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CardioSurve Newsletter

The Voice of U.S. Cardiologists

CARDIOSURVE

ISSUE HIGHLIGHTS

The Burdened HeART of Medicine

Perhaps more so now than ever before has the practice of medicine become a vocation as cardiologists are faced with new ownership structures and employers, additional requirements to an already loaded licensure, and the need to understand the business of medicine in addition to staying abreast of the latest developments and scientific guidelines when treating patients. Clearly, the art of practicing medicine is not for the weak of heart.

" The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head." Sir William Osler

This edition of the *CardioSurve Newsletter* seeks to not only highlight the challenges of cardiology today, but to also look for solutions that can help soften the burden our cardiovascular professionals face. We applaud their commitment to both the profession and their patients, and appreciate the sacrifices that they continue to make to support their art.

The Evolution of the CV Practice Landscape

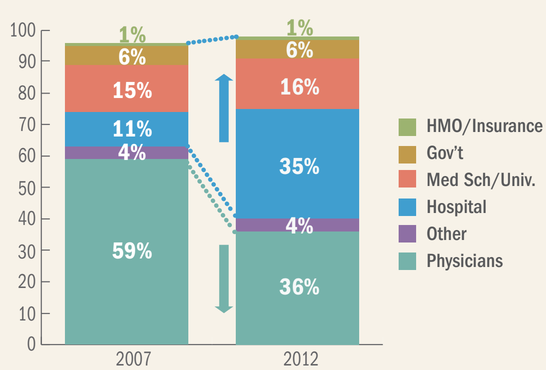
The intersection of health reform implementation, ongoing cuts to Medicare reimbursement and a growing population living with or at risk of heart disease continues to test the limits of the U.S. health care system and physician practice models as we currently know them.

An ACC survey conducted in summer 2012 of more than 2,500 practices provides a comprehensive snapshot of the current cardiology practice climate. CV physicians and administrators from all 50 U.S. states and Puerto Rico provide valuable insight into the state of the cardiovascular practice and the continuing trend toward hospital integration.

According to the survey, while physicians remain the primary owner for the majority of cardiovascular practices, the number of physician-owned practices continues to decline, while hospital ownership is on the rise. Compared to 2007 when physicians owned 73% of practices and hospitals owned 8%, the new data shows only 60% of practices are now physician-owned, while 24% are hospital-owned. Larger practices are more likely to integrate and, as such, it is not surprising that the number of cardiovascular professionals working for hospitals has also increased. According to the census, an equal percentage of practitioners (35%) are now currently employed by hospitals or are physician-owned, compared to 2007 when 59% of practitioners were in private practice and only 11% were employed by hospitals.

Evolution of Practice Ownership by Practitioners

Over the past five years, the number of cardiologists working for hospitals has more than tripled and now the number of cardiologists who are employed by hospitals and physician-owned is at parity.



The good news is that of the 556 practices that have merged or integrated, 68% reported the practice climate is either better or about the same as before. However, two out of 10 practices did report changes for the worse. Some of the biggest challenges facing hospital-owned practices, according to survey respondents, include workflow management (38%), hospital/practice alignment (40%), reimbursement (49%), Medicare cuts (56%) and health information technology implementation (36%).

The remaining private practices continue to look for options that improve the quality and efficiency of their practices, while also providing additional revenue. Continued cuts to Medicare physician payments, as well as reimbursement in general,

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A New Beginning or Burden? The Perspective of Early Career Members

To better support the needs of cardiologists beginning their career in medicine, the ACC launched the early career professionals membership section in November 2011. The section serves members who have completed fellowship within the past seven years. Complimentary for cardiologist members within their first two years of practice, the section provides its members with a forum to learn, share knowledge and grow, as well as a voice within the College.

A recent survey of 240 ACC early career members showed that there continues to be several opportunities to support cardiologists in their early career.

