



# CardioSurve Newsletter

*The Voice of U.S. Cardiologists*

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Influencers on  
Patient Care

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## Influencers on Patient Care

*"It's when we start working together that the real healing takes place." – David Hume*

**Over the course of the last half century, the physician-patient dynamic has expanded** to include a much wider array of influencers on patient care than ever possibly imagined. Nostalgically lost except to celluloid is the image of the local doctor, the unquestioned expert on the care and treatment of the sick, making house calls to visit his patients. By comparison, modern medicine moves at light speed relying on a complex network of resources and interrelated care providers all sharing in the task of providing optimal patient care. In today's health care world, clinical teams from cardiovascular and primary

care practices coordinate in managing their patients; databases track patient histories and trend outcomes; and technology shares new insights and information as to how to best manage the course of patient treatments.

This issue of the *CardioSurve Newsletter* shares insights involving different influencers on patient care: from the impact of media on patient treatment decisions, to different clinical views on the issue of cardiometabolic patient needs, to the challenges of cardiovascular administrators, and to the long term outlook of the cardiovascular workforce. Truly, a large number of parties are involved in the care of one patient, and in the end, when these influencers work together in unison, real healing for the patient begins.



## Does Media Impact Physician Decision-Making?

**While clinical guidelines and scientific evidence are the major factors driving treatment decisions**, media coverage and advertising when presented by patients do have some influence on clinicians' prescribing behavior, particularly negative news coverage, according to a survey of 150 CardioSurve members and 253 primary care physicians (PCPs).

The survey, designed to look at factors influencing physician treatment choices, found that nearly all PCPs and cardiologists have responded to a patient inquiry regarding pharmacologic treatments covered in the media. While the survey results suggest that PCPs are slightly more likely to field media-related questions, cardiologists are certainly not immune. According to clinicians, one out of five patients inquire about treatments which received negative news coverage. Approximately the same number of patients raise questions regarding pharmaceutical company advertisements. To a lesser extent, patients ask about treatments which received positive news cov-

erage or inquire about advertisements related to lawsuits or personal injury claims concerning patient treatments.

Patient preference stemming from media coverage

*"Public communication is favorable in that patients are more informed, more likely to express concerns previously left unasked, unfavorable in that trivial matters are exaggerated in the media."*

**– Primary Care Physician, Southeast US**

can have an impact in prescribing behavior, particularly when the risk is lower. PCPs are more likely than cardiologists to consider patient preferences in response to news coverage or advertising. More than 50% of PCPs indicate they had changed a patient prescription or treatment based on information the patient received from the media and advertising. News coverage, both negative and positive, was the primary driver of prescription or treatment changes among cardiologists (49% and 39%, respectively).

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CardioSurve™ is a unique, insightful panel of 300-350 cardiologists which provides an in-depth perspective of what U.S. cardiologists think.

For additional information about this report or CardioSurve™, please contact Paul Theriot at 202-375-6357 or [ptheriot@acc.org](mailto:ptheriot@acc.org).



## Workforce Shortages in CV Practices

**About one-third of cardiovascular practices report a current opening for a cardiologist.** This need jumps to nearly 50% when combined with open positions expected in the next 12 months, according to a May CardioSurve survey of 176 U.S. practices.

Most of the short-term workforce need is in clinical cardiology as compared to research. About two-in-five short-term openings are in adult cardiology (40%) followed by interventional (24%), electrophysiology (15%) and imaging (8%). Approximately 40% of the current open positions are the result of retirement or relocation. When asked about expected openings over the next 24 months, 22% of practices indicate workforce needs, with adult cardiology (46%) and interventional (19%) positions topping the list. Interestingly, practices indicating a greater amount of workforce needs are more likely to be hospital-owned or medical school-owned.

These workforce trends are not surprising given the ongoing trend towards hospital integration, new maintenance of certifica-

tion (MOC) requirements, cuts in funding for graduate medical education (GME) and research, and continued declines in physician reimbursement. Speaking at the ACC's Legislative Conference in September, ACC President **John Gordon Harold, MD, MACC**, noted that an overall shortage of 62,900 physicians is expected in the U.S. by 2015, with this number predicted to increase to 130,000 across all specialties including cardiology by 2024.

