

# Navigating the New Health Care Horizon: *Report from the ACC*

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# Disclosures

**Dipti Itchhaporia, MD, FACC, FESC**

*Nothing to disclose*



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# Changes in Practice Landscape

***“In 2007, physicians owned 73 percent of practices and hospitals owned 8 percent, while the 2012 data show only 60 percent of practices are now physician-owned, while 24 percent are hospital-owned.”***



Source: "ACC's 2012 Practice Census Shows Continued Changes in Practice Landscape." American College of Cardiology. N.p., 24 July 2012.



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**More than 90 percent of U.S. cardiologists** are ACC members

**50+ Domestic Chapters,** including Puerto Rico



**Nearly 50,000 members**

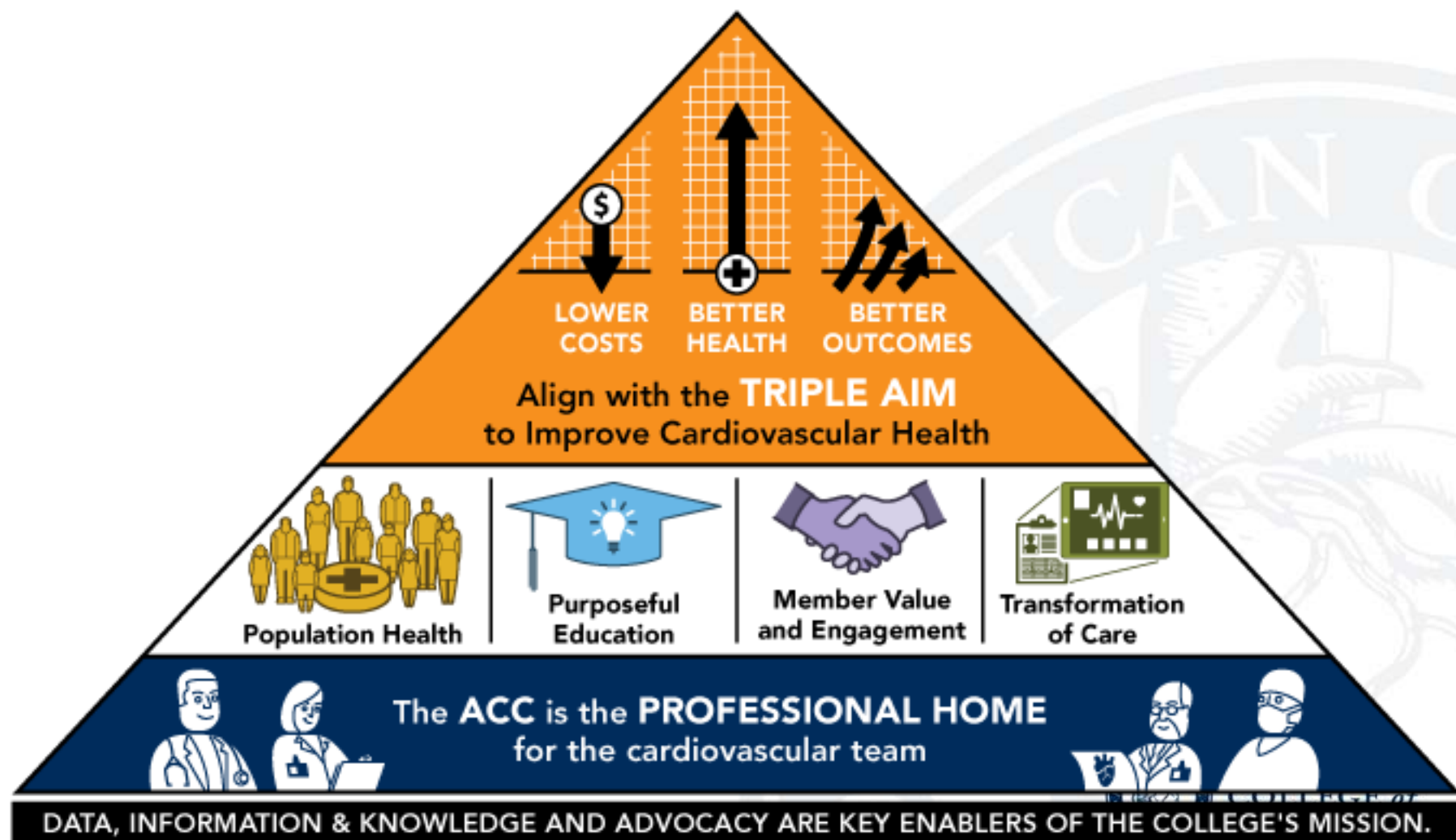
consisting of physicians, surgeons, nurses, physician assistants, pharmacists and practice managers

**8 NCDR Registries**



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The Strategic Plan positions the College and its members for success in meeting the **Triple Aim** of improving cardiovascular health through **lower costs**, **better health** and **better outcomes**





# 4 STRATEGIC THEMES



**Population Health**



**Purposeful Education**



**Member Value  
and Engagement**



**Transformation of Care**



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# Top Population Health Efforts

