US Preventive Services Task Force Solicits Comments on Peripheral Artery Disease

On March 24, the US Preventive Services Task Force (USPSTF) posted a draft research plan on screening for peripheral artery disease in adults with the ankle brachial index. The draft research plan is available for review and public comment from March 24 through April 20.

This systematic review will examine the evidence on the effectiveness of screening for peripheral artery disease (PAD) among generally asymptomatic populations in order to improve cardiovascular and PAD-specific morbidity and mortality. A concurrent systematic review on the use of nontraditional risk factors in cardiovascular disease (CVD) risk assessment will address the evidence on the effects of resting ankle brachial index (ABI) on the following: the discrimination or calibration of multivariate risk prediction models using traditional CVD risk factors; CVD risk reclassification; and CVD health outcomes. Together, these two systematic reviews will serve as the basis for the USPSTF recommendation on screening for PAD.

To view the draft research plan, click here.

Medicare Proposal Takes Aim at Diabetes Prevention Program

On March 23, the Obama administration proposed expanding Medicare to cover programs to prevent diabetes among millions of Americans who are at risk of developing the disease.

The National Diabetes Prevention Program is a partnership of public and private organizations working to reduce the growing problem of prediabetes and type 2 diabetes.
The partners work to make it easier for people with prediabetes to participate in evidence-based, affordable, and high-quality lifestyle change programs to reduce their risk of type 2 diabetes and improve their overall health.

A three-year-pilot program (run by the YMCA) proved that this service could lead to a reduction in health care costs and help prevent diabetes, making this the first preventative service to be eligible for expansion into the Medicare program under the Affordable Care Act.

According to the Centers for Disease Control and Prevention, there are 86 million adults, including 22 million people 65 or older that are prediabetic, who are increasing their risk of heart disease, stroke and diabetes.

To view the National Diabetes Prevention Program, click here.

**Study: Physicians Spend $15.4 Billion Annually on Quality Reporting**

- According to a new study in Health Affairs, each year physicians spend more than $15.4 billion on reporting quality measures to private insurers, Medicare and Medicaid.

In addition, figures from the Medical Group Management Association (MGMA) survey showed that, individually, doctors spend 785 hours per year on reporting.

The data from this survey, calculated by Weill Cornell Medical College, found that requirements were greatest for: primary care practices, which spent $50,468 per year, cardiology practices, which spent $34,924, and orthopedic practices, which spent $31,471.

These findings suggest that while much is to be gained from quality measurement, the current system is unnecessarily costly and greater effort is needed to standardize measures and make them easier to report.

To view the full study in Health Affairs, click here.
AJMC Publishes National Estimates of Price Variation by Site of Care

The American Journal of Managed Care (AJMC) published a study on March 2 that shows price differentials between sites of care at a national level. The study also concludes that these differentials are increasing over time.

Key findings from the study are:

- Across the seven common services examined, prices at hospital outpatient departments were higher than prices at physician offices. For example, 21% more for an office visit and 258% more for chest radiography in 2013.
- The degree of the price differential increased over the study time period (2008-2013).
- The increase in the price differential for the seven services, combined with a shift in volume in favor of hospital outpatient departments, was associated with a 44 percent increase in total spending between 2008 and 2013.

To view the study, click here.

House E&C Health Subcommittee Hosts Hearing to Check on Landmark SGR Reform


The hearing was lead by Chairman Joe Pitts, Ranking Member Gene Green and other subcommittee members. The E&C Committee discussed the work currently being implemented by CMS within the MACRA program and what can be done to improve these efforts in the future.

The hearing first discussed the transition that has been made by repealing the Sustainable Growth Rate, going from a primarily fee-for-service payment system that paid healthcare providers based on the volume of services to paying providers based on the quality, rather than the quantity, of care they give patients. In order to better transition into this new value-based care payment system and reach Medicare goals, CMS will be working with a multitude of partners through the Health Care Payment Learning and Action Network (LAN), which was launched in March 2015.
Other topics discussed during the hearing:

- The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
- Quality Measurement Programs and the Merit-based Incentive Payment System (MIPS)
- Alternative Payment Models (APMs)
- Physician-Focused Payment Model Technical Advisory Committee
- Technical Assistance

To view the hearing, click here.

The CardioVascular Coalition (CVC), established in 2014, is a nonprofit organization representing freestanding cardiovascular centers. CVC members are comprised of national organizations representing providers and manufacturers.

The mission of the CVC is to advance patient access to community-based cardiovascular and endovascular care. Recognizing that cardiovascular disease is a leading – and preventable – cause of death in the United States, the physicians, care providers, advocates, and manufacturers who comprise the Coalition are dedicated to community-based solutions designed to improve awareness and prevention of cardiovascular disease and peripheral artery disease, reduce geographic disparities in access to care, and secure patient access to high-quality, cost-effective, community-based interventional treatment across America.

The CVC is now on Twitter! Follow us at @CVC_Coalition.