CardioSurve Newsletter

The Voice of U.S. Cardiologists

August 2016

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*.

Professional Pain Points

What is MACRA and how will it impact practices? Why is pre-authorization a continuing problem? Does ACC have tools or resources to help? What do cardiologists think about ABIM's new MOC alternative? What does the transformation of ACC governance mean for ACC members? How many CV specialists suffer from back pain? What does this mean for our profession?

In this August 2016 edition the CardioSurve Newsletter explores all of these emerging issues that affect the livelihood of cardiovascular specialists. It is through a better understanding of these pain points that the College can more thoroughly address the needs of the CV profession.

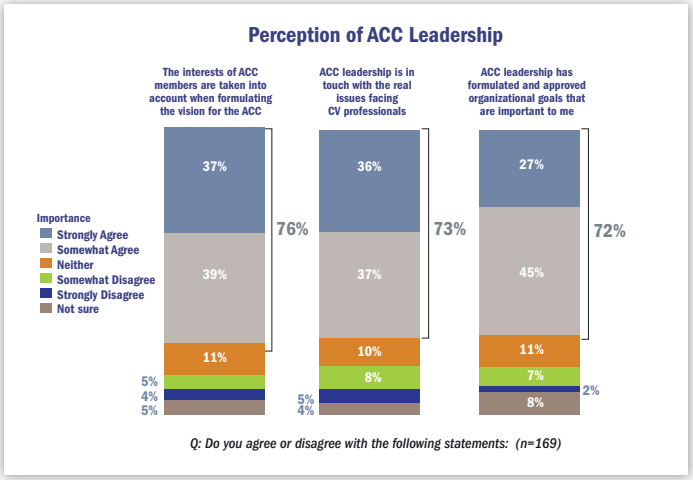
New Governance Structure Finding Support Among ACC Members

Over the last two decades, the ACC has seen significant growth and change in its organizational membership, size and mission. In an effort to address this growth and change, along with the significant and ongoing fluctuations in the health care environment, the College has started to implement revisions to its long-standing governance structures and processes that will be phased in between now and 2018.

At a broad level, the changes agreed upon by the ACC's Board of Trustees (BOT) in January 2016 are based on key principles for optimal governance that call for a smaller and more strategic board, with tactical decision making occurring at the committee level. Specific changes include a reduction in Board size from an initial 31 to 13 members by 2018; the creation of 6 Board standing committees, including a new Membership Committee; and a reduction in BOT officers to president, president-elect, secretary and treasurer. While many changes are starting to take place this year, there are still supporting details that will continue to be worked out over the next two years.

A recent Cardiosurve survey finds that ACC members are generally supportive of the new governance structure. Approximately half of cardiologists (48%) are very/extremely favorable toward the new ACC Governance structure, with only 2% not favorable and the rest not sure or undecided. Additionally, two out of five surveyed feel that the governance transformation will move the ACC in the right direction, with only 1% indicating the ACC is headed down the wrong track. Nearly 2 out of 3 FACCs (63%) also indicate that the new, smaller, strategy-focused, competency-based board will better guide the College than a larger representative board. Of the cardiologists who express uncertainty about the benefits of the new structure, nearly half (48%) still prefer the small board size, compared to only 16% who preferred a larger board. Only 1 out of 10 cardiologists feel that the new BOT is too small to adequately hear and represent the voice of ACC members.

The support for this new governance is likely buoyed by positive perceptions of ACC leadership and also by expectations of what the governance changes can produce. Approximately 3 out of 4



