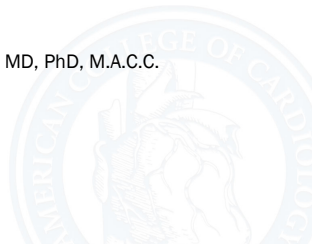


The American College of Cardiology: Overview

Alfred A. Bove, MD, PhD, M.A.C.C.



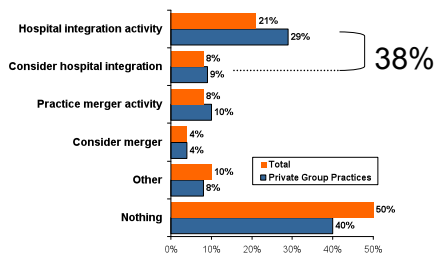
Methodology

ACC Cardiovascular Practice Census

- Survey sent to physicians in each state from the Chapter Governors.
- Initial invitation sent 5/5 with reminders on 5/19, 6/2, and 6/9. Telephone interviews were conducted 7/28 – 8/9 to solicit responses from those who did not initially respond to the survey.
- A total of 2,413 unique practices participated in this study after surveys were cleaned and duplicate practices eliminated.
- Survey sent to 6,738 practices with 2,046 practices responding for a response rate of 30%. Calls were made to 1,024 individuals that resulted in 367 completed surveys (36% response rate).

Changing Practice Landscape

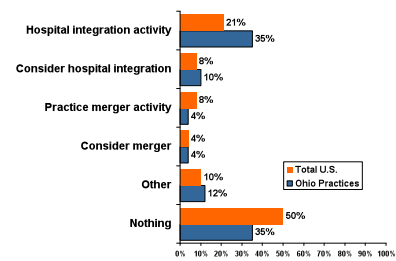
* The majority of private CV practices (excluding solo practitioners) – 60% – have engaged in integration/merger activity. CV practices are more likely to integrate into a hospital setting than merge with another practice (38% vs. 14%).



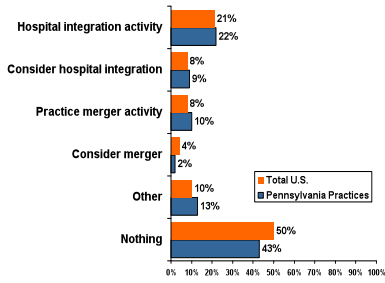
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Changing Practice Landscape- Ohio

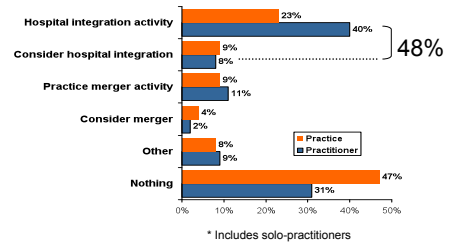


Changing Practice Landscape- Pennsylvania

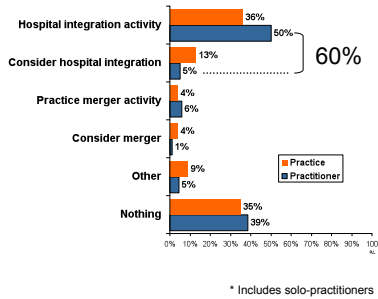


Changing Practitioner Landscape

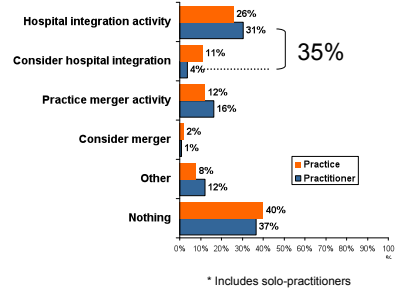
- A greater number of cardiologists are being affected by the changing practice landscape as larger private practices integrate into hospital systems.