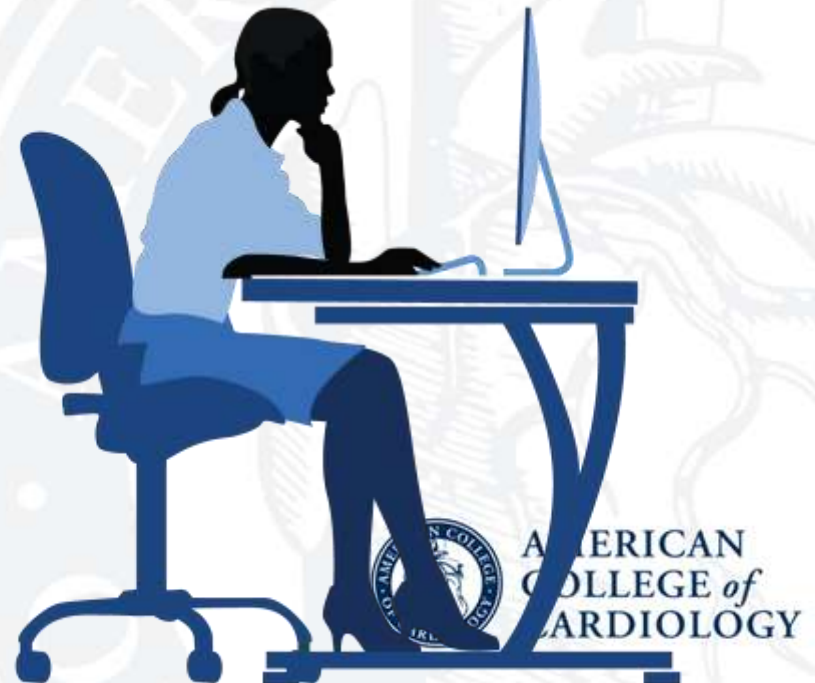
- Focus on Health Equity and Outcomes Disparities
- Supporting member accountability for population health in a value-based purchasing environment
- CardioSmart
- National and international advocacy efforts around prevention and health promotion (NCD Alliance)
- Diabetes Collaborative Registry
- Partnerships with Chapters and Organizations on Prevention Efforts (Million Hearts and Campaign For Tobacco Free Kids)



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# Top Purposeful Education Efforts

- Develop and launch key educational programs
- Design CV Disease Fellowship curriculum for APN's and PA's
- Launch Clinician Educator Database and deliver Professional Development online modules
- ABIM and MOC
- *ACC.org*
- *JACC Journals*



# Top Member Value and Engagement Efforts

- Expansion/Growth of Member Section (10 year Anniversary)
- Developing FITs and Early Career Professionals (Mentoring Program)
- Leadership Development
- Increased Personalization Web/Communications
- Practice Management Resources (CV Summit)
- Free Education Programs and Tools



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# 16+

## Member Sections



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# Councils

- Sections are governed by a corresponding **Section Leadership Council**.
- A section leadership council is a leadership group comprised of members appointed by the president.



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# Committees

To date, the ACC has:

- **75** acting standing committees
- **100** additional task forces, work groups and ad hoc service groups



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# Women in Cardiology



**Network** with colleagues.

**Develop** leadership skills.

**Advance** your career.

**Strengthen** your skills.

**Expand** upon your interests within the specialty.



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# Top Transformation of Care Efforts

- Quality Improvement for Institutions
- SMARTCare
- Surviving MI/H2H
- Partnerships Around Clinical Topics  
(LDL Address the Risk; Anticoagulation)
- Defining Team-Based Care



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# KEY ENABLERS OF THE COLLEGE'S MISSION

**Data, Information & Knowledge** is woven into all efforts to significantly impact both revenue generation and member effectiveness.



A strong, persistent focus on **Advocacy** so the College remains a leading voice in shaping public policy



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# Top Advocacy

- Creating a Value-Driven Health Care System
- Ensuring Access to Care and CV Practice Stability
- Promoting Use of Clinical Data to Improve Care
- Fostering Research and Innovation in CV Care
- Improving Population Health and Preventing CVD
- Engaging Members to Shape Health Policy



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# Advocacy Ambassador Program

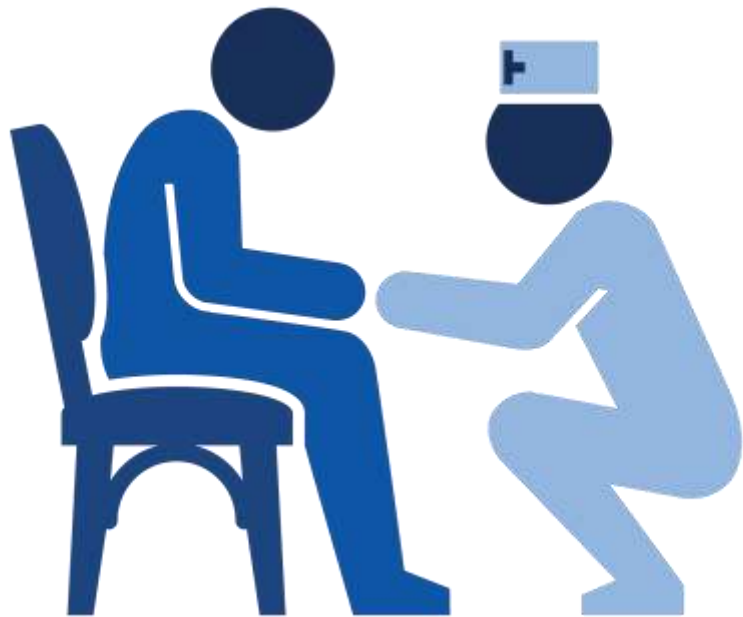
- The Advocacy Ambassador program is available to all chapters and members as a conduit to your ACC advocacy team.
- Ambassadors are experienced and trained ACC members. They are available to speak to chapter meetings or at other events within your state.
- Ambassadors can: highlight how to become further involved with advocacy efforts in order to improve practice and patient care in your state; address specific hot-topic issues; answer questions; connect you with the appropriate staff expert on the ACC Advocacy team

***More information: Contact Kelly Memphis- [kmemphis@acc.org](mailto:kmemphis@acc.org)***



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**The ACC is actively working with Congress, state governments and other key stakeholders to develop a health care system that:**



- Puts patients first
- Rewards cardiovascular professionals for their commitment to quality, evidence-based care



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# SGR/MACRA: Creation of the SGR

- The sustainable growth rate (SGR) was created by the *Balanced Budget Act of 1997* as a means to control Medicare spending by tying Medicare clinician payments to increases in the gross domestic product (GDP).
- When health spending outpaced GDP, negative payment updates were threatened as a result.
- Due to the inability to find sufficient offsets, the SGR was unable to be repealed for nearly two decades.