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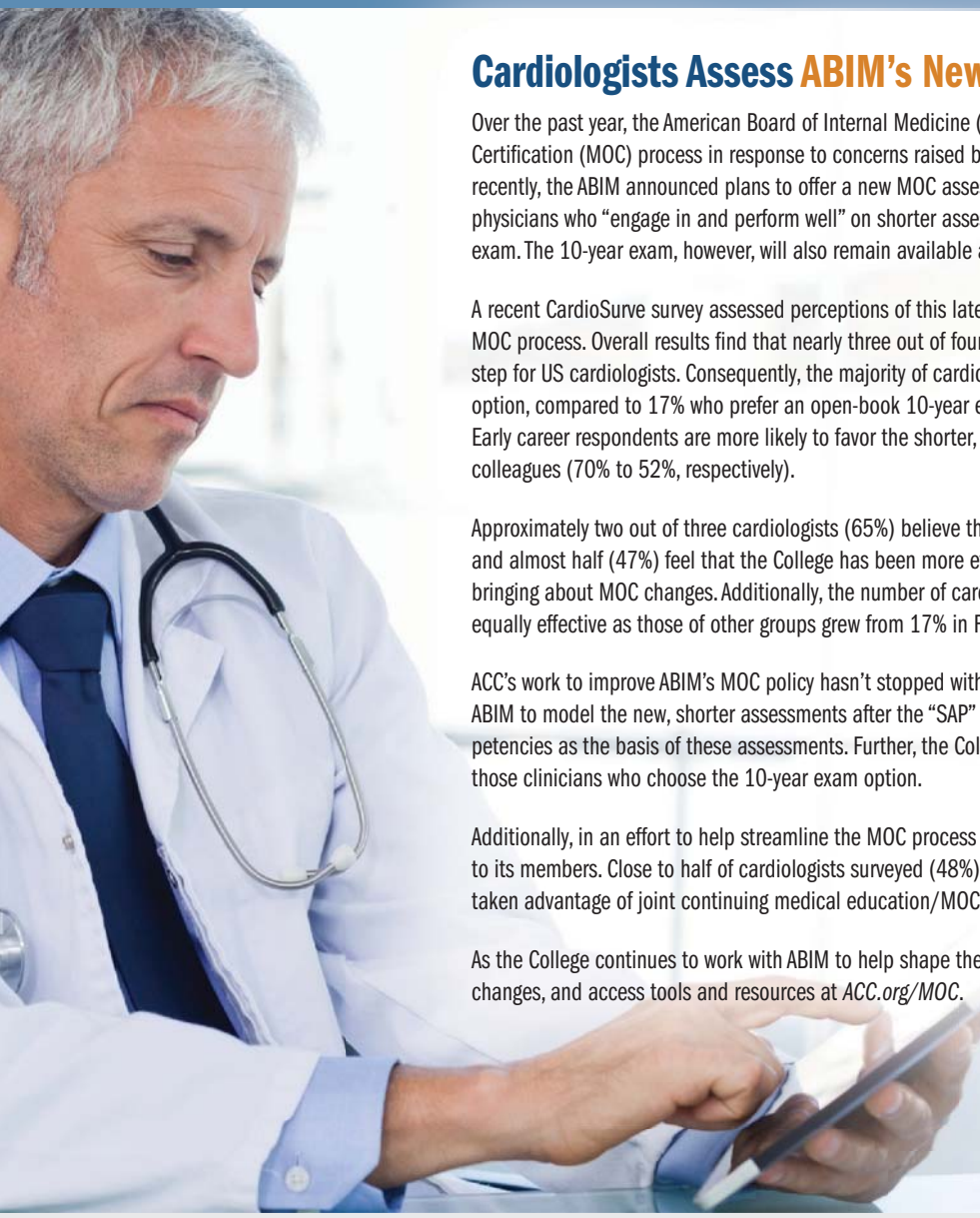

Cardiologists Assess ABIM's New MOC Alternative

Over the past year, the American Board of Internal Medicine (ABIM) has made substantial changes to its Maintenance of Certification (MOC) process in response to concerns raised by physicians and specialty organizations, including the ACC. Most recently, the ABIM announced plans to offer a new MOC assessment option beginning in January 2018. Under the new option, physicians who "engage in and perform well" on shorter assessments would have the option to test out of the current 10-year exam. The 10-year exam, however, will also remain available as a second option.

