

LEADERSHIP PAGE



## ACC International

### A World Where Innovation and Knowledge Optimize Cardiovascular Care and Outcomes



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The American College of Cardiology's new vision centers around a world where innovation and knowledge optimize cardiovascular care and outcomes. It recognizes that cardiovascular disease does not stop at borders or even continents, and as such, a global approach to transforming cardiovascular care and improving heart health is needed.

Achieving this new vision is not without challenges. Although cardiovascular disease is the number 1 cause of death worldwide, each country or region has different challenges and needs. Economics, political environment, culture, race, and ethnicity are just a few of the factors that affect the care and outcomes of cardiovascular patients.

The American College of Cardiology (ACC) is uniquely positioned to help overcome these challenges. For the last 70 years, the College has been the primary source of education and knowledge for cardiovascular professionals, helping men and women worldwide stay up to date with the latest research and best practices. Our clinical guidelines, data registries, scientific journals, and educational platforms have evolved over time to reflect technological advances, learning trends, and the individual needs of the entire cardiovascular care team. The learnings we have gleaned and the relationships we have built over the last 7 decades as a result of these evolutions are what are propelling us into the future and give us the wherewithal to truly harness innovation and knowledge to optimize care going forward.

Over the last decade, cardiovascular professionals outside of the United States have been the fastest growing segment of ACC membership. Our Assembly of International Governors has also grown in stature and provides critical leadership and guidance to the ACC's overall strategic priorities. Additionally, the

College's 42 international chapters spanning more than 80 countries, coupled with our collaborations with international cardiovascular societies worldwide, have allowed us to make real progress on the ground in terms of providing localized education and training, as well as combating the global epidemic of noncommunicable diseases (NCDs). The College's Board of Trustees is currently assessing how we can strategically leverage these successes and where we can make meaningful change going forward.

Some examples from 2018 alone include the launches of several successful training programs in partnership with international cardiovascular societies and/or industry partners, including the "Every Heartbeat Matters" initiative to improve screening and training for valvular heart disease in China; a "train-the-trainer" cardiovascular disease education and awareness program in Japan to bolster national efforts to better identify and diagnose patients at risk of stroke and improve education around the treatment of atrial fibrillation; a comprehensive dyslipidemia train-the-trainer program to improve care for the dyslipidemia patient in key countries in Latin America, the Middle East, and Asia; and an award-winning global education program providing physicians and hospital systems in 10 countries with access to the latest science, technology, resources, and tools needed to stem the rising tide of cardiovascular disease and equip patients with the knowledge necessary to manage their cardiovascular health. Additionally, the Assembly of International Governors is spearheading a major global ST-segment elevation myocardial infarction quality improvement initiative for those countries seeking to advance ST-segment elevation myocardial infarction care and improve outcomes for their patients. Hadley Wilson, MD, FACC, Chair of ACC's Membership Committee; James Jollis, MD, FACC; and Erick Alexanderson, MD,

FACC, Chair of the Assembly of International Governors, provided a comprehensive look at this effort in a recent *JACC* Leadership Page (1).

I personally had the opportunity to share the ACC's vision and grassroots efforts on the international stage in September during the third United Nations High-Level Meeting on NCDs. The College has been diligently working to move the needle on reducing deaths related to cardiovascular disease in alignment with the World Health Organization's "25 by 25" goal looking to drive a 25% decrease in premature mortality from NCDs by 2025. Coinciding with this meeting, we were able to announce our Global Heart Attack Treatment Initiative designed to apply the lessons learned from the drastic decrease in morbidity and mortality from myocardial infarction in the United States over the past 25 years and apply best practices across all of the ACC's international chapters in a way that is customized for differently resourced settings.

