The American College of Cardiology: Overview

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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%).

Changing Practice Landscape- Ohio

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

**Changing Practice Landscape - Pennsylvania**

- Hospital integration activity: 23%
- Consider hospital integration: 7%
- Practice merger activity: 11%
- Consider merger: 2%
- Other: 12%
- Nothing: 27%

**Changing Practitioner Landscape**

- Hospital integration activity: 25%
- Consider hospital integration: 4%
- Practice merger activity: 4%
- Consider merger: 12%
- Other: 4%
- Nothing: 40%

*Includes solo-practitioners

**Changing Ohio Private Practice* Landscape – Practice vs. Practitioner**

- Hospital integration activity: 30%
- Consider hospital integration: 6%
- Practice merger activity: 4%
- Consider merger: 4%
- Other: 10%
- Nothing: 50%

*Includes solo-practitioners

**Changing Pennsylvania Private Practice* Landscape – Practice vs. Practitioner**

- Hospital integration activity: 30%
- Consider hospital integration: 7%
- Practice merger activity: 12%
- Consider merger: 12%
- Other: 4%
- Nothing: 35%

*Includes solo-practitioners
State of Practice Post Integration

- About The Same, 50%
- Better, 37%
- Worse, 13%

Changes in Practice Type

- As more CV practice integrate into hospital systems, group practices are on the decline while there is an increase in hospital ownership.

Improvement
- D2B
- H2H
- FOCUS

Measurement
- NCDR

Implementation - "Bridge"
- Quality Practice Assessment
- Operation Management Tools

Continuous Quality Improvement

An end-to-end, systems approach that translates science into practice

- PLAN
- Education and Training
- DO
- Study

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)
Appropriate Use Criteria

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

Door-to-Balloon

- **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

Quality Initiatives

Door-to-Balloon

- [www.d2balliance.org](http://www.d2balliance.org)

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Hospital to Home

- **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

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 (i.e.: Webinars)
  - New RHN online practice improvement tool
  - Decision Support Tools (i.e.: Pocket Cards and Mobile Applications)

Science tells us what we can do;

Guidelines what we should do;

Registries what we are actually doing.

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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**

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]
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

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

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

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
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

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](http://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.
**Lifelong Learning Portfolio**

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

**CardioSmart**

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

**CardioSmart**

- 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.

**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.
• 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.

CardioSource.org

• 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!

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®
credo Pathway to CVD
Outcome Equity

- Obtaining race/ethnicity data
- Stratified reporting of quality measures
- Targeting/testing interventions

qualityfirst.acc.org