Congress passed 17 patches to avoid cuts  
(implementing cuts twice)



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# Elimination of the SGR

- **Early 2014:** Congressional leaders from the House and Senate, in close collaboration with the physician community, drafted legislation which would repeal the SGR and reward physicians for the value of the services they provided.
- **Spring 2015:** Speaker of the House John Boehner and Minority Leader Pelosi struck a deal on the offsets and the *Medicare and CHIP Reauthorization Act of 2015* (MACRA) was born.

Virtually the entire House of Representatives united to pass MACRA,  
followed by the Senate.

President Obama signed the now-law on **April 16, 2015.**



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# Changing the Payment Landscape

## Pre-MACRA

- 21% payment cut in 2015, continued uncertainty
- Separate quality reporting programs
- Some regulatory flexibility for alternative payment model participation

## Post-MACRA

- Eliminates SGR; implements stable payment increases
- Streamlined quality reporting program
- Incentives for alternative payment model participation



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# Annual Payment Updates

Mid 2015-  
2019

- 0.5% annual payment update

2020-2025

- 0% annual payment update
- Introduction of Merit-Based Incentive Payment System

2026 and  
After

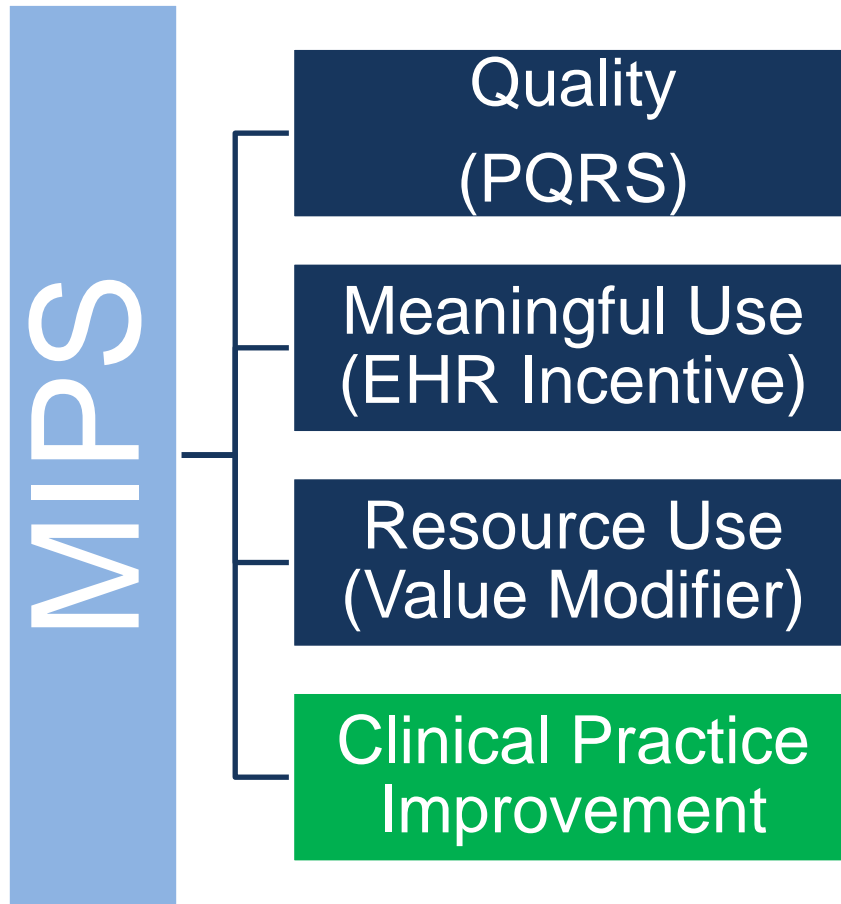
- 0.75%: Alternative Payment Model participants
- 0.25%: All other professionals

Averts a 21% payment cut in 2015 and future uncertainty



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# Merit-Based Incentive Payment System



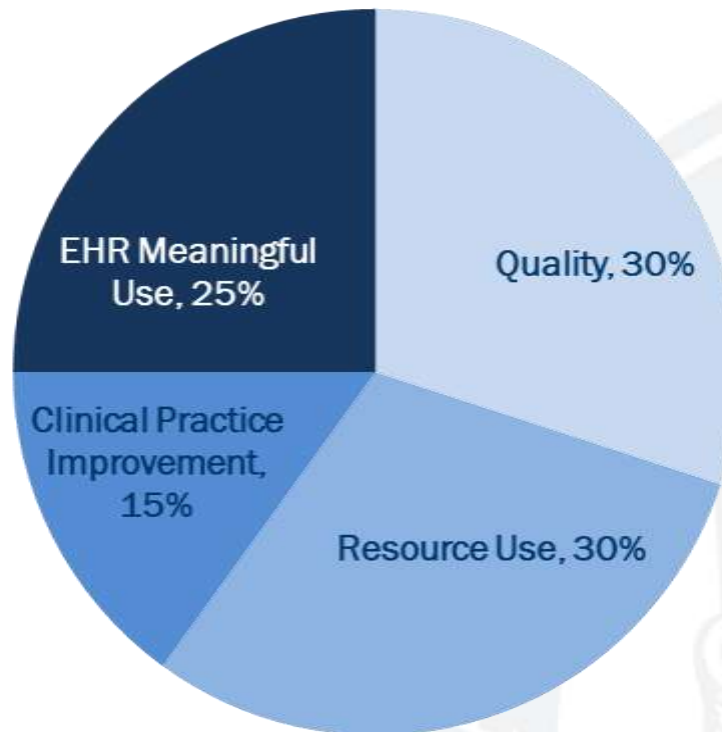
- Individual programs continue through 2018
- MIPS begins in 2019 for physicians and most mid-level clinicians
  - 2017 performance
- Eligible professionals scored against benchmark based on prior year's performance
- Low-volume providers and some APM participants may be exempt from MIPS requirements