A recent CardioSurve survey assessed perceptions of this latest change, as well as the College's ongoing role in improving the MOC process. Overall results find that nearly three out of four cardiologists (74%) view this new offering from ABIM as a positive step for US cardiologists. Consequently, the majority of cardiologists (58%) also favor the shorter, more frequent assessment option, compared to 17% who prefer an open-book 10-year exam, and 5% who prefer the current 10-year board exam format. Early career respondents are more likely to favor the shorter, more frequent assessments, compared to their mid-to-late career colleagues (70% to 52%, respectively).

Approximately two out of three cardiologists (65%) believe the ACC had a very or extremely strong impact on the recent change and almost half (47%) feel that the College has been more effective than other professional societies and organizations in bringing about MOC changes. Additionally, the number of cardiologists who believe that ACC's ABIM lobbying efforts have been equally effective as those of other groups grew from 17% in February 2015 to 27% in May 2016.

ACC's work to improve ABIM's MOC policy hasn't stopped with the adoption of the new MOC alternative. The College is urging ABIM to model the new, shorter assessments after the "SAP" model and to use the 2016 ACC Lifelong learning Clinical Competencies as the basis of these assessments. Further, the College is also encouraging the adoption of an open-book format for those clinicians who choose the 10-year exam option.

Additionally, in an effort to help streamline the MOC process for clinicians, the College continues to offer free MOC resources to its members. Close to half of cardiologists surveyed (48%) indicate that they have used ACC's MOC resources via *ACC.org* or taken advantage of joint continuing medical education/MOC offerings at ACC.16.

As the College continues to work with ABIM to help shape the MOC process, members can stay-up-to-date on the latest MOC changes, and access tools and resources at *ACC.org/MOC*.

New Governance Structure Finding Support Among ACC Members

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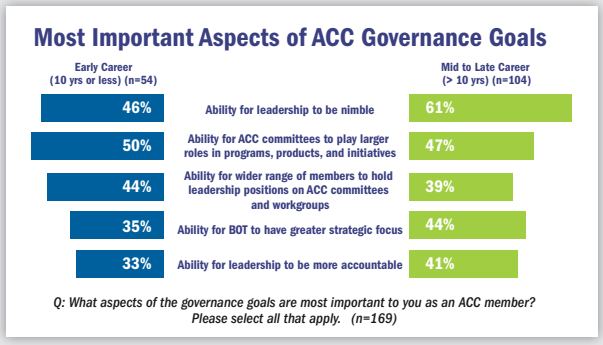
cardiologists agree that *the interests of ACC members are taken into account when formulating the ACC vision* (76%), that *ACC leadership is in touch with the real issues facing CV professionals* (73%), and that *ACC leadership has formulated and approved organizational goals that are important to members* (72%). In terms of expectations of these governance changes, while most mid-to-late career cardiologists believe that a nimble leadership is the most important goal, the early career cardiologists also view the ability for ACC committees to play larger roles in programs, products, and initiatives, and new leadership opportunities of equal importance to nimble leadership.



Moving forward, member feedback is a critical element to the College's efforts to bring greater clarity to the revised structure and process over the next couple years. ACC leaders are committed to listening and course-correcting as needed. As one member advises, "ACC needs to effectively represent different sections, needs to represent diverse interests." Learn more about the ACC's governance structure in the "About ACC" section of *ACC.org*.

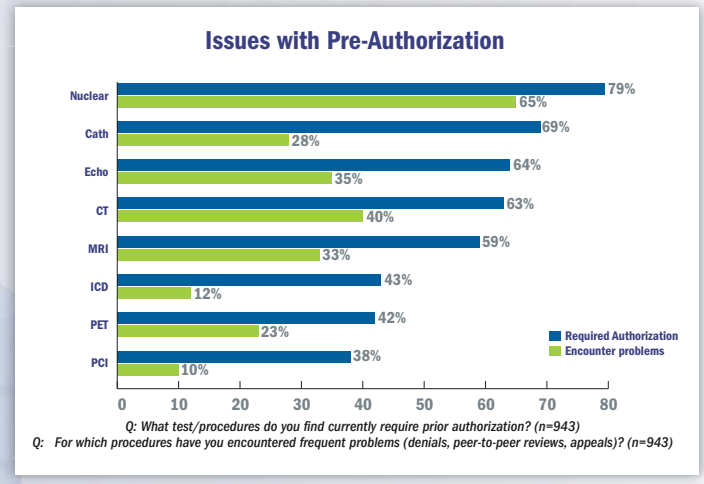
MACRA and AUC: Two Critical Emerging Issues For ACC's BOG

