February–March/Issue 4

CardioSurve Newsletter

The Voice of U.S. Cardiologists

ISSUE HIGHLIGHTS

- Practice Transformation Impacting ACC Members
- Carving Out a Role in Health Care Policy Efforts
- From the Hospital Perspective
- Diabetes Management Tools For Cardiologists

Navigating the Changing World of Cardiovascular Practice

Over the past decade, the cardiovascular profession has endured a vast array of issues that are testing its infrastructure. Declining reimbursements, the rising costs of technological advances and operations, staffing shortages, changes in recertification, and a host of other challenges have served to threaten practice viability, particularly for private practice.

Given the seriousness of these problems confronting cardiovascular professionals today, this edition of the CardioSurve Newsletter is focused on exploring practice transformation from several different perspectives. Our research looks at the view of practice change and ACC quality improvement initiatives from the ACC's Board of Governors and our members. We then focus on health reform strategies and what specific issues are most troubling to cardiologists and which ones they believe that the ACC can positively impact. Finally, perceptions of the cardiovascular service line within the hospital setting complete our insight into the changing world of CV practice.

It is with an introspective lens that the profession is responding to this wave of change. ■

"What lies behind us and what lies before us are tiny matters compared to what lies within us."

~ Oliver Wendell Holmes

Practice Transformation Impacting ACC Members and Leaders

"The reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself."

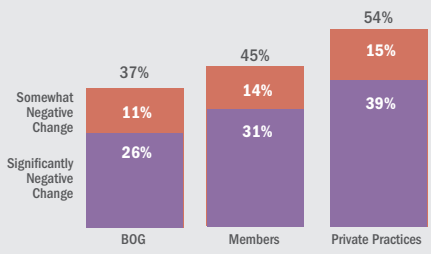
~George Bernard Shaw

The medical profession continues to be in the middle of unprecedented social, political and economic change that dramatically affects how cardiovascular specialists provide care. While most cardiologists around the country still classify themselves in a private practice setting, about one-third of these practices are now operating within a hospital setting or are very closely tied to one.

These practice changes require not only cardiovascular care providers to rethink processes, but the American College of Cardiology (ACC) as well. To better understand these transformations, a November 2011 CardioSurve survey looked to identify the current sentiment of ACC members, as well as ACC leaders, about the state of their practices; the importance and relevance of key issues related to practice management; and how the ACC can best provide support in this time of change.

Not surprisingly, the survey data show ACC leaders – in this case the College's Board of Governors (BOG) – are experiencing many of the same challenges as ACC members. Both groups believe the business of practicing cardiology has been negatively affected in the past year. There is also a general consensus regarding a lack of confidence among cardiovascular professionals in how to navigate these changes.

Degree and Direction of Change in Practice



Q: How would you best describe the business nature of your practice? Did this change have a positive, negative or neutral effect on your practice? (BOG n=38) (Members n=160) (Private Practices n=94)

In terms of the ACC's role in helping members successfully navigate the constantly changing landscape, both groups believe the ACC is providing solid support to practices. The majority of members (71%) and BOG leaders (79%) say ACC leadership is in touch with the real issues that cardiologists face, and nearly 3 out of 4 members (73%) believe that ACC leadership communicates well to the membership.

BOG leaders and members do diverge when it comes to identifying the most important elements to success. While