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# MIPS Composite, Year 1

- Meaningful Use requirements
- Meaningful Use weight may be adjusted down to 15 percent if 75% or more EPs are meaningful users



- Expanded Practice Access
- Population Management
- Care Coordination
- Beneficiary Engagement
- Patient Safety
- Practice Assessment (ex. MOC)
- Patient-Centered Medical Home or specialty APM

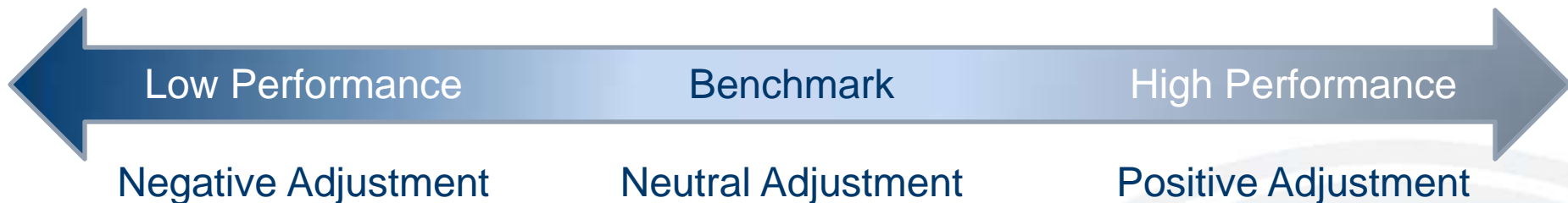
- PQRS measures
- eCQMs
- QCDR measures
- Risk-adjusted outcome measures

- Value-Based Modifier measures
- Risk-adjusted outcome measures
- Part D drug cost (if feasible)



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# MACRA Payment Adjustments



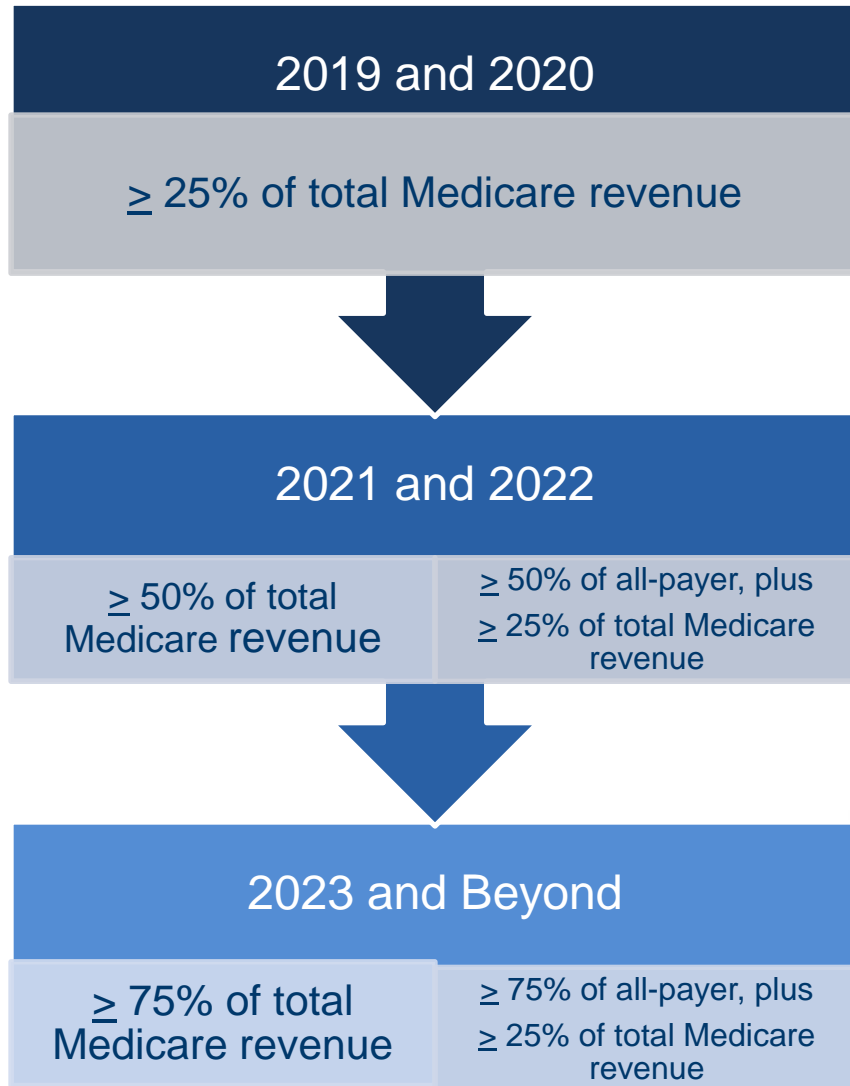
	2015	2016	2017	2018	2019	2020	2021	2022+
PQRS+VM+EHR Adjustments (combined)	~+ 5% 3.5%	TBD - 6%	TBD -9%	TBD -10% or more	TBD -11% or more	TBD -11% or more	TBD -11% or more	TBD -11% or more
MIPS Bonus/Penalty (max)					+4%* -4%	+5%* -5%	+7%* -7%	+9%* -9%
APM Bonus					+5%	+5%	+5%	+5%

