



AMERICAN COLLEGE OF CARDIOLOGY STATEMENT ON ACCREDITATION/CERTIFICATION

The American College of Cardiology (ACC) is a leader in the promotion of high quality cardiovascular care. The mission of the ACC is to advocate for quality cardiovascular care through education, research promotion, development and application of standards and guidelines, and to influence health care policy.

To improve health care quality, the ACC strongly supports participation in physician certification and/or laboratory accreditation programs developed by physicians and appropriate to the field of practice. Certification and accreditation programs clearly have a role in quality improvement by providing independent evaluation and validation of performance of providers and facilities.

To achieve improved clinical performance and quality, the ACC encourages all providers to implement and utilize quality measurement and improvement tools, combined with outcomes data monitoring in all settings. The ACC strongly encourages adherence to ACC clinical practice guidelines and expert consensus documents that translate evidence-based medicine into clinical practice. The ACC also promotes the use of clinical competency statements and adherence to Core Cardiology Training Symposium (COCATS) recommendations where competency guidelines do not exist. Accreditation/certification programs provide a convenient means for meeting these criteria.

The ACC encourages governments and payers to make accreditation/certification programs mandatory conditions of participation. In implementing such requirements, ACC encourages a gradual approach to ensure a realistic timetable for compliance which minimizes economic impact on current practitioners. Exceptions to mandates may be necessary to ensure that patients have access to care in underserved areas.

The American College of Cardiology Foundation (ACCF) produces the following quality improvement tools that can assist physicians and other cardiovascular care providers to analyze their performance and participate in a continuous quality improvement process: Guidelines Applied in Practice (GAP) customizable tools to improve adherence to evidence-based guidelines; the National Cardiovascular Data Registry (NCDR), which provides participants with standardized data elements and definitions and quarterly comparative reports on the safety and effectiveness of cardiac catheterization (and soon, electrophysiology and carotid stenting) procedures; and CathKIT, a tool for use in improving the performance of cardiac catheterization laboratories through self-assessment and evaluation to effectively and efficiently improve quality and outcomes of care. The ACCF has also been a partner in developing Intersocietal Accreditation Commission programs for vascular, nuclear, echocardiography and magnetic resonance imaging laboratories.

**Approved by ACC Board of Trustees, March 5, 2005
(replaces statement previously approved in March 2004)**

Frequently Asked Questions – ACC Statement on Accreditation/Certification

Why does the ACC support physician participation in certification or laboratory accreditation programs?

The ACC supports a multi-faceted approach to quality improvement that integrates decision-making and outcomes measurement tools into everyday practice. Accreditation and certification alone do not ensure that patients receive optimal cardiovascular care. Physician certification and/or laboratory accreditation are only one piece of the quality improvement puzzle.

Accreditation and certification, taken together with ACC clinical guidelines and competency statements, Core Cardiology Training Symposium (COCATS) recommendations, appropriateness criteria, performance measures, and quality improvement tools such as the ACC National Cardiovascular Data Registry (ACC-NCDR®) and ACC-CathKit™, can help guide physician practice and improve patient outcomes. Development of an information technology infrastructure that supports these quality improvement tools is essential in a health care system that promotes accountability and value. Working collaboratively with all stakeholders — patients, legislators, regulators and payers — is an integral part of the quality improvement process.

How should these types of programs be designed?

The ACC strongly believes that each medical specialty should be afforded the opportunity and right to direct its own accreditation and certification process. Certification and accreditation programs should reflect the expertise of providers and the specific needs of patients. These programs must be designed with physician input, keeping in mind that clinician expertise and experience, not specialty designation, constitute clinical competence.

When will physicians need to comply with accreditation or certification programs?

The ACC supports a gradual approach to implementation of certification and accreditation programs. Physicians and their practices need adequate time to comply with standards that may be set forth by government and payers. Any proposed programs must include a reasonable timeline to ensure that physicians can meet deadlines without excessive burden to their patients or their practice. As precedent, the ACC has called for a four-year grace period to comply with training requirements set forth in a model local review policy for transthoracic echocardiography. A similar, and as least as generous, timeframe should be considered when implementing certification or accreditation standards for other imaging modalities.

Why does the ACC encourage payers to make accreditation or certification a mandatory condition of participation?

The ACC's decision to support mandatory accreditation as a condition of participation does not mean that the ACC endorses, supports or recommends universal and immediate application of accreditation or certification criteria developed by the government or private payers. The ACC supports accreditation and certification as a mechanism to improve quality, not as a growth- or cost-containment mechanism. The ACC is working with state and federal legislators, regulators and private payers to ensure that proposed accreditation or certification programs are aligned with clinical best practices for treating and managing patients with cardiovascular disease. Blanket approaches will not meet the needs of specific patient populations and will dilute the effectiveness of programs intended to promote quality improvements.

How will this policy impact patient care?

Any proposals that prevent patients from accessing qualified health providers in a timely way are unacceptable to the ACC. The ACC supports accreditation and certification programs that strive to improve quality of care without limiting patients' choice of qualified providers or access to medical services.