As the College moves forward with developing and implementing its strategic plan for the next five years, Harold said addressing these workforce issues will be a key strategic priority. Among the tactics for helping solve the workforce shortage: a focus on integrated or team-based care; continued advocacy at the national, state and payer levels for new physician payment models and increased funding for GME and research; and focused assistance on understanding and meeting new MOC requirements.



## Does Media Impact Physician Decision-Making? continued from previous page

According to the survey results, the more common patient scenarios for considering patient preferences in response to news coverage or advertising were when the possibility or risk of adverse events was low. In a hypothetical atrial fibrillation patient case scenario concerning the use of novel oral anticoagulants, both PCPs (57%) and cardiologists (63%) say they would be more likely to consider a patient's request of this type if they had a CHADS2 score of 1. Likelihood to honor the patient request falls with the increase in disease complexity. In patients presenting with a CHADS2 score  $\geq 2$ , notably fewer cardiologists (31%) and PCPs (39%) would consider the patient request.

Some clinicians are also likely to change prescribing behavior if the media coverage evokes concern, particularly for PCPs. Approximately 40% of PCPs say they would consider patient preference due to their own treatment concerns based on news coverage compared to roughly 20% of cardiologists. Also of note, 22% of cardiologists say they do not consider patient preference based on media concerns at all, compared to only 8% of PCPs.

In addition to indirect influence on care decisions through patient preference, the survey finds that media coverage and advertising also have an impact on physician/patient communications. Negative news coverage is most likely to lead to increased communication between physician and patient, as well as place more pressure on the justification of the prescribed regimen. According to PCPs, negative news coverage is the primary communication facilitator leading most often to conversations with patients (72%), followed by pharmaceutical ads (62%), positive news coverage (60%) and legal claim ads (49%). In comparison, cardiologists indicate fewer discussions around pharmaceutical ads (41%) and lawsuits or personal injury claims (37%), while negative and positive news coverage are the biggest drivers of discussions at 71% and 55%, respectively.

The survey highlights the uphill battle cardiologists, PCPs and others face in remaining abreast of media coverage as well as having accurate information from credible sources to discuss and present to patients regarding treat-

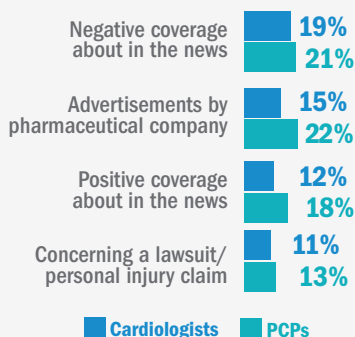
*"The patients are given a 'spin' by the press and we (the cardiology experts) give them the true picture. That is why they come to us for care." - Cardiologist, Southwest U.S.*

ment options. "Consumer advertising and news coverage are affecting the clinician patient dynamic," said one cardiologist. "The clinician must be prepared to respond and provide adequate reasoning to support his viewpoint."

The ACC, working with other specialty societies and consumer groups, has an opportunity to help clinicians anticipate these conversations with their patients and plan for them by closely monitoring the latest news and advertisements making headlines and helping to develop patient-friendly education materials that present options and provide guidance on the benefits and risks of specific treatments and therapies. One example of this is the College's new Anticoagulation Initiative. This program currently underway is geared towards helping both patients and providers navigate the world of new oral anticoagulants, information from clinical trials and research, negative advertising, symptomatic presentation and treatment risks and benefits.

This research was conducted to support ACC's Anticoagulation Initiative, which is sponsored by Boehringer Ingelheim Pharmaceuticals, Inc. and Janssen Pharmaceuticals, Inc.