\* May be increased by up to 3 times to incentivize performance  
\$500 mil funding for bonuses allocated through 2024



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# Alternative Payment Model

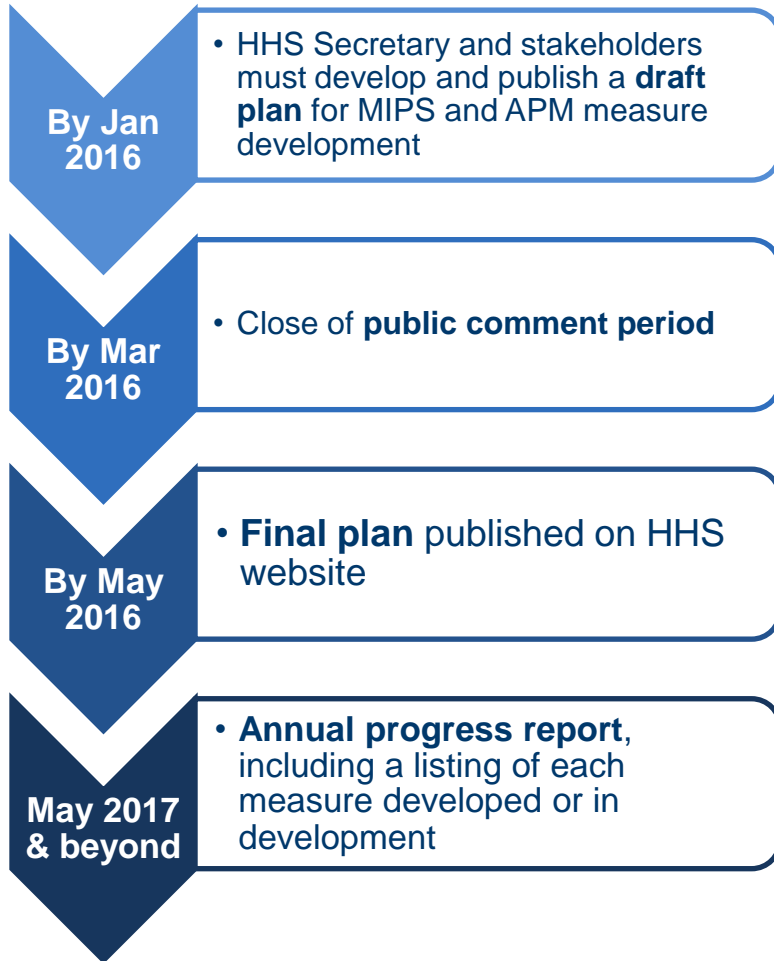


- 2019-2024: 5% bonus
- CMS/CMMI models (except Healthcare Innovation Awards)
- Other eligible models
  - Requires CEHRT
  - Payment based on quality measures
  - Financial risk or a Patient Centered Medical Home
- APM participants meeting threshold are MIPS-exempt



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# Measure Development Plan & Funding



- \$15 mil each fiscal year 2015 to 2019
- Prioritize measure gaps
  - outcome, patient experience, care coordination, and appropriate use measures
- Incorporation of private payer and delivery system measures
- Coordination across stakeholders
- Utilization of clinical best practices and practice guidelines



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# Small Practice Assistance

- \$20 mil allocated to help practices of  $\leq 15$ , rural, and underserved areas
- Allow “virtual groups”
- All Eligible Professionals will need to receive quality and resource use feedback at least quarterly



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# MOC: What 2014 Brought...



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# Maintenance of Certification

