they disagree with the determination.

- Guidelines for Nuclear Imaging

We share the goal that the patient should receive the most appropriate test at the time that they need it. There is **no** requirement in the guidelines that an exercise treadmill test must be performed first. However, there will be circumstances where an exercise treadmill test could be the appropriate test for a patient where nuclear testing is not indicated, as supported by the ACC appropriate use criteria. In other circumstances, an MPI will be the more appropriate test. It is for this reason that each case is individually reviewed.

It is regrettable that this section of the MPI and SE guidelines from NIA is being interpreted in this manner. I have asked that NIA review this document and revise it, as needed, in order to convey the information with more clarity.

We encourage providers to submit their requests via our online provider portal, Navinet. This allows practices to submit requests at their convenience and in some circumstances can result in an auto-authorization.

- Stress Echocardiography (SE)

After our meeting with the representatives of the PaACC in July, Highmark agreed to only require prior notification for SE. We made this modification after hearing the concerns of the physicians at our meeting. This is not a test substitution, but rather is intended to help Highmark evaluate the capacity of providing this service in our network, and to evaluate the baseline status of appropriate use. Although SE is available throughout our network, out of deference to provider concerns regarding capacity and the need to obtain certifications, we agreed not to require prior authorization for SE at this time.

- Goals

Highmark's goal is to assure that our members receive the most appropriate cardiac imaging study, consistent with patient safety. Members should not be subjected to testing that fails to meet the ACC's appropriateness criteria. During our July meeting, Dr. Follansbee acknowledged that 15-25% is the "true inappropriate rate" for MPI. This aligns with published data from the ACCF study published in JACC in 2009. Highmark has committed to collecting these data and sharing it with the ACC.

- FOCUS

At our meetings in Pittsburgh and in Washington D.C. with the ACC, Highmark has committed to piloting this decision support tool from the ACC. We are currently identifying the technology requirements with our IT staff. Given the recent announcements of the CMS demonstration projects, Highmark welcomes the opportunity to partner with the ACC in this effort. In addition, we again encourage the ACC to identify practices in our service area of the 49 counties of PA who would be interested in participating in this pilot. It is hoped that this tool could eventually be spread more widely, and that accountability for management of appropriate utilization could be transferred to the practice environment. However, until this new tool is proven to be effective, we will continue our prior authorization program with NIA.

I appreciate the opportunity to continue to work collaboratively with the ACC towards our shared goals of reducing unnecessary testing for patients, eliminating unwarranted variation in the delivery of care, improving patient outcomes and increasing patient safety.

Sincerely,



Donald R. Fischer, MD
Senior Vice President and Chief Medical Officer

C: Jack Lewin, CEO ACC
Henry McCants, ACC
Virginia Calega, MD; VP Highmark
David Hodges, MD; NIA