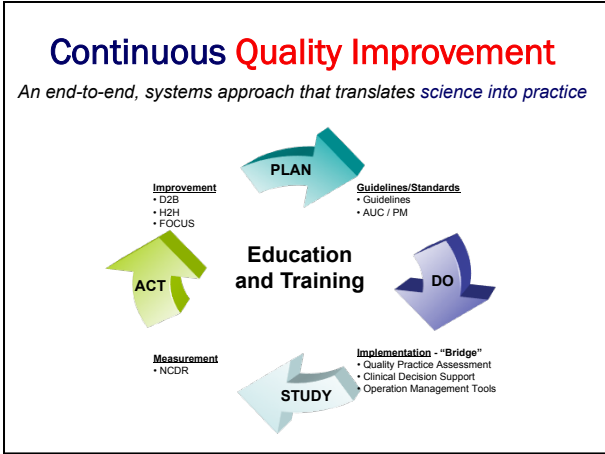
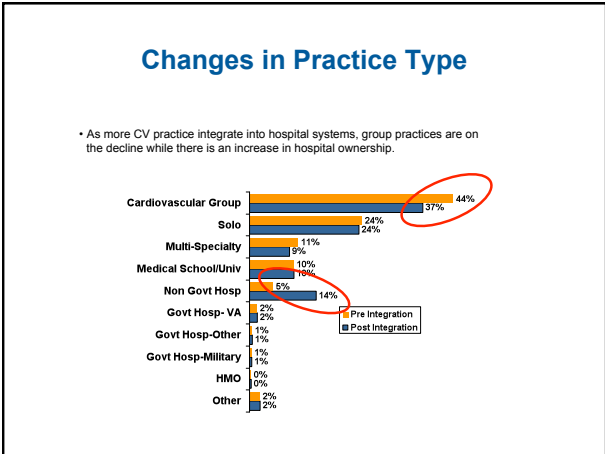
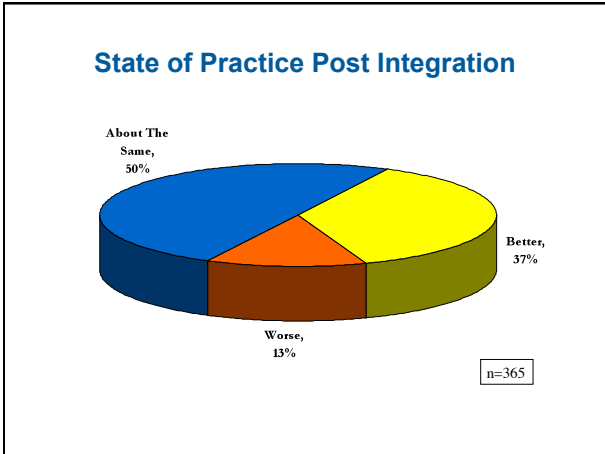


Changing Ohio Private Practice* Landscape – Practice vs. Practitioner



Changing Pennsylvania Private Practice* Landscape – Practice vs. Practitioner





- ### Guidelines
- 18 Guidelines currently available with 2,800+ recommendations
 - 9 new guidelines in process (ie: CV Risk; Hypertrophic Cardiomyopathy; Stable Ischemic Heart Disease; ECVD)
 - 6 guidelines being "updated" (ie: Atrial Fibrillation; PCI; STEMI; UA/NSTEMI)
- Helping Cardiovascular Professionals Learn. Advance. Heal.*

Appropriate Use Criteria

- SPECT-MPI
- CCT/MRI
- TTE/TEE
- Stress Echocardiography
- Coronary Revascularization: PCI/CABG
- SPECT-MPI Update
- On the Horizon: CT, TEE/TTE and Stress Echo AUC Updates; AUC for Peripheral Vascular Disease



Quality Initiatives



An Alliance for Quality



Door-to-Balloon



www.d2balliance.org

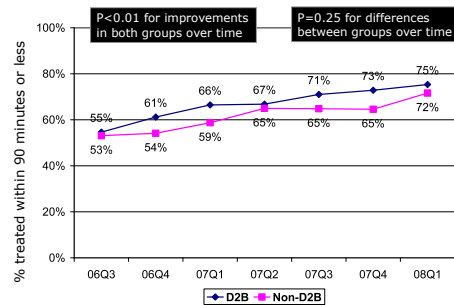
- **Goal:** To reduce D2B times to meet the guideline-recommended time of 90 minutes or less.
- **What is D2B?**
 - Provides hospitals with key evidence-based strategies and supporting tools to begin reducing D2B times.
 - Provides an open community for hospitals to share findings and experiences, and reward excellence.
- 1,100+ hospitals enrolled, 30+ strategic partners




Door-to-Balloon



www.d2balliance.org




Hospital to Home




www.H2HQuality.org

- **Goal:** To reduce all-cause readmission rates among patients discharged with heart failure or acute myocardial infarction by 20 percent by 2012
- **What is H2H?**
 - Leverages national initiatives
 - Brings together experts, literature and best practices
 - Creates a web-based community to share tactics and tools
- **H2H Focus**
 - **Three core concepts to provide opportunities for improvement:**
 - Medication management post-discharge
 - Early follow-up
 - Symptom management
- 1,000+ individual participants, 50+ strategic partners




