

ACC NEWS



President's Page: The College Responds to Change

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Beginning with an Expense Management Review in 1995, the College has embarked on six initiatives to examine virtually all aspects of College activities and to question whether changes in mission or process are required. These initiatives will have a significant impact on the role that the College plays for its members. Because of this, we are planning to conduct focus groups and surveys, and we urge member input regarding priorities for the College.

I don't need to elaborate on the dramatic and rapid changes that are occurring in the health care delivery system. But there are four major areas of specific concern to the College: 1) how to more effectively deal with the private sector; 2) the reduced College growth rate; 3) the increasing need for more College services and benefits; and 4) rethinking our continuing medical education (CME) programs. I want to report to the membership on how the College is addressing these issues.

The private sector is placing increased reliance on Practice Guidelines. Our Guidelines, developed in conjunction with the American Heart Association, are among the oldest and most respected. However, they do not cover all major clinical entities, and many are out of date. We have therefore committed to rewrite older guidelines, develop new guidelines on valvular disease and angina pectoris and have set up a system to regularly update current guidelines. The Technology and Practice Executive Committee was recently established to develop Expert Consensus Documents on issues not suitable for the full guidelines process. We have published an indexed book of guidelines with ACCSAP and are developing summary versions for more practical everyday use. The 28th Bethesda Conference in October 1996 was devoted to all aspects of the development and implementation of Practice Guidelines, with the hope that the role of our Guidelines in the practice of cardiovascular medicine will be enhanced.

It has also become clear to the College leadership that a better understanding of health care economics is needed when dealing with public and private payers. Thus, the Economics of

Health Care Committee has planned an "economic summit" to be held in February 1997 and will be a seminar for College leadership, staff and committee chairs conducted by respected health care economists. The outcome of this conference will be available for use by the membership in a published summary and a special edition of *ACCEL*.

A final approach to the private sector, still in the planning stage, is to develop a dialogue with benefits managers and leaders from the business community on the importance of the cardiovascular specialist in the health care system.

A number of environmental factors are forecasted to result in a reduced growth rate for the College. In response to this trend, the College must improve its internal organizational efficiency and increase other sources of revenue. The recently completed Expense Management Review of the College conducted by K. P. M. G. Peat Marwick found that, overall, the College's business practices compared very favorably with those of other medical associations (we have the lowest dues!). Certain very useful suggestions were made, including improvements in the information system. In fact, the College has contracted with a vendor to upgrade the information system at Heart House.

The College is taking other steps to respond to the demands of new technology and to meet member needs. The College has selected a business partner, Net Source of San Francisco, to develop our Web site. This undertaking will require a major financial commitment to get started but promises to dramatically improve communication with our members, as well as deliver CME on a more timely and efficient basis. Eventually, it may be useful for clinical practice data base activity. We plan to have this new Web site available by year's end.

The Board of Trustees has a proposal to establish a Development Committee and a Corporate Relations Board to improve relations with industry. These recommendations were made by a Corporate Relations Task Force whose members interviewed 12 pharmaceutical and medical device companies as well as 2 managed care organizations. We found great interest from industry in expanding its relationships with the College, including financial support. The new Development Committee will coordi-

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nate and encourage corporate sponsorship of College activities, including plans for the College's 50th anniversary.

The Research in CME Committee has developed a Learning Needs Assessment Survey that will be conducted over the next few months. There will be surveys and focus groups with the membership. The 1991 survey provided data from the membership that resulted in developing CD-ROM educational products. The new survey will attempt to define the role of new types of CME and determine which traditional methods need to be changed or discontinued.

In September 1996 our Executive Committee recommended to the Board of Trustees that the College reestablish a Strategic Planning Process. This was the major recommendation from the Expense Management Review. The process

will last 1 year, and the committee will be chaired by George Beller and include representatives of nearly all College constituencies. There will be an Environmental Scan (using much of the results from the initiatives that I have described) and focus groups with members, leadership and staff conducted by a facilitator. The end result will be to examine the College mission and priorities and to recommend appropriate changes to the Trustees in October 1997.

The College will be celebrating its 50th anniversary in 1999. With the approach of a new millenium, the College is preparing itself for a vital and lasting future as the leader in cardiovascular medicine. Now is the opportunity for the membership to provide input. I urge you to participate in focus groups, chapter activities and our Web site so that your views are known.