Periodically the ACC surveys members of its state Chapters to determine the most pressing emerging issues facing cardiovascular medicine. This member feedback helps to shape the agenda of ACC's Board of Governors (BOG), which serves as the grassroots link between the local Chapters and the broader ACC. The emerging issues survey conducted this past spring focused on the *Medicare Access and CHIP Reauthorization Act* (MACRA) and procedure denials and test substitutions.

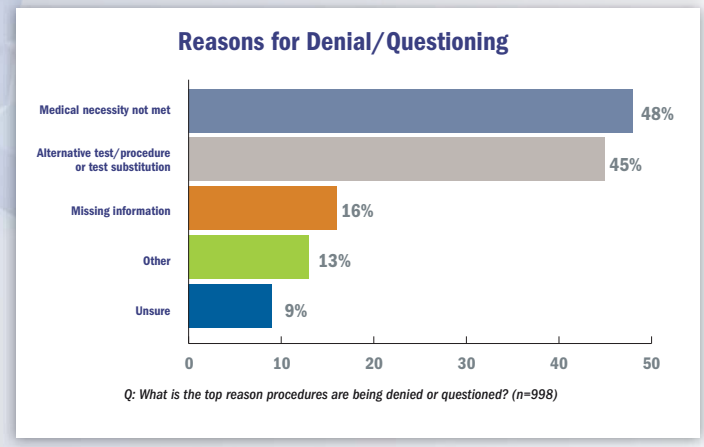
MACRA, which was passed in April 2015, permanently repealed the Sustainable Growth Rate, established a framework for rewarding clinicians for value over volume, streamlined quality reporting programs into one system, and reauthorized two years of funding for the Children's Health Insurance Program (CHIP). As with many laws, MACRA is written with broad directions that will be implemented through more specific regulations by the federal agencies in the coming months and years. However, educating cardiovascular specialists about this legislation's complexities and requirements is critical today.

According to the survey, work still needs to be done. Less than one out of three clinicians (30%) report familiarity with the legislation, compared to 66% who are not familiar. Additionally, only one out of five clinicians (19%) state that they are prepared to move away from the current fee-for-service model by 2018 as planned, while 39% are not ready and an additional 42% are not sure. Only 24% of cardiovascular professionals report participation in an alternative payment model. Encouragingly, a majority of clinicians (75%) are interested in learning more about MACRA, with most preferring webinars (77%) over presentations at either chapter meetings (44%) or at ACC's Annual Scientific Session (36%).

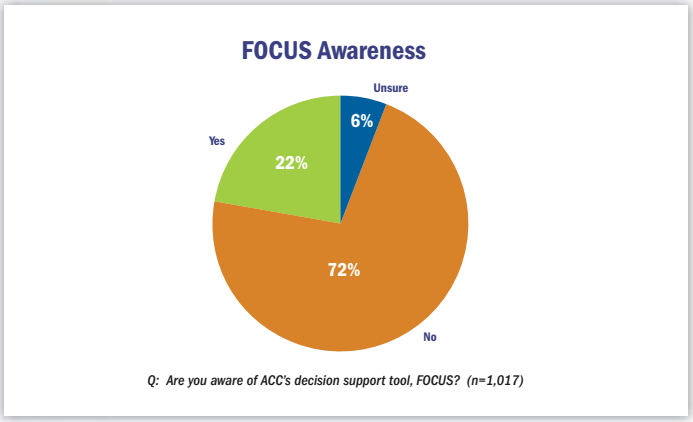
Pre-authorization is another pain point for clinicians with the majority (70%) reporting that pre-authorization has affected their practice by creating delays, increasing overhead and taking time away from patient care and interaction, among other issues. Nuclear procedures are most likely to require pre-authorization (79%), followed by cath (69%), echo (64%), CT (63%) and MRI (59%). Nuclear also receives the highest number of denials, peer-to-peer reviews and appeals. According to clinicians, the primary reasons for procedure denial are "medical necessity not met" (48%) and "alternative test" (45%). Clinicians say that more than three quarters (78%) of denials issued are in conflict with ACC's appropriate use criteria (AUC).