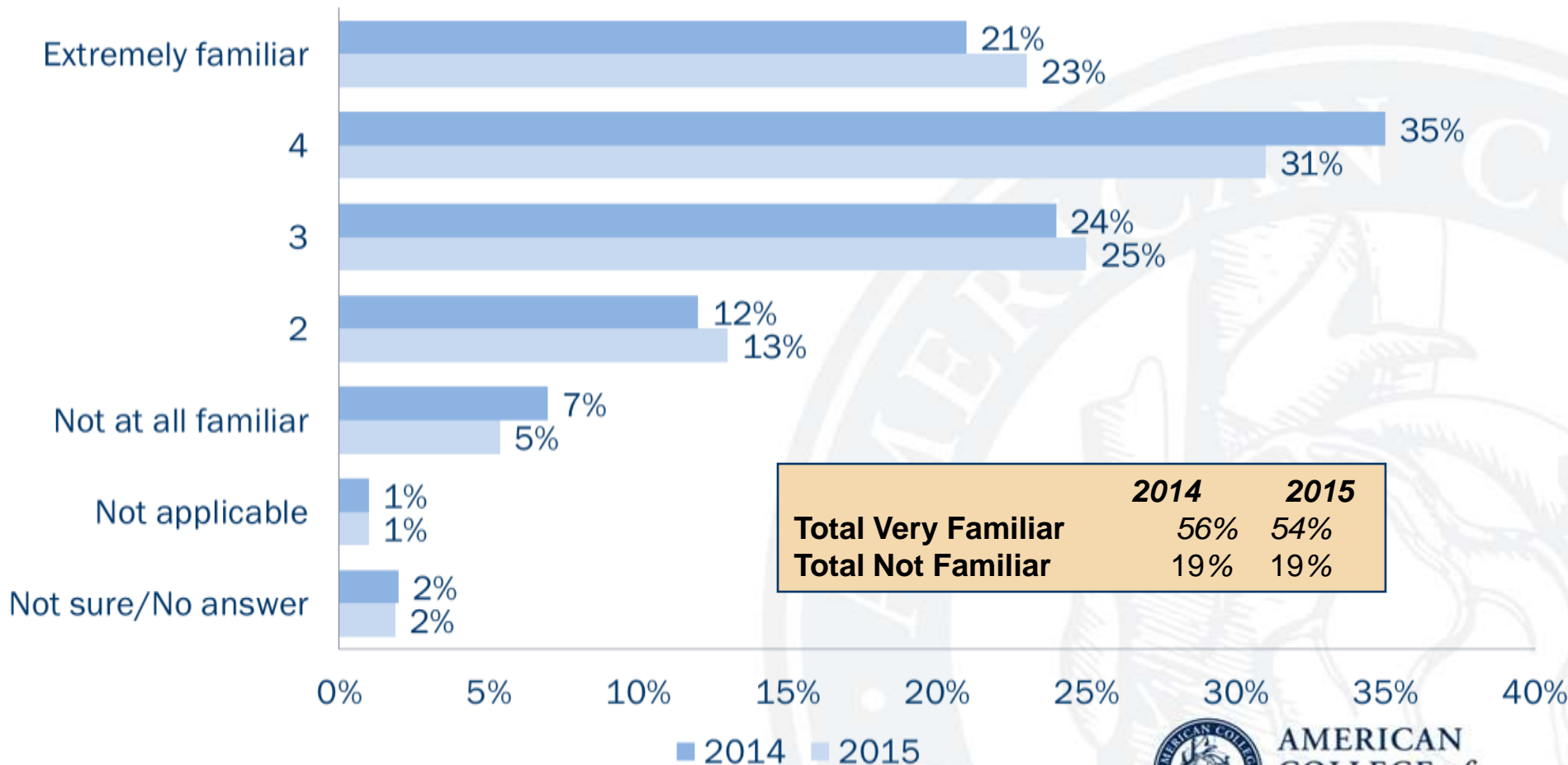
Surveys presented to ACC members in 2015 were instrumental in *crafting* and *influencing* ACC policy.



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# 2015 MOC Familiarity

- Similar to last year, almost all members are aware of the MOC changes and they report being familiar with the particulars with half being very familiar with all of the changes and two-in-ten saying they are not familiar.



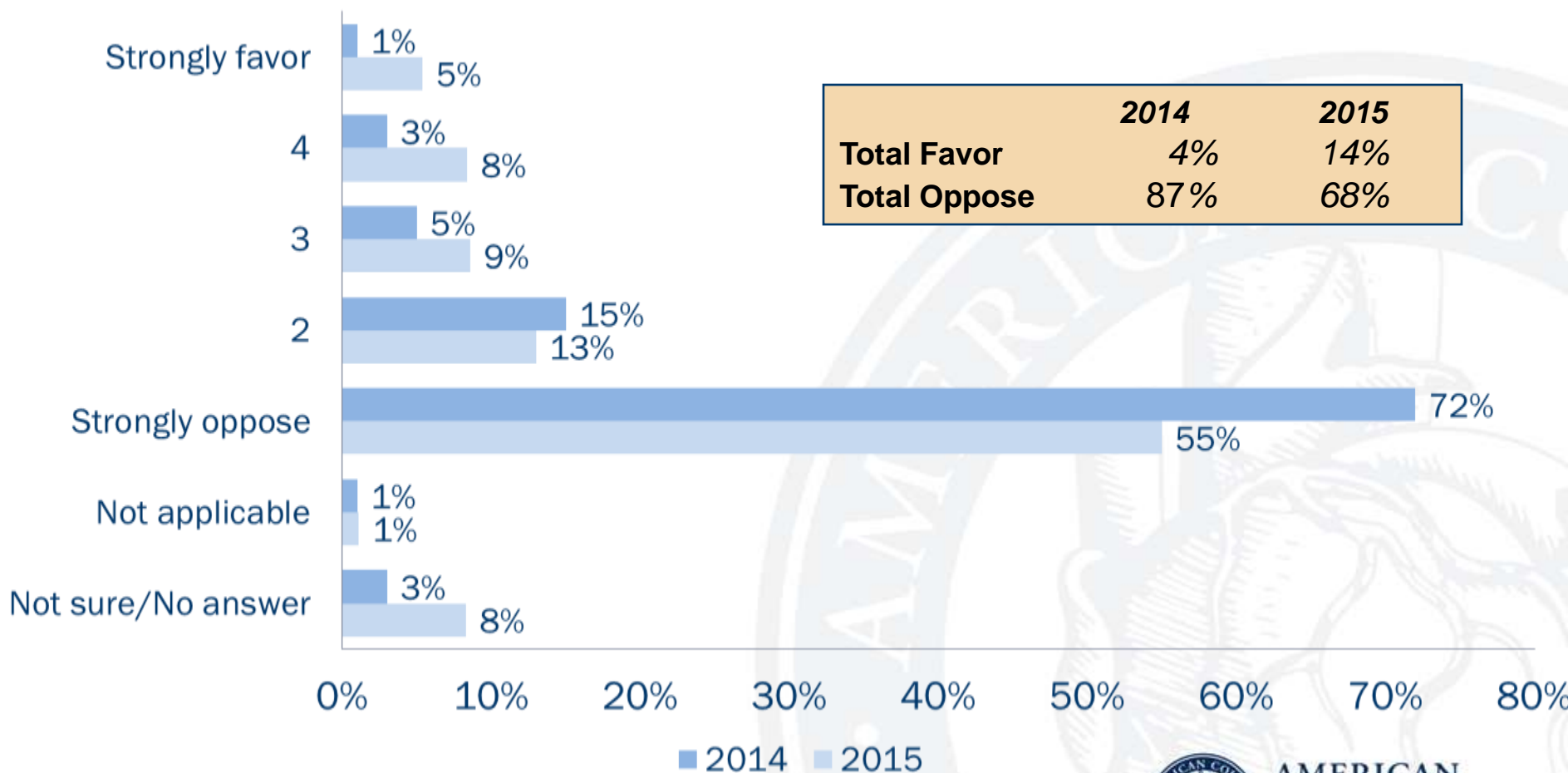
Q. How familiar are you with all of the recent changes that the ABIM has made to its certification / recertification process?