### Average % of Patients Asking About Treatments Seen In...



Q: What percent of your patients ask you about pharmacologic treatments that...  
(CardioSurve - n=144, PCPs - n=253)

## Cardiovascular Administrators Face Unique Challenges

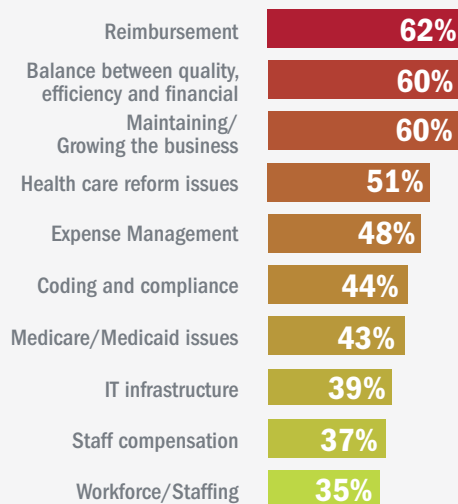
In recent years the ACC has opened its doors to cardiovascular administrators, offering tools, resources and membership opportunities to those professionals who manage the practice and hospital cardiovascular service line operations. As this member segment continues to grow, understanding the specific challenges facing this group and the tools necessary to best meet these challenges will be a continued focus of the College.

A recent CardioSurve survey of 176 cardiovascular administrators sheds light on some of the biggest challenges facing administrators, including reimbursement issues (62%), balancing quality, efficiency and finances (60%), maintaining and growing business (60%), health care reform (51%) and expense management (48%). Coding and compliance (44%), Medicare/Medicaid issues (43%), IT infrastructure (39%), staff compensation (37%) and workforce/staffing (35%) also pose moderate challenges.

When it comes to helping administrators meet these challenges, more than half of survey respondents say the College is among the top medical specialty associations for its advocacy work at the state, national, and payer levels. Additionally, more than 80% of administrators highly identify the College as a source of information on the latest advances, quality standards and practice guidelines. ACC efforts to measure and improve quality patient care are also recognized by the vast majority.

According to the ACC members included in the survey, access to ACC advocacy and administrator-specific newsletters, clinical publications and discounts on educational programming are the most appealing benefits provided as an ACC member. More is needed, however. A large number of both members and non-members surveyed indicate a desire for additional tools that measure and improve quality

## Unique Challenges and Issues for CV Administrators



Q: What are some of the unique challenges or issues that you face in your professional role?  
(n=176 CV Administrators)

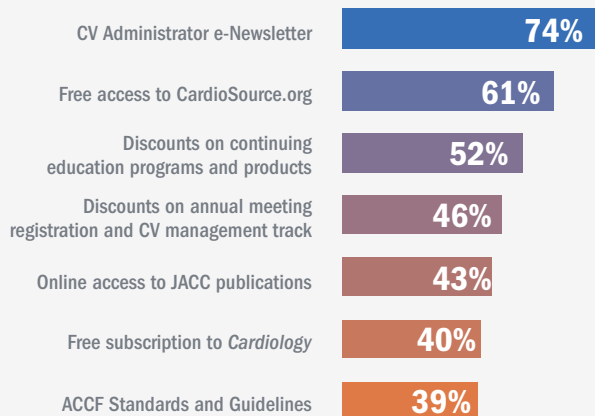
patient care, provide salary/compensation information, and facilitate access to clinical benchmarking. Administrators are also interested in the development of quality standards and guidelines.

One hurdle that the ACC needs to work to overcome is the common perception among cardiovascular administrators who do not belong to the ACC that the College does not offer professional supports specifically geared towards cardiovascular administrators. This need is best expressed by one administrator as a desire for a “formal program of orientation specifically for administrators on those ACC resources specific to administrators.”

The ACC is well poised to support this important cardiovascular professional audience. As one administrator says, “The more access I have to information and data, the better our chances for sustainability and growth.” Given the constantly changing health care environment, the College has opportunities to support administrators, whether in advocating for health care policies that support thriving practices and/or providing resources and tools that directly impact day-to-day administrator efforts. The College’s commitment to membership indicates “dramatic changes to ACC in realizing that you cannot sustain excellence in clinical care without paying attention to the business side.”

Learn more about the ACC resources available for Cardiovascular Administrators at [CardioSource.org/PracticeManagement](http://CardioSource.org/PracticeManagement).