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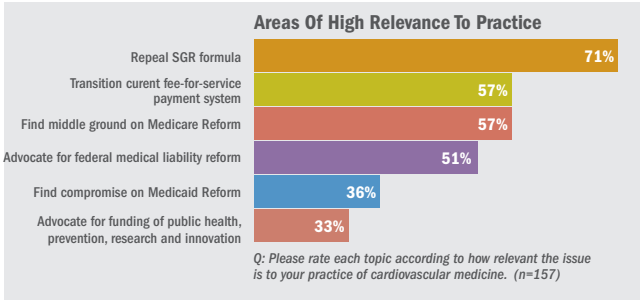
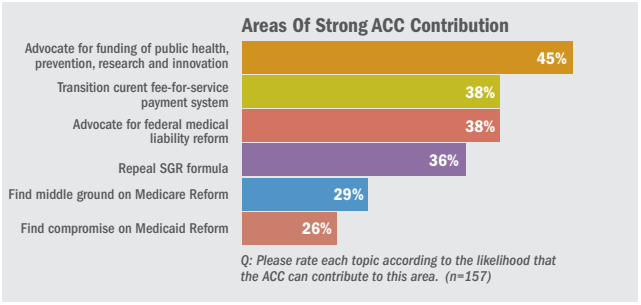
Carving Out a Role in Health Care Policy Efforts

Despite stunning technological and therapeutic advances in U.S. health care in the past two decades, the precipitous increases in health care spending have led to stronger efforts by Congress, state and federal regulators, payers and others to look at ways to control costs. Real solutions to these problems exist, but policymakers are widely divided along party lines, which has created grid-lock in moving toward viable "middle of the road" strategies to both improve care and reduce spending. The question then becomes: Is there a role for cardiology in helping to find that middle ground?

A September 2011 CardioSurve survey attempts to answer this question by providing a glimpse at the issues that are top-of-mind for cardiovascular professionals. Even more importantly, the survey looks at the specific policy areas where cardiovascular professionals feel the American College of Cardiology (ACC) can play a major role in bringing about change, and other areas, while still important, where the College's contributions may not be as effective.

Overall, the issues ranking highest in terms of relevance to cardiovascular practices include repealing the flawed Sustainable Growth Rate (SGR) formula used to calculate Medicare physician payment (71%); transitioning the current fee-for-service payment system to one that lowers costs and rewards improved care coordination and outcomes (57%); finding a middle ground on Medicare reform (57%); and advocating for federal medical liability reforms (51%). Further analysis reveals that private practice members are most interested in a repeal of the SGR (85%) and Medicare reform (70%); however, transitioning from fee-for-service (57%) was the highest priority for those not in private practice.





In terms of ACC impact, survey respondents ranked advocating for ongoing funding for public health prevention, research and innovation (45%), transitioning from fee-for-service (38%), and advocating to reform medical liability (38%) as the areas where the ACC can make the greatest contributions. In terms of repealing the SGR formula, members are divided. Slightly more than 1 out of 3 members (36%) believe that ACC can make a strong contribution to repealing SGR, however, a considerable block of members (20%) feel that the ACC will have less of an impact on it. Similarly, the members are split on the impact that the ACC can have on finding a middle ground on Medicare reform. More than 1 out of 4 (29%) members believe that the ACC can make a positive difference on Medicare reform, while approximately 1 out of 6 (16%) members feel that the ACC has less likelihood to contribute to its reform.

When it comes to advocating for the cardiovascular profession regarding health reform implementation, nearly 60% of ACC members believe the College is doing a good job. Broken down by practice setting, 55% of private practitioners gave the College high marks, compared to 62% of respondents not in private practice. Data from the survey suggest that the ACC can further build on this success by prioritizing its resources to focus on transitioning from the current fee-for-service payment model. In addition, continuing to advocate for research and prevention funding will resonate with non-private practitioners, while finding a middle ground on Medicare reforms and working to ensure federal medical liability reforms will appeal to those in private practice.