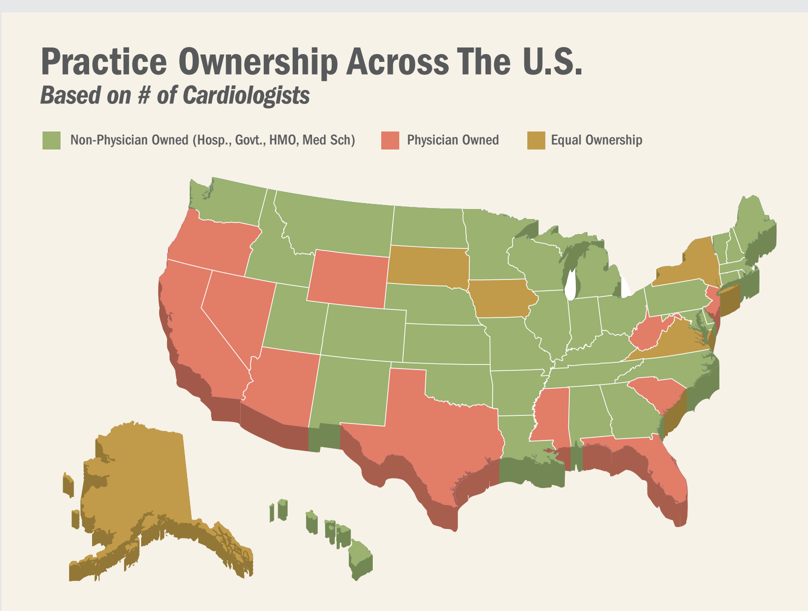
Cardiologists starting out in their career are burdened with not only managing their time, but also navigating the complexities of business. Survey results reveal that time management (60%) and reimbursement, coding and billing complexities (52%) are the biggest challenges cardiologists face when transitioning from training to practice. In fact, business tools (70%) were identified as the most valuable resource to support this transition followed by work-life balance support (45%) and finance tools (45%).

Given their struggles with the business aspects of their practice, they look to the ACC to provide assistance in a wide variety of areas from billing and coding (23%) to job placement (20%) to leadership development opportunities (20%) and to financial planning (18%). This is in addition to the clinical education resources that the ACC already provides to these members.

While the *Journal of the American College of Cardiology (JACC)* (87%) and the *New England Journal of Medicine (NEJM)* (55%) were cited as the most useful journals to the early career cardiologists, UpToDate.com (71%) and CardioSource.org (67%) top the list of online resources. For this tech-savvy generation, their top mobile app is CardioSource Mobile (20%) followed by *JACC* for iPad (19%) with Epocrates and MedScape also listed as other popular mobile apps.

Given these struggles at this phase of their career, unfortunately, the early career physicians tend to be a less satisfied group. In addition to the business complexities of practicing medicine, these early career physicians also feel there is a burden of re-certification, which offers ACC an opportunity to provide additional tools to support MOC and certification requirements.

Recognizing all of these present challenges for young professionals, the ACC's Early Career Professionals Council is dedicated to providing support and resources for early career cardiologists to conquer the unique set of career stage and professional challenges. They are tasked with identifying the needs of early career professionals and informing College programs to meet their needs, in addition to supporting relevant career development activities and networking, and fostering professionalism, engagement and leadership in College activities. To that end, the Council is currently working on offering a grants database to ACC members and developing a new mentorship program in addition to including articles on members' top challenges in their quarterly e-newsletter. More information about the section and materials to support early career physicians are available at *CardioSource.org/earlycareer*.



The Evolution of the CV Practice Landscape

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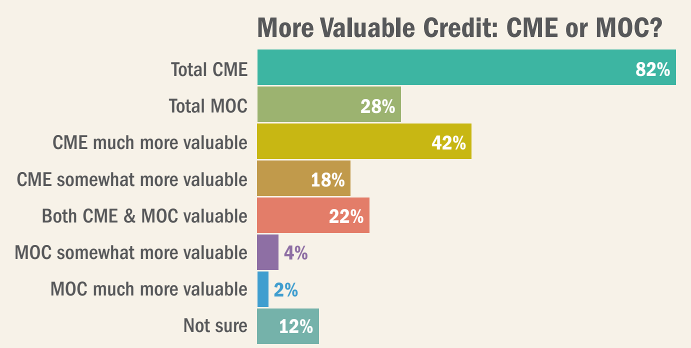
are by far the top two issues keeping more than 70% of private practitioners awake at night. As a result, coding and billing and expense management are also major challenges highlighted by private practice providers.

The continued challenges and changes to the cardiovascular practice landscape highlighted by the survey results demand that cardiovascular professionals, as well as organizations like the ACC, move forward with creative and workable solutions to meet the needs of new practice models, as well as help current private practices maintain their viability. This includes looking at new payment models, outside of the current fee-for-service system; continuing with education around evolving models of cardiovascular care; developing and/or using quality tools to improve upon and/or ensure appropriate care; and helping patients take a more active role in their care.

Challenges to Maintenance of Certification

Maintenance of Certification (MOC) programs aim to promote lifelong learning and the enhancement of the clinical judgment and skills essential for high quality patient care. Introduced in 2000 as a part of an evolution in recertification to support continuous professional development, MOC is a four-part process that requires ongoing measurement of six core competencies – professionalism, patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, and systems-based practice.

Cardiologists who completed training as of 1990 are required to receive certification through continuous learning, MOC, programs. However, the physicians who are not required to recertify are strongly encouraged to do so since the program contributes to improving the quality of care delivered to patients. A 2012 CardioSurve survey showed that the majority of cardiologists (51%) say that they have enrolled in MOC and are at various stages of the completion process. Additionally, almost one out of four cardiologists (22%) indicate that they plan to enroll in MOC this year, while another one out of four (26%) have no plans to enroll or are unsure.