## Most Appealing ACC CV Administrator Member Benefits



Q: Which of the following member benefits are most appealing to you?  
(n=176 CV Administrators)



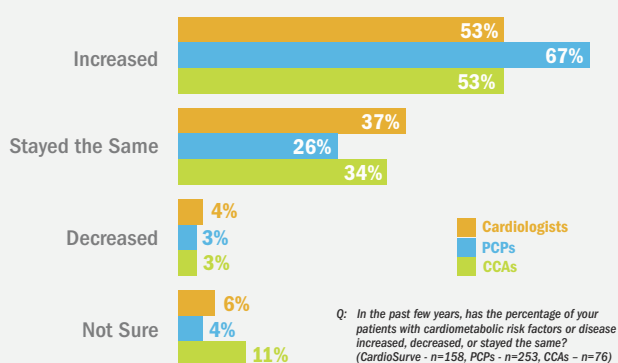


## Cardiometabolic Syndrome in the Spotlight

**An estimated 47 million people in the U.S. are living with cardiometabolic disorders.** These disorders represent a cluster of interrelated risk factors — primarily high blood pressure, elevated fasting blood sugar, dyslipidemia, abdominal obesity, and elevated triglycerides — that together can progress to the development of atherosclerotic cardiovascular disease and type 2 diabetes. Reducing these cardiometabolic risk factors and preventing further disease progression is an increasingly important topic among cardiovascular professionals, primary care physicians (PCPs) and other health care providers.

According to a CardioSurve survey of 162 cardiologists, 76 Cardiac Care Associate (CCA) members and 253 PCPs, the number of patients with cardiometabolic risk factors has increased over the last few years. A large percentage of both cardiologists (49%) and PCPs (42%), and even more CCAs (86%), now report that more than half of their current patient populations have cardiometabolic risk factors or disease.

### Percentage of Patients With Cardiometabolic Risk Factors/Disease – Past Few Years Trend



How to best manage these patients, however, is up for some debate. While the majority of all clinicians surveyed say they are very comfortable in managing patients with hypertension and dyslipidemia, CCAs and cardiologists indicate that they are less comfortable managing patients with a sedentary lifestyle, obesity and elevated blood glucose, as compared to PCPs.

According to the survey, cardiologists and CCAs are more likely to refer their patients with cardiometabolic risk factors to a PCP as compared to a specialist. Both CCAs and cardiologists indicate that coordination of care was more of their respective roles. PCPs feel they should have the primary responsibility for managing the cardiometabolic risk factors in their patients and take the lead in screening/treating these patients.

When it comes to communicating with patients about risk factors, PCPs and CCAs indicate they spend more time discussing these topics with patients as compared to cardiologists. CCAs, in

particular, report spending more time working with patients on issues of self-care related to hypertension, dyslipidemia, and sedentary lifestyle and less on issues related to obesity and elevated blood glucose.

Screening early for cardiometabolic issues and treating aggressively are viewed as very important components by all clinicians. Nearly nine out of ten physicians and two out of three CCAs say their practices use physicians and/or nurses to counsel patients on medication and lifestyle modifications in order to help them control their cardiometabolic risk factors.

However, approximately two out of five cardiologists and CCAs indicate they do not have what they need to assess and treat cardiometabolic risk factors in their diverse patient populations. These clinicians are interested in multi-lingual patient targeted resources either online or via brochures/handouts. They also indicate a need for clinical education around the best and latest treatment options for managing patients from diverse populations.

This CardioSurve survey comes on the heels of efforts by the ACC and other groups to help cardiovascular professionals, PCPs and others address cardiometabolic issues in a coordinated team-based manner. The College recently launched an online clinical community dedicated to management of cardiometabolic disease that features relevant news articles, case challenges, hot topics, interactive discussions and clinical resources. In addition, the CardioMetabolic Health Alliance – a partnership between the ACC, the National Minority Quality Forum, the American Association of Clinical Endocrinologists and the Association of Black Cardiologists – is planning to use the survey results to inform additional programs and tools as part of ongoing Alliance efforts.

For more on cardiometabolic issues go to [www.cardiosource.org/Science-And-Quality/Quality-Programs/CardioMetabolic-Health-Alliance.aspx](http://www.cardiosource.org/Science-And-Quality/Quality-Programs/CardioMetabolic-Health-Alliance.aspx).

### Practice Resources To Help Patients Control Cardiometabolic Risk Factors