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# 2015 MOC Favorability

- Members remain opposed (68%) to the new ABIM MOC requirements, however the number strongly opposed has dropped from what was recorded a year ago. Favor toward MOC rises 10 percentage points with 14% in favor of MOC.



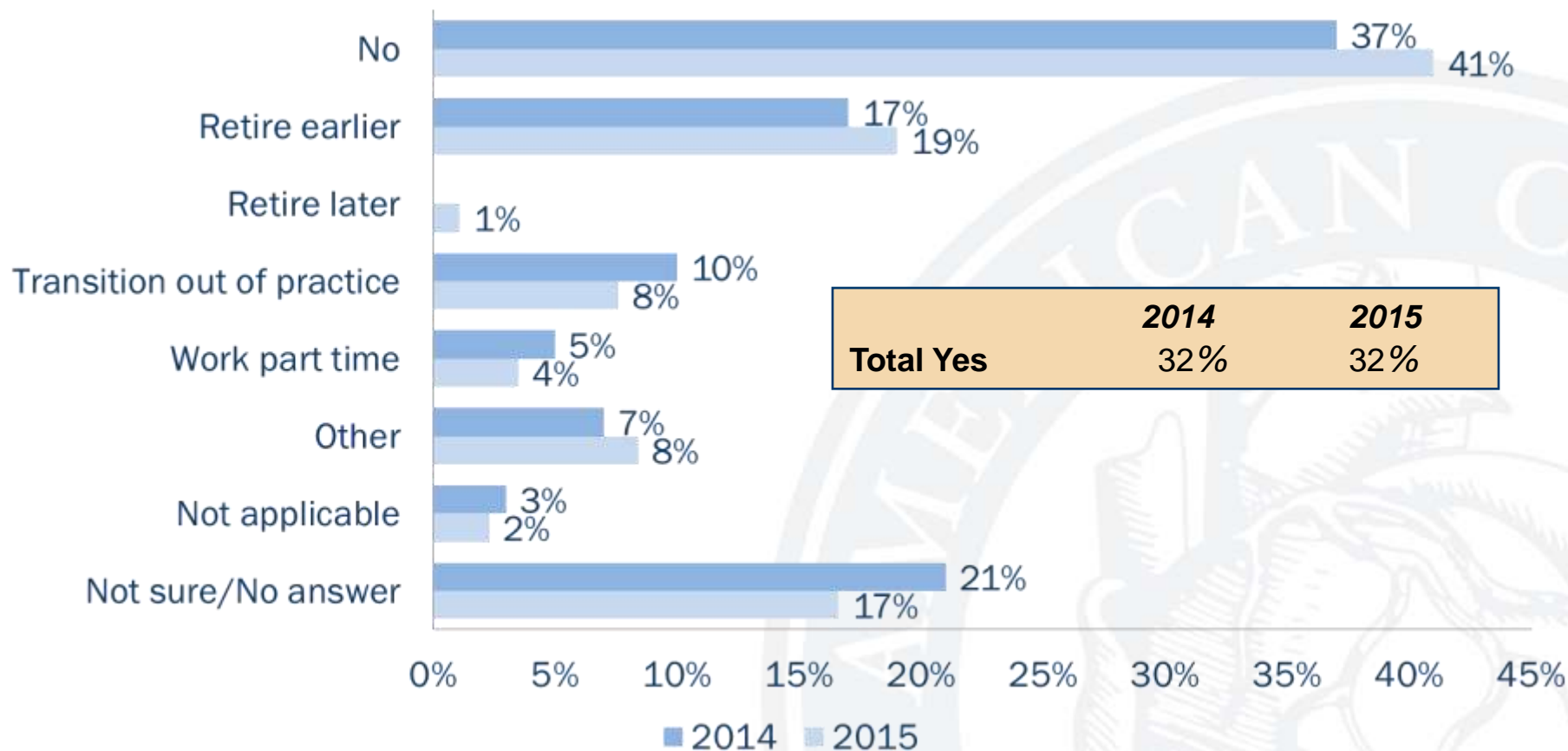
Q. Do you favor or oppose the new ABIM MOC requirements?



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# MOC Effect on Future Plans

- One-third of members (32%) continue to report that the recent MOC requirements are affecting their future planning, particularly earlier retirement or transitioning out of practice. Two-in-five (41%) say that their planning is not affected by MOC changes while 17% are not sure.