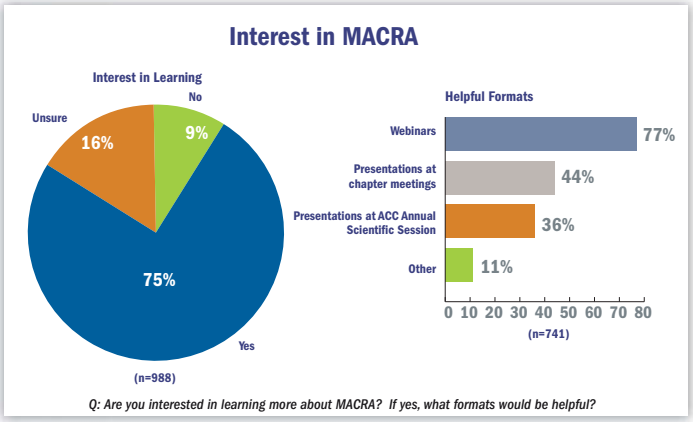
Q: What test/procedures do you find currently require prior authorization? (n=943)
Q: For which procedures have you encountered frequent problems (denials, peer-to-peer reviews, appeals)? (n=943)



Q: What is the top reason procedures are being denied or questioned? (n=998)



Q: Are you aware of ACC's decision support tool, FOCUS? (n=1,017)



Q: Are you interested in learning more about MACRA? If yes, what formats would be helpful?

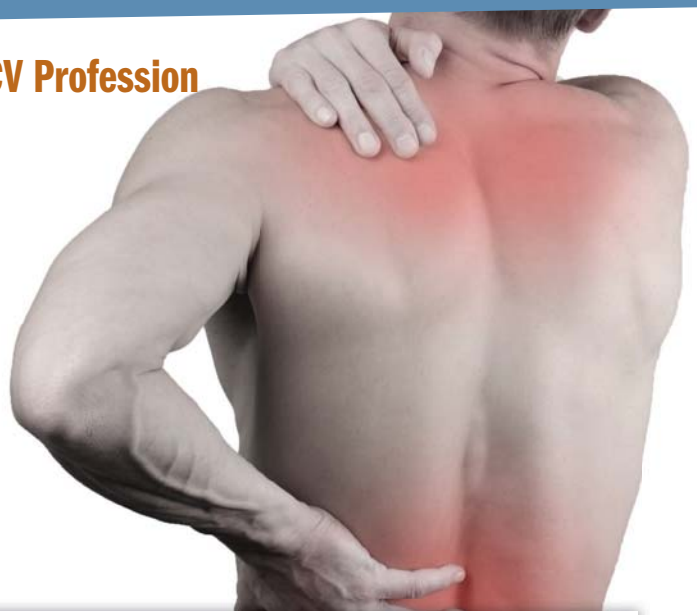
The vast majority of clinicians surveyed (94%) report addressing pre-authorization problems weekly and nearly all (92%) have staff dedicated solely to the pre-authorization process (with more than 50% having up to three staff members). Unfortunately, most members (72%) tend to be unaware of ACC's FOCUS decision support tool to help with AUC and pre-authorization issues, and are not currently using any type of decision tool for imaging (85%). However, two out of five (41%) say they would be very likely to use FOCUS or a point-of-care alternative to pre-authorization. Additionally, more than half (55%) of CV professionals indicate that they would be very likely to participate in an ACC initiative to create a database or repository for insurance denials and test substitutions which conflict with ACC Guidelines and AUC.