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FOCUS



www.acc.org/focus

- **Goals:**
 - identify "Best Practices" in implementing AUC
 - improve the national rate of inappropriate testing
 - from 15 percent (2010) to 12 percent (2011)
 - from 15 percent (2010) to 7.5 percent (2012)
- **Program resources provide access to:**
 - Online learning community
 - Online Educational Resources (ie: Webinars)
 - New RNI online practice improvement tool
 - Decision Support Tools (ie: Pocket Cards and Mobile Applications)



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Science tells us what we can do;

Guidelines what we should do;


Registries what we are actually doing.



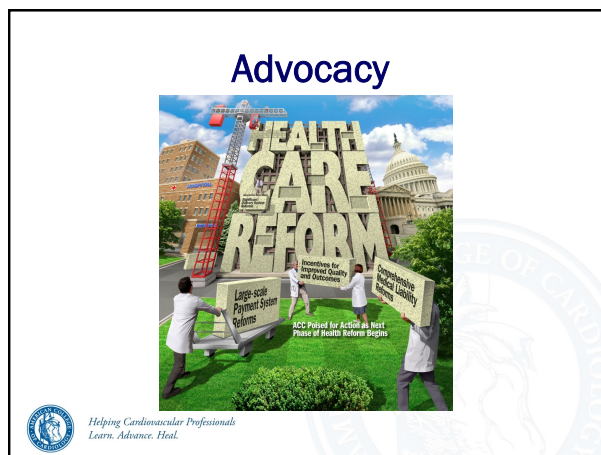
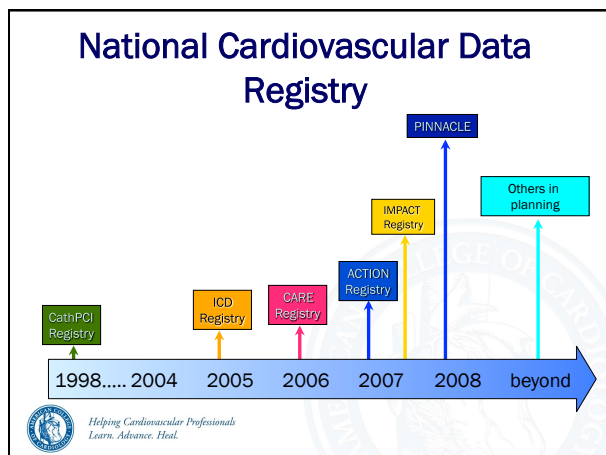
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NCDR®

	# of Sites	# of Patient Records
CathPCI Registry:	1,200	> 10,000,000
ICD Registry:	1,500	> 250,000
CARE Registry:	150	> 15,000
ACTION-GWTG Registry:	500	> 165,000
PINNACLE Registry:	665	> 500,000
TOTAL	> 3,000	> 11 million



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- ### Health Care Quality Improvements
- **Physician Quality Reporting Initiative (PQRI)**
 - Extended through 2014
 - Incentive payment increased by .5 percent [2011 to 2014]
 - Improvements include appeals process and more timely feedback
 - Maintenance of Certification program participation option (.5 percent payment incentive)
 - Penalties for not participating [2015]*
 - **Innovation Funding**
 - Funding set aside for state projects to help identify innovative care models that can be replicated throughout the country**
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- ### Payment Innovation
- **Accountable Care Organizations (ACOs)**
 - HHS to establish a "Medicare Shared Savings Program" that allows groups of providers who meet certain statutory criteria to be recognized as ACOs [2012]
 - HHS to develop a five-year national, voluntary bundled payment pilot program to provide incentives to hospitals, physicians, and other providers to improve patient care and achieve Medicare savings [2013]
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Payment Innovation

- **Independent Payment Advisory Board (IPAB)**
 - A 15-member board tasked with developing and presenting proposals to the President and Congress [2014], to:
 - Extend the solvency of Medicare
 - Slow cost growth
 - Improve quality of care
 - Reduce national health expenditures
 - Proposals will be automatically implemented unless Congress approves alternatives that achieve the same level of savings
 - Members appointed by the President and approved by the Senate for 6-year terms
 - Hospitals exempt from payment modification proposals until 2019



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Medical Liability

- HHS to award five-year demonstration grants to states to develop, implement and evaluate alternative medical liability initiatives, such as health courts and early offer programs [2011]
- Medical liability protections under the Federal Tort Claims Act will be extended to free clinics*



