Management experts in the early part of the 21st century consider collaboration as a key to a successful business. Harvard Business School professor James Austin offers a framework for examining organizational alliances that includes four dimensions (1): 1) you have to want to collaborate, 2) the collaboration has to have value, 3) collaborating partners must have shared goals, and 4) you have to constantly work to manage the relationship. Or, as University of Virginia adjunct professor Russ Linden argues in *The Discipline of Collaboration*, a new kind of leadership is emerging that requires "persuasion, technical competence, relationship skills, and political smarts to get and keep the coalition together and produce the desired goal" (2). Just as a symphony harmonizes disparate strands of music to create a new and equally beautiful sound, collaboration allows organizations to merge their unique strengths for a shared goal.

Collaboration is neither new nor revolutionary, but it is gaining fresh attention as a strategic tool as the practice of medicine becomes increasingly segmented. The complexity of cardiovascular medicine has fostered the emergence of multiple cardiovascular organizations. The Society of Cardiovascular Computed Tomography, for example, was founded in March 2005 and already counts more than 1,500 members. Many fellows of the American College of Cardiology (ACC) belong to multiple societies, making it critical that our efforts be efficiently coordinated through collaborative relationships.

The ACC has a storied history of collaboration ranging from advocacy, to guidelines, to co-hosting conferences. Collaboration is hard work, but the payoffs can be considerable. An especially rewarding collaboration has been a 25-year joint effort between the ACC and the American Heart Association (AHA) to develop guidelines. The partnership was initially formed to help physicians sort through scientific literature, and the first joint guidelines addressed pacemaker implantation. More recently, we have turned our attention to guidelines on diseases. In addition, what started in its fifth year, and topics tackled have included such difficult concepts as pay for performance, quality measurement, and imaging utilization.

In the area of advocacy, the ACC has coalesced multiple partners to advocate for quality cardiovascular care. The Cardiovascular Imaging Collaborative, hosted by the ACC, supports all cardiovascular specialty groups as they strive to enhance cardiovascular medical imaging through education, advocacy, and quality measures. The ACC also is one of more than 20 “House of Medicine” multi-disciplinary organizations forming the Coalition for Patient-Centered Imaging, bringing to lawmakers twin messages that in-office imaging is good medicine and better for patients. Likewise, the ACC and other physician specialty groups are raising...
the visibility of medical liability through the Doctors for Medical Liability Reform. The ACC’s independent chapters continue to work with peer medical societies at the state level on patients’ rights, medical research funding, medical liability reform, imaging, and quality care.

The complexity of modern medical practice calls out for leadership, and the ACC has learned much from its many collaborative activities. The evolution of these relationships involves the adoption of various models, give-and-take, and inevitable growing pains. For us to succeed, we have learned that relationships rely on trust and that this trust must be reinforced over time.

Creating a culture of collaboration has been a key to the ACC’s past successes—and it will be vital to our future and to the future of quality cardiovascular medicine globally. As the world’s leading cardiovascular professional organization, the ACC is uniquely positioned to initiate creative collaborations within cardiology and across medical specialties and geographic boundaries. As the world’s web tightens, the ACC must embrace partnerships of all types and stripes. For it will never be so true that united we stand, divided we fall in coming years. It is our challenge, and we must rise to it.

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REFERENCES