Q. Have these recent MOC requirements affected your planning for the future, specifically thoughts of retirement, part-time practice or transitioning out of the practice of cardiovascular medicine?



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# Your ACC Listened ...

and developed a three-pronged approach focused on –



- Serving as a source of information about the changes for members
- Providing tools and resources to help members more easily meet the new requirements
- Advocating on behalf of members for changes to the MOC process



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# ACC Actions Included

- Letters of opposition and recommendations to ABIM based on member survey results and feedback
- In-person leadership meetings with ABIM in collaboration with internal medicine community
- Continuous leadership updates via the ACC in Touch Blog, *JACC* and all-member emails
- Development of MOC Resource Hub on *ACC.org*



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# MOC ACC Task and BOT Forces Summary

- MOTION: The BOT decided that ACC will continue its work toward a board alternative pending ongoing discussions with ABIM.
- MOTION: BOT Recommends that the 10 year exam be replaced with a new externally validated process for maintenance of competence and the ACC work with ABIM to develop this.
- MOTION: BOT appoints Patrick T. O’Gara, MD, MACC and William J. Oetgen, MD, MBA, FACC to serve as liaisons for ABIM continued communications.



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# MOC ACC Task and BOT Forces Summary

- MOTION: The ACC will work with ABIM to research into best practices for maintenance and demonstration of competence with eventual link to patient outcomes, cost and cost effectiveness.
- MOTION: Recognizing that elements of Part IV and patient experience are federally mandated, these should be integrated into existing ACC hospital and practice programs in such a way that it is not burdensome to physicians.



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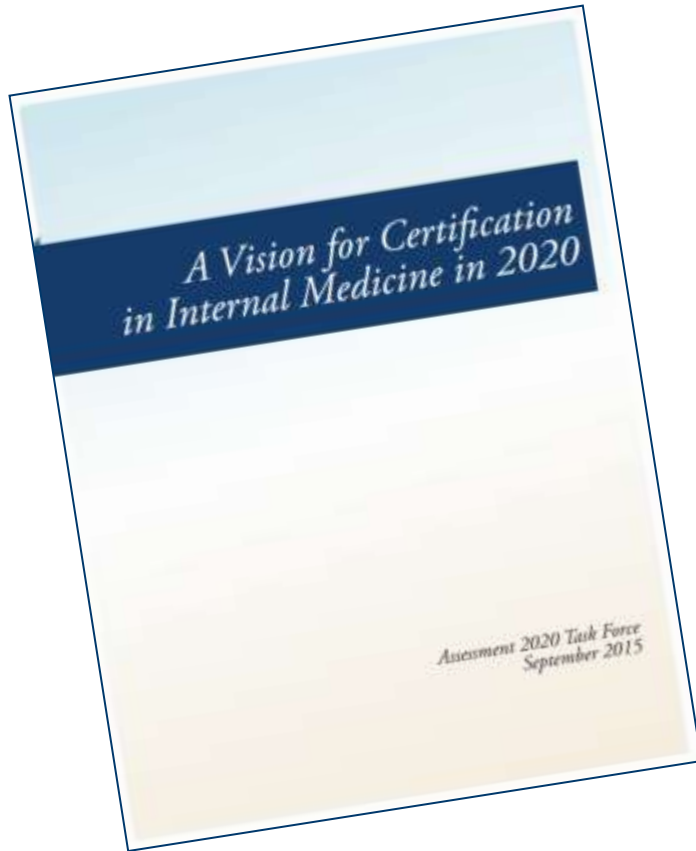


# Where Are We Now?



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# ABIM's Assessment 2020 Task Force Report Developed to:



- Develop a vision for future of assessment
- Stimulate discussion among stakeholders

**In line with many of the ACC's recommendations!**



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# Summary of MOC Changes

## October 2015

The prior changes from the ABIM:

- **MOC Parts 4,5 and 6 are on hold for 2 years**
- **You still need 100 points in 5 years.**
- **You CAN use PIMs (Part 4) to obtain these points fairly painlessly**
- **You will be listed as “participating in MOC”, NOT “In Compliance with MOC”**



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# The Most Recent Changes to MOC

- Reversal of the double jeopardy provision
- Decoupling of the initial board exam from MOC participation
- Streamlining the ability for practitioners to get both CME and MOC Part II credit



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# The Most Recent Changes to MOC

- Reduce fees
- Possible suspension of the 10 year secure exam (Part III): the New 2020 Task Force report



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# What is *Your ACC* Doing at This Point?

- We continue to reiterate and emphasize to ABIM our previously stated positions regarding meaningful, simplified, less expensive Maintenance of Competence and Lifelong learning
- We continue to work with ABIM to forward our goals on behalf of our patients and members



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# What is *Your ACC* Doing at This Point?

- We continue to have dialogue with other Medical Societies
- We continue to keep open the option of establishing a separate and new Board recognizing the costs and potential issues
- We recognize the efforts ABIM has made so far
- We continue to the 2 ACC MOC Task Forces as we proceed-proposed to be combined



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# ACC's Medical Professionalism MOC Module

**This module features 30 multiple-choice questions on the topic of medical professionalism, including:**

- Integrity and accountability
- Fair and ethical stewardship of healthcare resources
- Evaluating professionalism
- Self-regulation

**Self-Assessment Module is  
FREE to members.**



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# ACC's Mentoring Program

- Matching fellows and early career members with experienced professionals based on specialties and interest areas.
- Program open to ACC members only.



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GRACIAS  
ARIGATO  
SHUKURIA  
TASAMUKURATU  
SUNCAMA  
BIYAN  
SHUKRIA  
THANK  
YOU  
BOLZIN  
MERCİ



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