

LEADERSHIP PAGE



Team Up!

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Last month at the conclusion of our Annual Scientific Session in Washington, DC, I had the opportunity to welcome and congratulate new Fellows of the American College of Cardiology (FACCs) and Associates of the American College of Cardiology (AACCs) during the time-honored tradition of Convocation. For those of you who were unable to attend, I extend my welcome and congratulations to you as well. Many of you have been members of the American College of Cardiology (ACC) for many years, some as fellows-in-training, some as cardiovascular team members, and some as associate members. By pursuing the designation of AACC and FACC you have signaled your interest in engaging with the ACC in a new role and playing a more integral part in the mission and activities of the College. As such, let me be the first to say: welcome to the team!

The delivery of cardiovascular care to our patients is becoming increasingly complex with every passing day. With that increasing complexity, our focus has turned to better models of care delivery. In my own field of advanced heart failure and transplantation, new treatment options, technologies, and methods of care are advancing so rapidly that no one physician, surgeon, or clinician can successfully care for our patients alone. It takes a team. When I first began practice over 25 years ago, cardiovascular care was often siloed. The model was pretty much “1 patient, 1 cardiologist.” For example, if you thought that you needed an interventional cardiologist or a surgeon to help with the care of your patient, you became in essence a general contractor—farming out procedures that you thought needed to be done as you would contract out plumbing or electrical work when making repairs on your house. The talents of our nursing colleagues were often underutilized as they

frequently undertook administrative and scheduling tasks rather than the critical work of patient assessment and education.

Today, we operate differently. We work as a team and we make sure that our patients are part of that team. If you look at how the fields of interventional cardiology, structural, and valve surgery have evolved over the years, teams of nurse educators, surgeons, imaging cardiologists, and interventional cardiologists now work together to provide the best therapeutic options for our patients with valvular disease. At the same time, patients are increasingly embraced as pivotal members of the team through activities like shared decision making, which involves open discussions about the best treatment or pathway.

Look around you, FACCs. Take note of the nurses, nurse practitioners, physicians’ assistants, pharmacologists, and other talented clinicians who surround you in your hospital and clinics. They are members of your team. AACCs, your FACC teammates need your help! Some of them are cardiologists who are just getting their feet wet in practice, and they need your expertise to help them deliver excellent, multidisciplinary cardiovascular care. Remember what your teammates look like and make sure that in your practice and at your home institution you recognize each other for the talents you each bring to the team.

Be a highly functioning team. Do what you do best. Expect your teammates to do the same—and do not forget the cardiovascular administrators on your team. For those of you who are just starting out in practice, make sure you know your administrative teammates. Introduce yourself to the cardiovascular administrator, the director of nursing, and the chief executive officer of your organization and understand each of their roles. Knowing and understanding their goals and priorities will help you be a better teammate in the provision of excellent patient care and quality improvement.

Working in health care teams is perhaps now more important than it has ever been. Recent changes in

health care law are moving reimbursement from a volume-driven to a value-driven model and making teams no longer optional. As we begin to assume the cardiovascular care needs for groups and populations of patients, we will be held accountable for and paid for quality outcomes. No longer will we be billing a fee for every clinical service or test provided for each patient.

It will be crucial for us to move beyond the concept of “my patient” to “our patient” once and for all. It will no longer behoove the cardiologist to see a stable patient with coronary artery disease as a type of “well baby visit” when that patient’s needs are better served by a pharmacist helping with medication reconciliation and a nurse practitioner providing education about medication adherence and diet and life-style changes. Each member of the team working up to the top of his or her license will become crucial to deliver the right care to the right patient at the right time.

Team-based care may not be comfortable to all. Those who have practiced for many years in more traditional models will need to learn a new way to partner with other clinicians, and we will need to continue to be sensitive to the preferences of our patients, who may have concerns of abandonment rather than feeling the embrace of the team.

The ACC recognized the importance of the team early on. Until 2003, the ACC was a professional organization composed almost exclusively of cardiologists. It was under the leadership of our outstanding past president James Dove, MD, MACC, that opening College membership to noncardiologists was first broached. Though there was some early pushback, College leadership quickly grew to understand the need for our organization to reflect the way we all now practice: in teams. The Cardiac Care Associate membership category was approved, and by the end of 2003, the College boasted a membership of over 400 registered nurses, clinical nurse specialists, nurse practitioners, and physician assistants.

Later, due to interest from other cardiovascular clinicians, the Cardiac Care Associate membership has extended to pharmacists, technologists, cardiac rehabilitation specialists, and other professionals, all of whom are members of the team. Now, more than 4,500 members form the Cardiovascular Team Member Section of the College. These members have enriched the work of the College, bringing unique perspectives to our work in quality, education, advocacy, and professional development.

Our cardiovascular team is not limited to those practicing in the United States. The Convocation at ACC.17 was attended by leaders of many of the most

important cardiac societies in the world. They, too, are on our team. Cardiovascular care, research, and innovation is now a global enterprise, and our success in stemming the tide of death and morbidity from cardiovascular disease will depend on all of us working together to share knowledge and best practices.

The ACC, through its International Board of Governors, partners with many of these major cardiac societies to form our International chapters. I have been privileged over the past 2 years to attend and participate in the scientific congresses of many of our partners, and I have seen some extraordinary care delivery by cardiologists and surgeons around the world. As an example, a talented transplant surgeon in India has made primary cardiac transplantation a reality for over 70 patients in his hospital over this past year because placement of ventricular assist devices is an impossible strategy in his region. The ACC is committed to global outreach in education and innovation, and it is my hope that going forward each of our new AACCs and FACCs will have an opportunity to meet our global partners and teammates.

Also, joining us at Convocation were the several named lecturers and Distinguished ACC Awardees who were honored for their work. Each of these leaders has made great contributions to our team, whether in their work in basic and translational science, clinical investigation, or outcomes research. Those of you who are early in your career development could do no better than to familiarize yourself with their scientific work and accomplishments and aim to emulate them.

Last, it is my hope that beginning today, you will seek to involve yourself in the important work of the College. Reading this today are future chairs of committees, board review course directors, chapter governors, and trustees, among other roles. Join a member section in an area of your interest, and once there, volunteer for a work group or task force to which you might contribute. Later this year, there will be a call for committee nominations. Volunteer! Roll up your sleeves, work together with other College members, and be an active member of our team. I can assure you that volunteering for the College brings its own rewards. Congratulations again. I welcome you to your new roles in the College and look forward to working with you in the years to come. Our team will be better for your participation and involvement.

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