August 21, 2017

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-5522-P, P.O. Box 8013
Baltimore, MD 21244-8013

Re: Public Comment on *Calendar Year (CY) 2018 Updates to the Quality Payment Program (QPP), as established by the Medicare Access and CHIP Reauthorization Act (MACRA),* as published in the Federal Register on June 30, 2017

The Association of Black Cardiologists, the National Medical Association, and the National Minority Quality Forum are writing this joint public comment to request that CMS amend the Quality Payment Program proposed rule to include the following as a Merit-Based Incentive Payment System measure: *Fixed-Dose Combination of Hydralazine and Isosorbide Dinitrate Therapy for Self-identified Black or African American Patients with Heart Failure and Left Ventricular Ejection Fraction (LVEF) <40% on ACEI or ARB and Beta-blocker Therapy* (MUC 16-74).

Our collective concern regarding the significant and persistent disparity in health and treatment outcomes for African American patients with heart failure (HF) is the driving force that impels this comment. Cardiovascular disease is the leading cause of death among African Americans, who suffer from a significantly higher incidence of heart failure than non-Hispanic Caucasian Americans. Approximately 64% of African-Americans who have been diagnosed with heart failure are enrolled in the Medicare program, and less than 2% are receiving guideline-directed care.

According to the Centers for Disease Control and Prevention, African Americans between 45 and 65 years of age are 2.5 times more likely to die from heart failure than Caucasian Americans. African Americans also suffer earlier onset of heart failure and higher rates of hospital readmission. This crisis, which is all-too apparent in the practices of the members of the Association of Black Cardiologists, and other cardiologists who provide services to this patient cohort, is this a crisis that illustrates a need for disparities-related measures, particularly in the area of heart disease, and demands an urgent response.

As documented in the peer-reviewed literature and clinical guidelines, Measure #16-74 has immediate potential to save or prolong thousands of lives annually, incentivize physicians to provide quality care, and achieve a concomitant reduction in hospitalizations and Medicare's attendant costs for hospitalizations and prevented morbidity. There are no other measures or therapies that address this particular therapeutic option and this patient cohort.

Medicare beneficiaries are suffering, and the providers who are reimbursed by Medicare for treatment of beneficiaries with heart failure are disadvantaged by the failure of CMS to take the requested action.

Please don't hesitate to contact us if we can provide additional information.

Sincerely,

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Executive Director	President	President and CEO
Association of Black Cardiololgists	National Medical Association	National Minority Quality Forum