

LEADERSHIP PAGE



The American College of Cardiology's Board of Governors and Chapters Committed to Action Through Collaboration



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If I could pinpoint a common denominator to weave the successes and progress achieved by the American College of Cardiology's (ACC's) state chapters and Board of Governors (BOG) together in the last year, it would be the practice of collaboration. Collaboration—or teamwork—is what industrialist Andrew Carnegie called the “ability to work together toward a common vision.” Carnegie said that “[teamwork] is the fuel that allows common people to attain uncommon results” (1).

One such example of collaborative teamwork is the positive effect that ACC members and the BOG have had on changes to the Maintenance of Certification (MOC) process. We have had continued success in effecting changes to the process, thanks to the strong voice of our membership and efforts of our leadership on behalf of the members. The BOG continues to track the ongoing MOC issues as College leaders make it their priority to work with the American Board of Internal Medicine (ABIM) at the highest levels of their leadership. These efforts have been informed by the MOC surveys that you completed. This is an iterative process and we are not there yet, but substantive changes have already occurred. The College has clearly articulated our position to the ABIM. Let the ABIM provide and administer the initial secure examination and let the ACC provide the content for ongoing lifelong learning and MOC. MOC is evolving, and we need to continue to hear from you. Share your comments about what the College is doing well and what more we can do for you.

Additionally, the BOG recognizes that insurance denials and test substitutions remain a major issue for members, obstructing their ability to care for patients. A number of groups within the College are dealing with different aspects of this complex issue, including the ACC's quality team working on appropriate use criteria (AUC), as well as the payer advocacy team, which has helped members advocate locally and on an individual level. The BOG is working to spearhead a more coordinated approach across ACC silos, particularly by collaborating with ACC committees. Progress is slow, as you can imagine, but the issue remains extremely important as we continue to advocate on behalf of our patients and members. Our goal is to have common sense reign and to allow the ACC to set the standards by having our guidelines and AUC be accepted. We will employ a multipronged approach of assessing the effect on practice and developing a potential database to track issues; performing a focused review in areas of high denial/test substitution; working to get government payers to accept the AUC; incorporating the College's FOCUS tool and allowing this vehicle as an alternative to radiology benefit managers; and finally, working directly with radiology benefit managers to accept AUC and guidelines. At times, this feels like pushing a boulder up a steep hill.

In the quality arena, we recently learned through a survey of the BOG conducted in November 2015 that 7 states have either mandatory or voluntary percutaneous intervention (PCI) review programs. According to the survey results, most ACC chapters (75%) report that the area where they practice does not have a statewide PCI review. Of the 16% who do report PCI review, most say it is voluntary (14%), with only 2% reporting mandated but unfunded statewide PCI

review. The majority of chapters (70%) support the ACC promoting statewide voluntary PCI review, with almost one-third of the support strong (30%). Conversely, 1 in 5 (19%) do not favor promoting PCI review. We are working to collate best practice data for those who may wish to operationalize PCI review programs elsewhere. This is a work in progress and we will provide more information as it evolves. I encourage you to talk to your Chapter leadership about this issue.

Population health remains a fundamental component of the College's strategic plan, and our chapters are key constituents in advancing our overall goal of reducing the burden of cardiovascular disease. According to the November survey of the BOG, over two-thirds of ACC chapters (70%) have a working relationship with their state medical society, and a number have partnered with their state medical societies on population health efforts. Additionally, many of our chapters participated in initiatives and activities this past year in relation to the World Health Organization's target to reduce premature deaths from noncommunicable diseases by 25% by 2025 (2). This is an exciting and important area in which to focus and as a College, and as members of the BOG and chapter system, we will continue to explore ways to move the needle this year.

ACC's chapters and sections are the College's membership "boots on the ground" where ideas regularly meet action. When the 2 groups come together to collaborate on a project or work toward a singular mission, the ACC is doubly strong in its effort to meet its goal of transforming cardiovascular care and improving heart health. Two timely examples come to mind: 1) ACC's chapter collaboration with the Geriatric Section on the Essentials of CV Care in Older Adults (ECCOA) curriculum; and 2) the Interventional Section's collaboration with states on ST-segment elevation myocardial infarction/PCI public reporting efforts.

We recently learned that the Research Retirement Foundation has provided funding via a grant to bring the educational content from ECCOA curriculum to 10 pilot ACC chapters, including Florida, Illinois, Wisconsin, Michigan, New York, North Carolina, Ohio, Pennsylvania, Texas, and West Virginia. Although the funding is limited and for these states only at this time, any chapter or individual may use the material, complete the modules, and receive recognition of completion. Additionally, there are talks of aligning MOC with the module, which would take this collaboration to the next level. For some background, ECCOA was developed by Geriatric Section members in 2008 (3)

to teach practitioners in a free, digital format about the key features of aging that directly affect cardiovascular disease, with the goal of improving care and quality of life in this growing segment of patients (4).

In another example of chapter-section collaboration, a recent opinion piece entitled "Public Reporting of Mortality Following PCI in Cardiac Arrest and Cardiogenic Shock" was coauthored by Hadley Wilson, MD, FACC, Governor of the ACC's North Carolina Chapter, and Tanveer Rab, MD, FACC, member of the ACC's Interventional Section Leadership Council, on behalf of the BOG and the Council (5). The paper addresses the issue of NCDR (National Cardiovascular Data Registry) data collection and reporting in this at-risk population of ST-segment elevation myocardial infarction patients in an effort to avoid negative unintended consequences. Drs. Wilson and Rab went out to the BOG and section members for comment before submitting the piece to *JACC: Cardiovascular Interventions*. The message was strengthened because of the collective voices of support from the BOG and Interventional Section member contributors. The BOG and Interventional Section expert review panel continue to engage with key NCDR member committees around this issue.

Collaboration is also the cornerstone of team-based care. The ACC Health Policy Statement on Team-Based Care and the Role of Advanced Practice Providers (6) beautifully articulated the importance of team-based care and the importance of allowing advanced practice providers to practice to the full extent of their training and license. Some advanced practice providers have prescriptive authority, and yet others do not. This inequity impedes patient care and optimal performance of the team. As we enter 2016, we should strive to optimize the effectiveness of the cardiovascular team.

For all of these reasons and examples of on-the-ground, collaborative efforts to help physicians, advanced practice providers, and practices ensure that their patients receive quality care, it is imperative that ACC members get involved. These success stories and actions only come about through member engagement in the ACC. As you set goals for 2016, I encourage you to take advantage of your BOG representative and your state ACC chapter this year to work together to achieve—as Carnegie opined—uncommon results.

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