Practice Transformation Impacting ACC Members and Leaders

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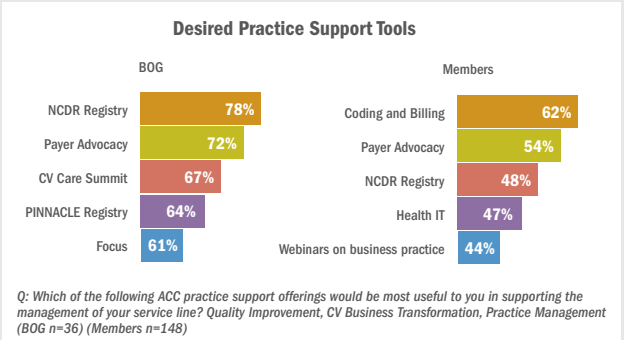
both groups rate "quality improvement (QI)" highest in importance, members migrate to practice support tools that they believe will provide the payment innovation needed to be financially viable, such as coding and billing and health information technology. Meanwhile, BOG members identify specific ACC programs and tools like the National Cardiovascular Data Registry (NCDR®), the CV Care Summit, PINNACLE Registry™, and FOCUS imaging tool as most useful.

Participation in ACC QI activities is typically higher among leadership with NCDR participation the highest at 86% for the BOG and 46% for members. Furthermore, slightly more than 1 out of 3 members (36%) are not participating in any registry. Lack of funding and staff time are commonly cited reasons for inability to participate in a registry.

Overall, members and the BOG believe the ACC's quality improvement offerings specifically designed to assist practices can be enhanced by:

- Placing an emphasis on the bottom-line benefits to a practice
- Providing informational sessions that can be delivered in-person or through lower cost alternatives such as webinars which might provide more traction and diversity in the information delivery portfolio
- Linking QI with CME or MOC credit since members are placing a stronger emphasis on products that reduce their recertification burden
- Making the offerings more relevant to practices by focusing on regional or state level issues as well as those unique to CV specialty areas.



In the end, both BOG leaders and members view the ACC as a beneficial source committed to helping them manage the ever-changing practice landscape. For more information on ACC's QI programs, please visit *CardioSource.org/QualityPrograms.*

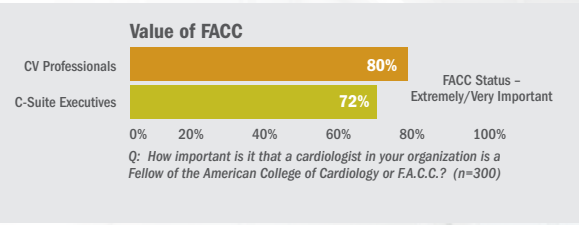
From the Hospital Perspective

In the summer of 2011, the ACC initiated a research project among 300 hospital leaders, both c-suite executives and CV business administrators, to better understand the challenges hospital CV business lines are facing and opportunities for support.

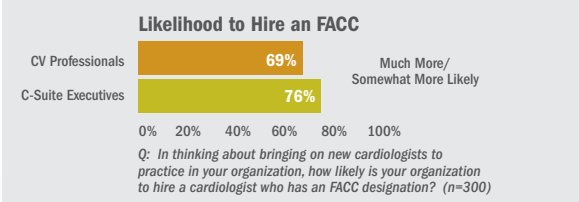
The research findings demonstrated that the ACC has a good reputation with hospital executives and administrators. Hospital leaders rate the ACC highly on six key qualities: a trusted resource for cardiovascular information, the best organization in setting quality standards for cardiovascular specialists, a premier professional society, a promoter of the profession, a provider of top quality education and a reliable source for keeping professionals current on the latest clinical developments. While the ACC is highly rated in these areas, there are opportunities for growth. Administrators would welcome partnership opportunities with the ACC around education, best practices, quality improvement and staff recruitment.

When compared with other professional medical societies, the ACC fares well, going head to head with the American Heart Association (AHA). Hospital executives have a consistently positive impression of the ACC, AHA, Mayo Clinic and Cleveland Clinic, while the cardiovascular service line administrators have a sharper focus and are extremely favorable toward both the ACC and AHA above other healthcare organizations.

CardioSurve research conducted in September 2011 among ACC members found that while cardiologists feel that they have a good relationship with hospital administration, they do not feel that executives place value on the FACC designation. However, this is not the case. In fact, hospital leaders value the FACC designation and say that they are more likely to hire a cardiologist who holds this distinction.



