**Statement from the American Society of Nuclear Cardiology**

**Resolution 236**

**Repeal or Modification of the Medicare Appropriate Use CriteriaProgram**

I wish to speak on behalf of the American Society of Nuclear Cardiology delegation which supports Resolution 236.

Although the merits and functionality of the Program remain in question, CMS has a statutory obligation to implement the law as written and has set the penalty phase of the Program to begin January 1, 2023, or January 1 that follows the end of the public health emergency for COVID-19.

To be compliant with these Program requirements, physician practices are already facing pressure to acquire a clinical decision support mechanism. Legislative action to amend or repeal the Program is urgently needed, and we believe this will require the AMA's full support and advocacy.

I understand there are many pressing issues confronting the physician community. But, if we wait until next June when this House of Delegates meets again to make meaningful and important changes to existing AMA AUC policy, we will have likely lost the most viable windows for legislative action.

Numerous state and national medical societies, including the American Academy of Family Physicians and the American College of Surgeons, are on record in support of repeal of the AUC program which has become outdated since its passage roughly 7 years ago. More than 24 societies with representation within this House of Delegates co-introduced this resolution, and many other societies and delegations subsequently voiced their support as well. All are in agreement that the law should be repealed or overhauled, which could mean giving CMS the flexibility to incentivize the consultation through existing quality improvement programs.

ASNC strongly supports the development and use of AUC for advanced diagnostic imaging. However, the prescriptive nature of the law offers CMS little flexibility with implementation of the AUC Program. And the complexity and vastness of the law is compounded by the lack of a historical model in Medicare for the exchange of information between providers and the documentation requirements using Medicare claims.

With nearly all eligible clinicians having participated in MIPS in 2019, the opportunity exists to utilize MIPS as a platform for encouraging the consultation of AUC.

In the seven years since enactment of the law, as CMS has struggled with implementation, opportunities have been lost to advance clinically appropriate ordering of AUC through physician education and by leveraging other Medicare quality improvement programs and innovative payment models.

For MIPS eligible clinicians who participate in alternative payment models, the law also takes away the flexibility of clinicians to use the tools of their choosing to ensure clinically appropriate ordering of advanced diagnostic imaging tests. Because alternative payment mode participants are at greater financial risk for inappropriate resource utilization, the decision on how to approach the delivery of appropriate tests and services should be left to the APM entity and its participants.

We must reject the current cookie-cutter, one-size-fits-all approach to ensuring that when an advanced diagnostic image is ordered it is the right test and it is clinically appropriate.

Similarly, participants in capitated payment models are likewise incentivized to consult AUC and clinical guidelines and to utilize other tools that help them avoid the delivery of low-value care.

The AUC program requirements for those physicians who have been exposed to consultation through a CMS-qualified CDSM has resulted in pointless clicks to get to the desired result.

ASNC firmly believes there needs to be widespread education among ordering clinicians about AUC on a condition-by-condition basis; otherwise, consultation of AUC is meaningless. We have learned that education about appropriate use is not effective at the point of order. Where ASNC has witnessed a difference in correcting inappropriate ordering patterns is direct communication between ordering and rendering clinicians.

While there may be differing ideas about how to foster the use of AUC by clinicians, there is agreement by vast majority of the physician community that the AUC Program should be revisited and either repealed or substantially modified on the basis that the program diverts provider resources away from quality improvement activities; takes away provider flexibility for consulting AUC; adds administrative burden; and is a costly and disproportionate response to imaging utilization.

I ask my fellow delegates to support this resolution without modification.