President’s Page:
ACC Councils, Sections, and Committees:
Where Membership Makes a Difference

In these pages we have been emphasizing the overarching mission of the American College of Cardiology (ACC) and the strategies within each of the College’s 4 main focus areas: 1) education; 2) advocacy; 3) research; and 4) quality. It too often goes without saying, however, that our goals are achieved not through top-down actions but through the initiative, dedication, and passion of ACC volunteers.

Currently, over 1,200 member volunteers are transforming cardiovascular care and improving heart health at the local level and beyond. These members sit on one or more of the roughly 150 ACC committees, councils, task forces, work groups, and other governing bodies, and together give nearly 60,000 hours of their time each year to ensure patients have the best possible access to high-quality evidence- and team-based cardiovascular care. The successes over the past year have been impressive, and we want to highlight some of them below.

Specialty and Clinically Focused Member Groups: Councils and Sections
Over the past few years, the College has initiated the structure of councils and sections to bring about clinical or specialty focus areas that represented member interest areas. This started with Adult Congenital and Pediatric Cardiology (to be highlighted next month) and Women in Cardiology, and has grown over the past 7 years to encompass 12 councils and their respective member sections:

1. Council on Academic Cardiology and Section
2. Adult Congenital and Pediatric Cardiology Council and Section
3. Council on Cardiovascular Care for Older Adults and Section
4. Cardiovascular Team Council and Section
5. Cardiovascular Imaging Council and Section
6. Council on Clinical Practice
7. Early Career Professionals Council and Section
8. Heart Failure and Transplant Council
9. Interventional Scientific Council and Section
10. Sports and Exercise Cardiology Council and Section
11. Surgeons’ Scientific Council
12. Women in Cardiology Council and Section

Each of these groups has influenced the broader cardiovascular agenda by bringing their particular expertise and accumulated wisdom to bear on issues of concern to all of us in the field. For example, several councils are working to incorporate their corresponding perspectives into ACC.13 activities, including a day dedicated to multi-modality imaging planned by the Imaging Council and a practice track by the Council on Clinical Practice. Other councils are engaged in activities supporting ACC’s education, quality, and/or advocacy goals. For example, the Surgeons’ Scientific Council is exploring opportunities to establish chapter-based collaborations that would allow local data...
sharing between the Society of Thoracic Surgeons CABG registry and the ACC’s National Cardiovascular Data Registry (NCDR®) with the end goal of helping surgeons and cardiologists identify best practices and increase communications related to patient care. The Interventional Scientific Council has been focused on quality improvement initiatives and physician education about appropriate use of procedures, particularly given recent media stories about inappropriate use. This month, ACC’s New Jersey Chapter is hosting a symposium on percutaneous coronary interventions without cardiothoracic surgical backup, on which both this Council and the Surgeons’ Scientific Council provided input.

In 2011, the Council on Cardiovascular Care for Older Adults launched the Geriatric Cardiology Section, which now has nearly 2,000 members. Current priorities for the council include developing a grant proposal for a scientific conference series on geriatric cardiology and working to ensure the inclusion of aging as a key topic area in ACC education programming at national and local levels.

Leaders of the ACC Sports and Exercise Cardiology Council recently took part in the Knowledge Olympics in Glasgow, Scotland, which is held every 4 years in conjunction with the Olympics. They were able to incorporate cardiovascular perspectives into the larger global discussions around sports and exercise medicine. This month, the Council is hosting the Sports Cardiology Summit 2012: Protecting the Heart of the American Athlete. Experts in the field of sports cardiology and sports medicine will discuss and debate relevant case studies and recent findings on cardiovascular care for athletes.

Improving Quality of Care

Each of the 12 councils mentioned above represents a facet of the College and has direct input into the leadership and direction of the ACC. However, while councils and sections identify specialty areas of the College where members share an interest, dialogue, and a community, many of the issues that face the profession permeate all areas of cardiovascular science and care. This is the work of various committees of the ACC where many of our volunteers also contribute their time and provide their critical input.

The Clinical Quality Committee (CQC), which involves many subcommittees and work groups, is charged with spearheading the College’s science and quality efforts. One of the CQC’s major goals for 2012 is to align ACC’s quality improvement programs with the U.S. Department of Health and Human Services’ National Strategy for Quality Improvement in Health Care. This is no small task, given there are currently 113 quality improvement activities taking place College-wide, nearly 4 times the number identified in 2011. The American College of Cardiology Foundation (ACCF)/American Heart Association (AHA) Task Force on Clinical Standards, just last year, was responsible for updating the College’s relationship with industry policy, as well as developing data standard documents on electronic health record vocabulary and peripheral atherosclerotic vascular disease. Meanwhile, the ACCF NCDR® Science and Quality Oversight Committee continues to focus on risk model development and improving the registry data quality program.