Q: How important is it that a cardiologist in your organization is a Fellow of the American College of Cardiology or F.A.C.C.? (n=300)



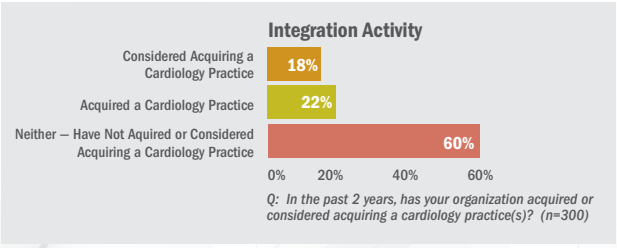
Q: In thinking about bringing on new cardiologists to practice in your organization, how likely is your organization to hire a cardiologist who has an FACC designation? (n=300)

Overall, hospital administrators find value in the FACC designation particularly to support business strategy. Hospitals that have strong affiliations with cardiologists (either as their own internal employees or external relationships with practices) perceive the FACC designation as a unique selling point. Employing FACC cardiologists enables hospitals to market themselves to the general public as being a provider of high-quality care with the credentialing that the FACC designation provides. Hospital executives also feel that having a cadre of qualified FACC cardiologists on staff will attract and retain the best and brightest minds in the profession, particularly those coming out of training and residency. Conversely, hospitals in rural settings that have more difficulty in filling vacant positions view the FACC designation as a luxury, since these hospitals are more imperatively looking for a cardiologist to service their patient populations. Recruitment of cardiovascular staff is one of the biggest challenges to hospital executives. As administrators are faced with the challenge of recruiting cardiologists, the ACC membership provides a rich resource for accessing qualified professionals. Given the high ratings toward ACC and FACC status, it is not surprising to find that there is some interest among hospitals in having an "institutional membership" with the College.

Most hospitals participate in quality initiatives. More than 8 out of 10 (83%) participate specifically in ACC sponsored quality activities with the ICD registry, D2B and CathPCI being the most popular. All ACC initiatives are perceived as strong contributors to quality. Key benefits from participation in quality initiatives include better patient care, quality improvement and comparative benchmarks.

Participating hospitals tend to be large urban or large suburban hospitals. Lack of awareness and lack of application are the main reasons hospitals do not participate in quality initiatives. These institutions tend to be small or medium hospitals predominantly in rural settings.

Similar to what we have observed among private practices, hospitals are also active in integration activities. Two out of five hospitals (40%) have either acquired or have considered acquiring a cardiology practice within the past 2 years. Larger hospitals are more likely to acquire CV practices with a desire for a complete integration into the institution. Hospital executives indicate that in the majority of these acquisitions the idea was approached mutually by both parties and that integration was relatively easy. Proper planning and preparation well in advance of the integration were cited as key factors in facilitating the smooth transition.



Q: In the past 2 years, has your organization acquired or considered acquiring a cardiology practice(s)? (n=300)

Overall, the ACC has a strong reputation among hospital executives and administrators. These findings confirm and support ACC's role in leading the effort toward quality improvement, the value of the FACC designation, and the continual process of translating learning into best practices for the ultimate goal of improving heart health.

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*.

Clinical Spotlight: Diabetes Management Tools For Cardiologists – A New Facet Of Care

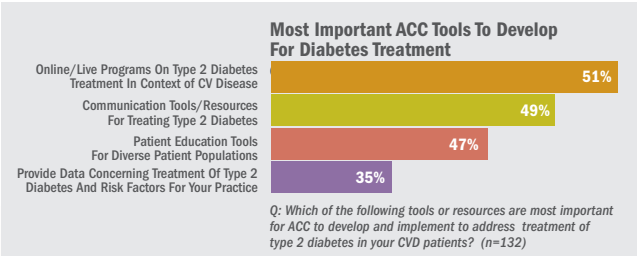
Cardiovascular disease is a major complication of diabetes and the leading cause of early death among people with diabetes. More than 10 million people have been diagnosed with diabetes in the U.S. and 65 percent of people with diabetes die from heart disease and stroke. Adults with diabetes are two to four times more likely to have heart disease or suffer a stroke than people without diabetes.