Also in 2018, the ACC continued its commitment to bringing region-specific cardiovascular education and science to Latin America, Asia, and the Middle East. For the second year in a row, ACC's International Conferences offered unique opportunities to showcase localized research, highlight health care innovation, and build new leaders. Each conference featured top global experts to review and discuss new, relevant cardiovascular science in important areas like prevention, heart failure, and arrhythmias. Abstracts presented at each meeting allowed local researchers to present on topics ranging from the seasonal variation of acute coronary syndrome in the Kingdom of Saudi Arabia to best practices for structuring a cardiovascular surgical program in the Caribbean. Partnering with our local chapters and international societies to bring customized education has proven very valuable, especially for the next generation of learners and leaders.

New this year, attendees at the Middle East Conference had the opportunity to participate in the first-ever ACC Women in Cardiology event, which brought women from across the region together for a speed-mentoring session on topics like careers in interventional cardiology, how to develop a women's heart program/center, and how to achieve work-life balance. Also new, the ACC Asia Conference featured an Innovation Pitch Challenge, part of the ACC's ongoing efforts to promote engagement of cardiovascular clinicians in health care innovation and entrepreneurship.

Use of the ACC's NCDR registries also continue to grow—creating important opportunities to share best practices, identify gaps in care, and benchmark

against not only U.S. results, but within specific countries as well. Most recently the ACC and the Pakistan Cardiac Society partnered to implement the CathPCI Registry in hospitals in Pakistan. A total of 6 hospitals are actively contributing to the CathPCI Registry, making it the first country outside of the United States capable of supporting a country-specific data benchmark. In addition, the ACC has signed an agreement to participate with the China Cardiovascular Association and Philips on a data registry collaboration that will facilitate the analyzation of data and creation of benchmark reports to improve care in China.

The *Journal* also continues to make a name for itself as the leading source of cardiovascular research around the world. From a cadre of international editors to regional issues translated in Portuguese, Spanish, and Chinese, *JACC* provides a critical forum for researchers around the world to share their findings. Many *JACC* Journals also now offer certified European Continuing Medical Education credit, in addition to Continuing Medical Education and Maintenance of Certification credits, to help cardiovascular professionals around the world meet and maintain ongoing education requirements.

These are just a snapshot of the ACC's efforts under way around the world. Looking to the future, the ACC is working to strengthen and grow these activities in ways that not only drive the College forward but also have a real and meaningful impact on *all* patients living with, or at risk of, cardiovascular disease. Key to these efforts will be finding ways to further integrate international members into existing work groups and task force efforts. Their perspectives will be invaluable in addressing challenges unique to international members. Continuing to grow the ACC's international chapters and leverage our relationships with industry partners and global institutions, like the World Health Organization, the NCD Alliance, and the World Heart Federation, with the goal of strengthening a global health agenda is also a priority.

Finding ways to leverage new technologies and partnerships to help international members make the most of ACC registry, accreditation, education, guidelines, and membership offerings are also under way. For example, optimization of our guidelines and clinical consensus documents is already underway this year, with international optimization an important factor for consideration. Continued integration of global perspectives into live education courses, including the upcoming ACC Annual Scientific Session in New Orleans, Louisiana, is also occurring, as is creating ways to increase involvement of international fellows-in-training. Identifying and building a

pipeline of global leaders is of paramount importance. Expansions of the ACC's existing International Leadership Academy and established Women in Cardiology programs are already in the works and provide opportunities to help fellows-in-training and emerging leaders become effective advocates and gain skills in nonclinical competencies.

The ACC exists because of its members—no matter where they live and work. While we may live in different places, speak different languages, and come from different cultures and backgrounds, our commitment to our patients is one and the same. We are all part of 1 world, and 1 College. We have come a

long way in fulfilling the early vision of international expansion developed by leaders like James T. Dove, MD, MACC; William A. Zoghbi, MD, MACC; John Gordon Harold, MD, MACC; and Huon Gray, MD, FACC, 10 years ago. I look forward to building on their efforts and achieving our shared new vision together. There is definitely more to come!

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#### REFERENCE

1. Wilson H, Jollis J, Alexanderson E. Scaling STEMI care internationally. *J Am Coll Cardiol* 2018;72:2528-30.