Interestingly, the Protecting Access to Medicare Act of 2014 (H.R. 4302) includes a provision requiring professionals to consult with AUC through a clinical decision support (CDS) mechanism for all Medicare patients who receive advanced imaging (cardiac nuclear, CT, MR) beginning in January 2018. The ACC was recently informed that it meets requirements to be a qualified "provider-led entity" (PLE) to develop and modify AUC under the Medicare AUC program for advanced diagnostic imaging. According to the Chapter survey, two-fifths of clinicians (39%) are aware of this mandate and three-fifths (59%) are at least somewhat prepared to meet the mandate.

The College is committed to keeping its members informed and educated about MACRA, with a content-rich online hub located at *ACC.org/MACRA*. In addition, members seeking more information about the FOCUS tool and issues surrounding pre-authorization and the AUC Mandate can visit *ACC.org/FOCUS*.

Clinical Spotlight: Back Pain – The Scourge of the CV Profession

By David Nagelhout, MD, FACC



Recent developments within the ACC Board of Governors have shed some light on a common situation in cardiology. Spine problems are the scourge of our profession. In my practice alone at least 25% of the cardiologists have had back or neck problems. There have been studies done in the last 10 to 20 years that have outlined this problem; some of these studies show that up to 50% of interventional cardiologists suffer from spine problems. I have had three back surgeries myself and had to give up doing interventional cardiology several years ago. How many cardiologists are standing in the back of the room during meetings with their leg up against the wall, constantly trying to reposition to prevent sciatic pain, numbness in their legs or arms? How many are running in and out of conference rooms because they can't sit for extended lengths of time? I know I was one of those individuals for several years.

To better quantify this trend among the profession, a recent CardioSurve survey revealed that nearly half of cardiologists (48%) indicate that they are plagued by back, neck or leg problems. Of these cardiologists, 7 out of 10 (70%) believe their own health issues are caused by or negatively impacted by their work. As a fellow cardiologist warns, "We worry now about our health. There are less of us to go around."

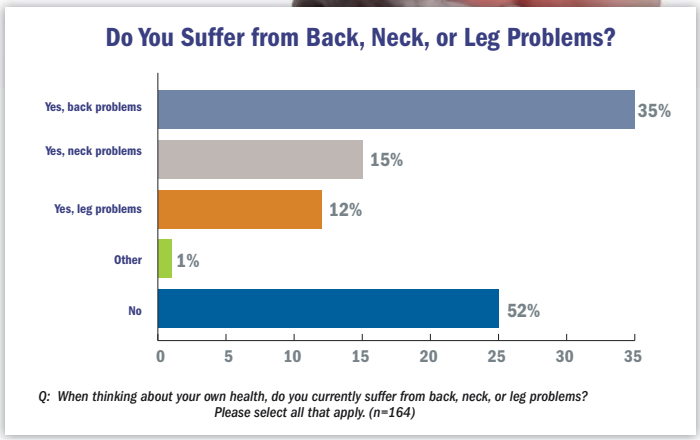
According to the survey, back problems are most prevalent among all cardiologists at 35%, followed by neck problems (15%) and leg problems (12%). Of note, early career cardiologists indicate suffering from back problems (30%) at nearly the same level as their more tenured colleagues (35%). However, fewer early career clinicians report neck and leg problems than those with a decade or more in the field. Fortunately for the majority of clinicians who report back, neck or leg issues, (85%), their physical ailments have not required a surgical procedure.

Across cardiovascular specialties, electrophysiologists (54%) have slightly more back, neck or leg problems than their interventional, pediatric or general cardiology peers. The vast majority of interventional cardiologists (95%) attribute their physical problems to their jobs, more so than their colleagues in other cardiovascular specialties.