Q: What credit do you find more valuable CME or MOC? (n=669)

How do most cardiologists view MOC? In the summer of 2011 a survey of 718 ACC members explored MOC perceptions. The findings show that most cardiologists (56%) do not believe that the benefits of MOC outweigh the costs and effort, and a nearly three to one ratio of cardiologists say that the credit gained by continuing medical education (CME) is more valuable than MOC. They also feel that educational programs and e-learning (65%) would be the most useful MOC tools, followed by practice improvement modules (PIMs) (49%) and MOC process guidance (46%).

The overall perception of MOC gathered from physician feedback shows that a need exists to change the MOC process so that it is more relevant, less expensive, has better milestones and less resource intensive. Cardiologists would also like to see more opportunities to apply CME to MOC.

> **“ It takes a lot of time away from my work to devote to recertification. I have three separate boards that I have to recertify every ten years. There is also the cost factor which I feel is very high when it comes to review material, courses and the cost of the MOC itself. ”**
>
> *Interventional cardiologist in Texas*

In an effort to address these concerns, the ACC recently launched a new Lifelong Learning Portfolio section on *CardioSource.org* to enable members to design, access, and fulfill their own personalized curriculum based on their own interest areas, preferred learning formats, and practice gap areas. A new “My Transcript/My MOC Tool” can help members understand changing certification requirements and track their progress in CME and MOC. In addition, any credits earned through the ACC will be automatically transmitted into an individual’s portfolio, while any credits earned outside the ACC can be manually entered and scanned to maintain a complete transcript.

Clearly there is a need to enhance cardiovascular education in a way that targets it to individual practice needs. The ACC Lifelong Learning Portfolio and supporting tools are a few ways to help address these contemporary MOC challenges.

CardioSurve Panoply

The following items are a collection of other interesting insights gleaned from CardioSurve:

Only one out of five (19%) of cardiologists believe that social media channels are a very effective tool for health care professionals to share insight on medical news, research developments and treatments. Consequently, only 19% of cardiologists are currently participating in or visiting any social media channels for professional or practice-related reasons.
(Source: July 2012 CardioSurve)

The top three reasons why cardiologists do not participate in any social media channels for professional/practice-related reasons are: privacy issues (64%), not enough time (49%), and potential risk implications for practice (46%).
(Source: July 2012 CardioSurve)

Only one out of six (16%) cardiologists currently participate in an online community. Of those that do, CardioExchange and Doximity are the most popular platforms. Nearly one out of three (29%) cardiologists believe that the ACC should provide its members with an online community, however, 50% are unsure.
(Source: July 2012 CardioSurve)

Eight out of 10 cardiologists (80%) are familiar with at least one new payment reform model. Among those reform models the top two they are most familiar with are bundled payment for episode of care (68%) or bonuses based on quality or cost outcomes (61%).
(Source: September 2012 CardioSurve)

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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.

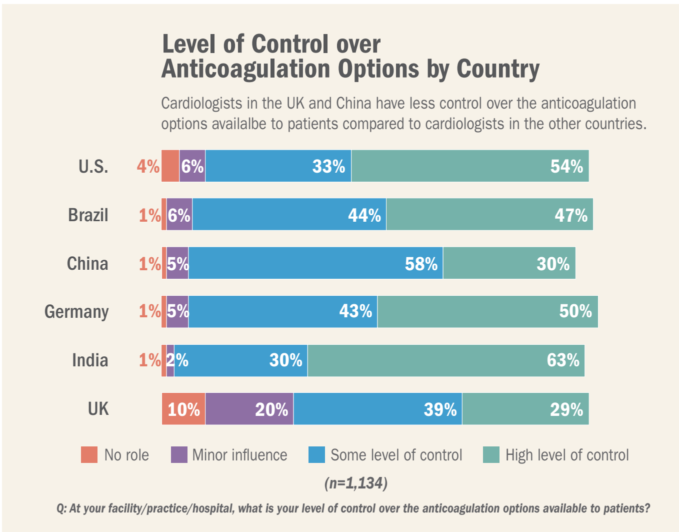
Assessing International Perceptions of AF Care: First Findings from the ACC's TREAT-RISK Project