Despite these statistics, most cardiologists have taken a back seat to other specialists in terms of managing the glucose levels for their patients with type 2 diabetes. However, an October 2011 CardioSurve survey indicates a growing interest among cardiologists in having tools to assist and guide them in managing cardiovascular disease in those diabetic patients.

Most cardiologists have a considerable percentage of their patients who have been diagnosed with type 2 diabetes. Nearly half (49%) of cardiologists state that 21% to 40% of their patient populations have type 2 diabetes, and another 3 out of 10 (30%) cardiologists indicate up to 60% of their patient populations have type 2 diabetes.

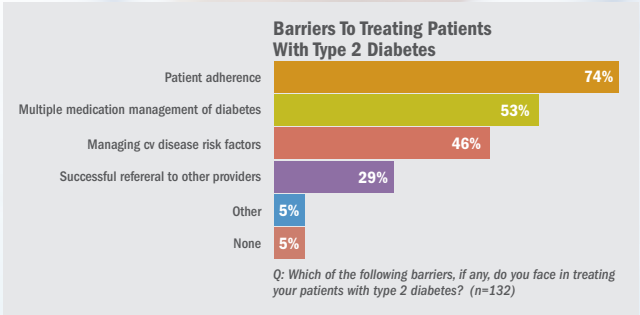
The vast majority of cardiologists (84%) indicate that they are making referrals to other health care providers such as endocrinologists or diabetologists for follow up care with these patients. The high referral levels fall in line with the nearly two out of three (65%) cardiologists who say they are not comfortable with treating diabetes in their patients. However, a similar percentage of cardiologists (65%) are conducting some education/counseling about lifestyle modification for these patients.

The tools cardiologists would like to see from the ACC include online/live programs on treating type 2 diabetes in the context of cardiovascular disease (51%); communication tools and resources via journal articles, *CardioSource*, or live educational ACC programs (49%), and patient education tools for diverse populations (47%).



The single greatest barrier cardiologists see to treating type 2 diabetes is patient adherence (74%) followed by multiple medication management of diabetes (53%) and managing cardiovascular disease risk factors (46%).

In the end, although cardiologists historically have not been primary caregivers in managing diabetes, as they continue to play a larger role in the care of patients suffering from the disease there is an increasing need for tools and education to address multiple risk factors and medication management.



CardioSurve Panoply

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

- **The majority (63%) of cardiologists believe they have good professional relationships with hospital administration.** However, they tend to be a bit tepid in regards to hospital administrators listening to physician concerns and responding appropriately - only 36% agree that they listen and respond appropriately, while 27% feel that they do not. (September 2011)
- **The reputation of hospital-based physicians and specialists practicing at the hospital (60%); the reputation of the hospital (59%), the convenience of the hospital for patient and family (59%), and past experience of patients (54%)** are the leading factors when it comes to which hospitals cardiologists choose to refer their patients. (September 2011)
- **Some of the factors <u>not</u> generally taken into account when it comes to referring patients to hospitals:**
  - Economic conditions of the patient (10%)
  - The cost of hospital services (10%)
  - Likelihood of hospital to refer patients to a practice (10%)
  - Religious preference (5%)

  (September 2011)
- **Approximately 6 out of 10 cardiologists say they utilize all nuclear cardiac imaging studies in the hospital setting.** (November 2011)
- **Sixty-one percent of cardiologists say they maintain capacity in practice for conducting nuclear imaging studies and bill these studies through the Medicare physician fee schedule.** Only 2% maintain capacity in practice for nuclear imaging studies, but do not bill these studies through the Medicare physician fee schedule. (November 2011)