President’s Page: The ACC and Subspecialty Societies: The Beauty of the Quilt

Arthur Garson, Jr., MD, MPH, FACC
President, American College of Cardiology

The American College of Cardiology (ACC) and the cardiovascular subspecialty societies overlap in a number of important ways. Within the membership of each subspecialty society, there is a core need that we find among all clinical cardiologists—we all are most concerned with how to do our best for our patients. Furthermore, across the board, all of the organizations share at least one common characteristic: each organization exists to serve its members. This premise is at the heart of every one of our goals, initiatives, individual objectives and activities. As we approach each initiative, including the ACC’s goal of strengthened relationships with the subspecialty societies, we start with an understanding of who our members are and what they need from us.

Arising from this commonality is the knowledge that we all need each other. In essence, we are all part of one large quilt composed of unique patches. Each of us is part of an integrated whole with common goals and overlapping objectives. The different specialties and the varying relationships among us—the fabric that holds together the patches of the quilt, essentially—include the entire field and its many opportunities to work together for mutual benefit.

As the field of cardiovascular medicine grows and our knowledge base expands, members of each of the subspecialty organizations will continue to generate new knowledge that benefits science and practice. This new knowledge, in turn, presents opportunities for the ACC and the subspecialty societies. We have already seen, and benefited from, some of the outcomes of such collaborative efforts. Examples include continuing medical education offerings, such as the four nuclear cardiology programs to be held in Heart House’s Learning Center and co-sponsored by the ACC and the American Society of Nuclear Cardiology (ASNC), as well as the new Board Review course in interventional cardiology that represents the combined efforts of the College and the Society for Cardiac Angiography and Interventions (SCA&I). Another avenue the College has explored with important input from subspecialty societies is educational products. The Electrophysiology Self-Assessment Program (EPSAP), for example, is a direct result of the College’s working relationship with the North American Society of Pacing and Electrophysiology (NASPE). In these two examples and many others, the College has provided a context for the dissemination of important knowledge. Consider also our clinical practice guidelines. These documents that we use to advise and treat our patients represent the teamwork of representatives from the ACC and our sister society, the American Heart Association (AHA). It is our partnerships with the AHA and other societies that have enabled us to make available synthesized research and information about cardiovascular conditions as well as various diagnosis and treatment options.

To illustrate the heights we can reach through the strengthened relationships among the various pieces of the large quilt representing the cardiovascular discipline in its entirety, consider our plans for the next Annual Scientific Session. ACC 2000 will launch with unique day-long symposia on Sunday. Two of these—focused on interventional cardiology and echocardiography—have grown out of the ACC’s relationships with the SCA&I and the American Society of Echocardiography (ASE), respectively. These two symposia will spring from their own unique subspecialty origins, but they will be housed within the broader context of cardiovascular medicine and clinical cardiology, both of which will also be showcased through the remainder of the annual meeting on which we all rely for the most state-of-the-art information.

The advantages of working collaboratively also apply to advocacy. Now, more than ever, when the health care landscape is shifting dramatically, we need to present a united front and speak with a single voice on issues related to advocacy and public health. By approaching advocacy together, we magnify our effectiveness and increase our odds of being successful. Our unified efforts are crucial to our success in influencing policies that affect patient care, reimbursement and practice. One great example of working together successfully with subspecialty societies was collaboration on the practice expense initiative. The ASE, ASNC, NASPE and SCA&I continue to work with the College to refine the new Medicare practice expense payment system, a particularly sensitive process given the zero-sum nature of the game. The College is also working closely with the ASE to obtain appropriate Medicare coverage of echocardiography contrast agents.
Collaborative relationships between the College and subspecialty societies also present opportunities for economies of scale on the administrative front. Already, the College and ASNC have agreed to share an advocacy staffperson, who will primarily focus on nuclear cardiology policy issues. It is expected that both the ACC and ASNC will benefit from this collaborative relationship. This relationship is the product of creative and innovative thinking, and may well be the beginning of a new trend of working together.

The examples mentioned here have barely scratched the surface of our earlier collaborative successes or the opportunities on the horizon. It is time to redouble our efforts in this area and to build on these success stories. We must work together, and we must learn to place the highest value on this collaboration for our patients and our mutual benefit. The result will be a stronger quilt composed of even stronger patches, each working with the others to extend the benefits of the whole and to keep us “warm” as we look to the future.

I welcome your thoughts on this important topic. Please feel free to write to me at Heart House, 9111 Old Georgetown Road, Bethesda, MD 20814-1699; fax to 301-897-9745; or e-mail me at pres@acc.org.

Reprint requests and correspondence: Dr. Arthur Garson, Jr., Baylor College of Medicine, MC-14460, 6621 Fannin Street, Houston, Texas 77030.