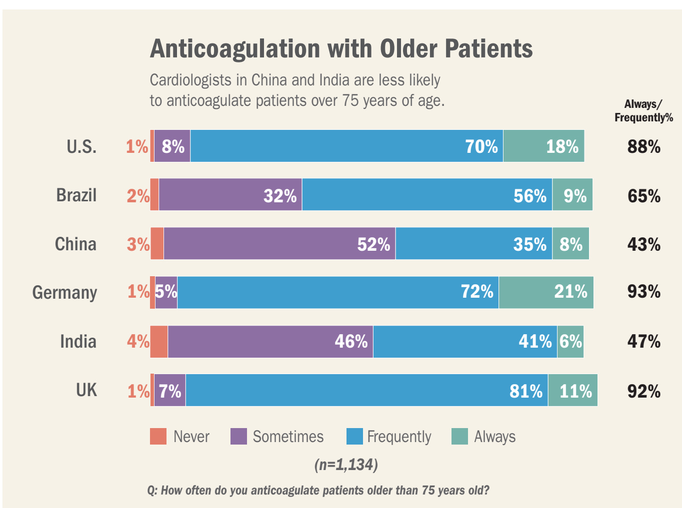
Research from the ACC's PINNACLE Registry® indicates that in the U.S. anticoagulation therapy for eligible patients with atrial fibrillation (AF) is suboptimal and varies widely from practice to practice[1]. Less well understood are global anticoagulation patterns, especially in emerging markets. Even in developed countries, understanding the perceptual and systemic issues underlying suboptimal anticoagulation rates requires further investigation.

To develop a broader understanding of the causes of gaps in anticoagulation for eligible patients, the ACC launched Project TREAT-RISK (Transnational Evaluation of AF Therapy for the Reduction of Ischemic Stroke). Results from TREAT-RISK will help inform the ACC's AF-focused quality improvement programs, including awareness building, educational programs and tools.

The first stage of TREAT-RISK included a major transnational survey of AF treatment patterns from June to July 2012. A total of 1,134 cardiologists responded and were based in the U.S. (232), Brazil (261), China (145), Germany (125), India (218) and the United Kingdom (U.K.) (153).

The survey showed that AF treatment is a global concern for practicing cardiologists, as nearly all cardiologists surveyed currently treat patients with AF: 99% in the U.K., 97% in the U.S., 96% in Germany, and 95% in Brazil, China and India. AF patient prevalence was consistent across country, practice setting and gender.





Cardiologists in all six countries report that they prescribe warfarin or another anticoagulant for the majority of their eligible AF patients, with the highest mean rate in the U.S. (82%) and the lowest in China (58%). Furthermore, in the U.S. and U.K., 27% and 24% of cardiologists respectively stated that they prescribe an anticoagulant for 100% of their eligible patients.

In all countries, a strong majority of providers stated that balancing stroke prevention and bleeding is their primary objective when contemplating an anticoagulation strategy, though considerable minorities in Germany (27%), Brazil (20%), and the U.S. (16%) replied that ischemic stroke prevention is the primary objective.

Cardiologists in India and China were least likely to prescribe an anticoagulant for patients over age 75, with only 47% and 43%, respectively, reporting that they "always" or "frequently" anticoagulate these patients. Cardiologists in Germany (93%), the U.K. (92%), and the U.S. (88%) were far more likely to always or frequently anticoagulate patients over age 75, followed by cardiologists in Brazil (65%).

Across all countries, most cardiologists (72%) would consider switching patients from warfarin to a novel oral anticoagulant. Stroke prevention efficacy (57%) and bleeding risk (52%) were selected as two of the "most important" factors considered when switching patients from warfarin to a novel oral anticoagulant, followed by ease of use (39%). Stroke prevention efficacy was most important to cardiologists in the U.S. and U.K.

Many of the issues with anticoagulation using warfarin are at least generally understood: safety, bleed risk, patient preference, and stroke prevention efficacy. The introduction of novel oral anticoagulants has added cost as a further consideration.

Willingness to prescribe a novel oral anticoagulant drops considerably, across all countries – from 72% when cost is not a factor to 17% when cost is considered. Cost is a more central concern in India, Brazil, and the U.S. These findings may be expected, as cardiologists report that patients in India and Brazil are most likely to pay out of pocket for an anticoagulation treatment while the government is the primary payer in Germany and the U.K. Patients in the U.S. and China typically pay for treatment themselves, in conjunction with government and private payers.

Control over anticoagulation options in the care setting is another factor impacting the introduction of new anticoagulants. Nearly all cardiologists (87%) have some level of control over anticoagulation options and nearly half (47%) report a "high level" control.

The ACC will continue to analyze and release findings from the TREAT-RISK Project in the months ahead. Issues of balancing stroke risk against bleeding risk, perceptions of bleeding risk, and the impact of comorbidities and other attendant medication therapies also surfaced in the survey findings and should prove a rich vein for continued investigation. In addition, the College is currently in the early stages of developing a comprehensive initiative to address gaps in treatment of anticoagulation therapy and to encourage compliance with guideline-recommended care.

[1] Chan PS, Maddox TM, Tang F, Spinler S, Spertus JA. Practice-level variation in warfarin use among outpatients with atrial fibrillation (from the NCDR PINNACLE Program). *American Journal of Cardiology*. 2011; 108:1136-1140