The Best Practices and Quality Improvement Subcommittee, which devises real-time, easy-to-use tools that enable the incorporation of “best care” into practices and hospitals, has developed clinical toolkits on atrial fibrillation and heart failure that are available on CardioSource.org. These toolkits provide guidelines and recommendations for appropriate drug therapies, help assess performance improvement, and foster engagement with patients.

Protecting Our Profession

The ACC’s Advocacy Steering Committee exists to ensure members and patients are protected in the ever-changing legislative and regulatory environment. In 2011, the Committee was instrumental in a number of actions aimed at helping protect patients and cardiovascular professionals, including turning back attempts to cut imaging payments and restricting ability to provide imaging services, defending diagnostic cardiac catheterization services from additional payment cuts, and implementing a proposal for delaying the transition from ICD-9 to ICD-10 codes until October 1, 2014. This year, the committee continues to work tirelessly to prevent implementation of the scheduled 30% sustainable growth rate (SGR) cut, push for medical liability reform, lead in development of payment and system delivery reform, and initiate reconsiderations of Medicare coverage policies that create barriers to the provision of appropriate and necessary care for patients, as well as increase advocacy support for chapters on regulatory and payer issues.

On the regulatory side, the ACC Task Force on Coding and Nomenclature and the Cardiovascular Relative Value Update Committee worked with a number of other organizations in 2011 on a comprehensive code change proposal for transcatheter aortic valve replacement that was approved by the American Medical Association CPT Panel last fall. The Task Force and Committee in 2012 are working to produce the 2013 CPT Reference Guide for Cardiovascular Coding, along with looking into pro-
viding more educational opportunities for members on coding changes.

**Nurturing Cardiovascular Careers and Training**

Helping future generations of cardiovascular professionals and providing opportunities to foster professional development across the cardiovascular care team is paramount to the continued growth and success of the College. To this end, the Cardiovascular Care Team Section has played a critical role in increasing opportunities for clinical nurse specialists, registered nurses, nurse practitioners, physician assistants, clinical pharmacists, and cardiovascular technologists to engage with the ACC. Hospital integration, an increasing number of patients with or at risk of heart disease, and a declining cardiovascular workforce are among the many reasons why it is so important for us all to work together as a coordinated team.

On a similar note, the ACC’s Fellows in Training (FIT) Committee significantly expanded FIT programming at ACC.12 in Chicago and more than doubled FIT attendance to the 2012 Legislative Conference. A record number is attending this year’s legislative conference with support from ACC chapters and member sections. This year, the committee is also an ACC.13 Programming Committee Working Group, which will help expand FIT involvement in San Francisco in March 2013. FIT involvement in other committees, including NCDR®’s Research and Publication subcommittees is growing, giving a voice to the next generation of cardiovascular professionals. In addition, the newly formed Early Career Professionals Council and Section is also making significant strides to improve the resources and opportunities for cardiologists as they transition from training to practice.

On the education front, the ACCF/AHA/ACP Task Force on Clinical Competence and Training this year is launching the revision of Core Cardiology Training Symposium (COCATS) with new milestones, an updated format, and new Cardiovascular Interventional Procedures Core Competency Standards.

**The Local ACC: Chapters Around the Globe**

Last, but certainly not least, the ACC’s Board of Governors (BOG) and chapters are the College’s boots on the ground. They provide critical education, quality, advocacy, networking, leadership-building, and mentoring opportunities at a local level. In 2011, the BOG and chapter volunteers hosted 3 state Medical Directors Institute meetings and named chapter members as on-the-ground liaisons for Medicare and private payer issues in the state to report back to the College. This year, the BOG has a long list of priorities which include revising Appropriate Use Criteria (AUC) language, helping their members participate in ACC quality initiatives such as Hospital to Home (H2H), supporting the Million Hearts Initiative, developing new curriculum modules to be used for chapter annual meetings, and participating in educating members about NCDR®. At the local level, the states can have the presence of councilors, also known as Chapter Board of Directors, that serve as advisors and liaisons. In states like Florida, the 21-member Board of Directors collectively sets the direction for the chapter.

The successful models in the United States are now growing internationally, with a growing number of international chapters. The Assembly of International Governors (AIG) is overseeing the College’s strategy internationally and making great headway in finding synergies with education and quality improvement efforts.

**Why Get Involved?**

Today, cardiovascular disease remains the leading cause of death around the globe (1). If we continue to work together like these groups have done, we can make a difference and avoid the scenarios predicted for 2030 (1). Engagement with the ACC is an incredible place to start changing the landscape of cardiovascular care. ACC member groups make the 40,000-member organization seem much smaller—and members are truly able to see the product of their involvement. While the objectives of each group vary, the overarching goal is the same: to support and refine the practice of cardiology and improve cardiovascular health. We encourage you to join a committee or liaison group in your local chapter or nationally. Get in touch with your local Chapter Governor or apply online for a national committee through CardioSource.org. More than ever, we need to take the lead in molding a profession we are proud to call our own.

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