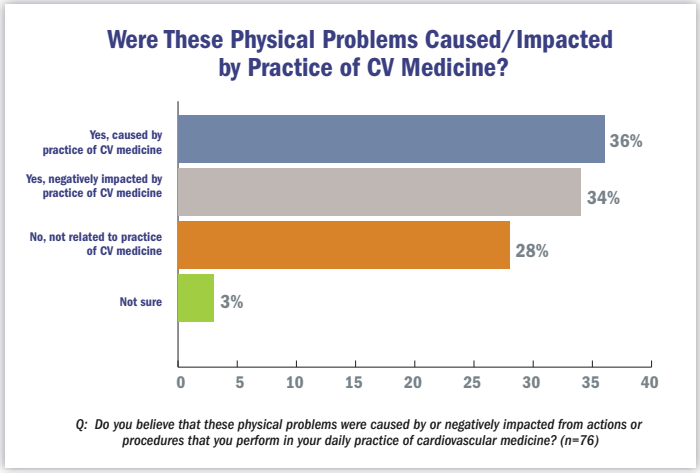
Given the future expectations of workforce shortages in cardiology, what impact are these physical problems having on the desire of cardiologists to continue serving in their current roles? Surprisingly, half of all cardiologists (50%) who suffer back, neck or leg problems have considered a reduction in services, and more than one-third (35%) have contemplated an early retirement. The length of time in practice definitely impacts the perspective of cardiologists as they consider their workload levels and their current practice of medicine. Mid- to late-career cardiologists are much more likely to contemplate a reduction in services (60%) or even early retirement (49%) as compared to their younger colleagues. As one cardiologist states, "Cervical neck problems from wearing a lead apron has caused problems (and retirement) of many of the early operators due to very long procedures back in the 1980s and 1990s."

For those who are not currently experiencing back, neck or leg problems, almost two out of three (64%) are not overly concerned about the possibility of future health problems preventing them from practicing cardiovascular medicine. As one late career cardiologist expresses, "I'm lucky. I have been in the cath lab for almost 40 years without orthopedic issues. Now using Zero Gravity and wish I had it 40 years ago."

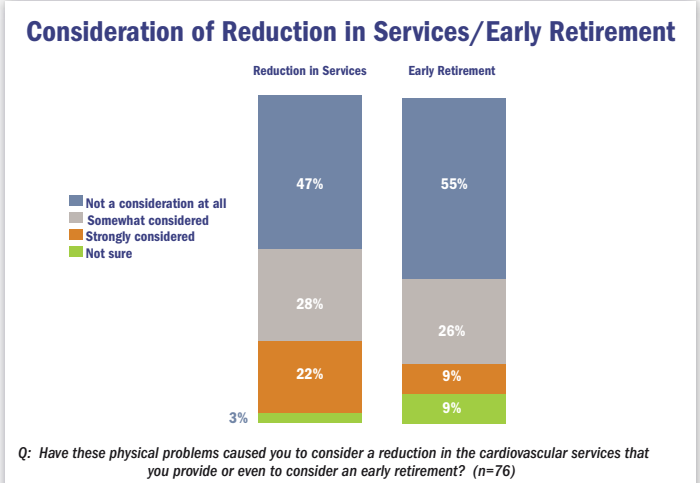
While patient needs have been and will continue to be of the highest importance to cardiovascular professionals, clinician health, comfort and safety must be strongly considered, especially given the expected future shortage of cardiovascular professionals. We tend to be a macho profession and we always soldier on despite these types of problems. If any other profession had this degree of disability, I think measures would have been taken, and if this was a union-based profession there is no question this would have been handled differently over the years. I think we owe it to our Fellows in Training and early career professionals to deal with this issue.



Q: When thinking about your own health, do you currently suffer from back, neck, or leg problems? Please select all that apply. (n=164)



Q: Do you believe that these physical problems were caused by or negatively impacted from actions or procedures that you perform in your daily practice of cardiovascular medicine? (n=76)



Q: Have these physical problems caused you to consider a reduction in the cardiovascular services that you provide or even to consider an early retirement? (n=76)