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Transparency and Program Integrity

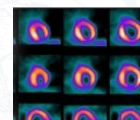
- **Physician Feedback Program:**
 - HHS to provide reports to physicians comparing their resource use with other physicians caring for patients with similar conditions [2012]
- **Physician Compare:**
 - HHS to establish a "Physician Compare" website with information on physicians enrolled in Medicare [2011]. Note: HHS must implement a plan for including information on physician performance [2013]*
- **Self Referral Violation:**
 - CMS will create a protocol for physicians who violate the physician self-referral (Stark) law and wish to disclose those violations to the Agency**



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Imaging

- **CMS to increase the utilization rate assumption from 50 to 75 percent in calculating reimbursements for imaging services on "high cost" equipment**
- **For MR, CT and PET services, referring physicians must:**
 - Disclose their ownership interest in imaging equipment to their patients at the time of referral
 - Inform the patient that they may obtain the service elsewhere
 - Provide a written list of other imaging centers that provide the service in the area*



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Additional Legislative/ Regulatory Issues

- SGR Formula (Congress considering another temporary fix)*
- CMS Technical Corrections to 2010 Medicare Fee Schedule increase payment for certain services**
- Final rule on “Meaningful Use” of EHRs due out in June/July



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Additional Legislative/ Regulatory Issues

- Health Care Reform law changes Medicare ordering and referring policies
- New CMS Interim Final Rule addresses enrollment changes included in final health reform rule

* Information on specific changes and how to check on Medicare enrollment status is available at www.acc.org.



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Patient Value

“The best interest of the patient is the only interest to be considered.”

- William Mayo



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Professionalism

True professionalism puts the patient first and is the foundation of an effective partnership with empowered patients.



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Lifelong Learning Portfolio

- Links education and quality
- Documents member improvement in knowledge, outcomes, performance, quality and patient care



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American College of Cardiology

- Nationwide campaign to improve heart health
- Aims to encourage patient involvement and understanding of CV disease and the impact of lifestyle choices



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American College of Cardiology

- National health initiative designed to improve heart health
- Key Principles
 - Engage people in the active management of their own heart health.
 - Empower individuals to make better, heart-healthier lifestyle choices.



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American College of Cardiology

- **How it works:**
 - Strengthens the doctor/patient relationship by delivering patient-centered tools to doctors' offices.
 - Provides a comprehensive, web-based platform with information and smart, practical tools for patients
 - Uses community-based events to provide everyday strategies to improve heart health
 - Works with national consumer products companies to help deliver CardioSmart strategies to people at risk for heart disease.




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CardioSmart
American College of Cardiology

- **Industry partners must:**
 - Show a substantial and credible commitment to CardioSmart goals and objectives and offer products and/or services that relate to encouraging heart healthy behaviors.
 - Be approved through the ACC's review process, which includes initial approval by the College's Patient-Centered Care Committee followed by approval by the Executive Committee of the Board of Trustees.
 - Not require or expect any endorsement by the ACC, either actual or implied, of any product or service.



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CardioSource.org




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CardioSource
American College of Cardiology

- Organizational and clinical content in **one place**
- **Intuitive** and **organized** site structure
- **Advanced search** function
- **Easily manage** CME with Lifelong Learning Portfolio
- **Customized** user experience with MyCardioSource
- **Member-driven**, member-centric governance (CardioSource Steering Committee)
- Social media **communities**
- And much more!




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credo

- **Goal:** To show that evidence-based education can reduce CVD disparities
- **What is credo?**
 - Coalition of leading cardiovascular organizations to reduce racial and ethnic disparities in CV outcomes
- **credo Objectives:**
 - Identify evidence-based principles of provider education that lead to equitable CVD care and outcomes
 - Recognize and facilitate dissemination of educational activities that meet credo principles
 - Develop, implement, and publish a PI-CME educational activity that targets specific CVD clinical area using NCDR®



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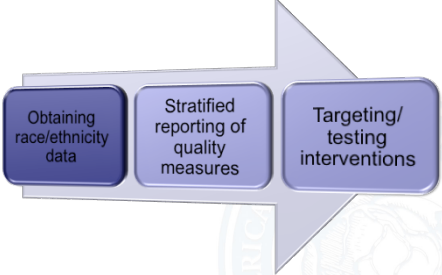
credo Pathway to CVD Outcome Equity





Obtaining race/ethnicity data

Stratified reporting of quality measures

Targeting/testing interventions



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qualityfirst.acc.org

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