



CardioSurve Newsletter

The Voice of U.S. Cardiologists

March 2014

The Future of Learning

Cardiologists Uncertain of Impact from New MOC Changes

Reaction to the New Cholesterol Guidelines

The Evolution of Clinician Education

Clinical Spotlight: Population Health Added to the ACC Strategic Plan



CardioSurve

The Voice of U.S. Cardiologists

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.

The Future of Learning

"The digital superhighway will only continue to expand into the foreseeable future, offering paradigm-shifting opportunities to change the way both provider and patient education is delivered."

John G. Harold, MD, MACC President, American College of Cardiology

For decades, the ACC has been a recognized leader in the development of clinical standards and practice guidelines and a trusted provider of clinical education for cardiovascular professionals. However, given the explosion of scientific information in the field of cardiology, increasing clinical needs of patients and providers, and the expanding number of requirements for certification and licensure, learning can no longer be limited to the simple acquisition of new knowledge.

Education now must convert knowledge into practice with tools that can be customized by the learner, yet still ensure quality and positive patient

outcomes. To that end, the ACC has been developing an integrated framework of continuous learning that addresses knowledge application, patient and provider communication, shared decision-making, process improvement, systems-based care, patient outcomes, and assessment of provider competence.

This issue of the CardioSurve Newsletter explores the latest topics relevant to learning for cardiovascular professionals and their patients: the impact of the new Maintenance of Certification (MOC) requirements, the changing landscape of education, the reaction to the updated cholesterol guidelines, and the new focus on population health in the ACC Strategic Plan.



Cardiologists Uncertain of Impact from New MOC Changes

On Jan. 1 2014, new and significant changes were made to the American Board of Internal Medicine (ABIM) Maintenance of Certification (MOC) requirements. The new requirements now apply to all certified physicians – including those certified prior to 1990 (a group initially exempt from MOC requirements) – and require specific proactive steps on the part of physicians over the next two years.

However, slightly more than half (51%) of cardiologists surveyed in October 2013 indicated that they were not aware of these MOC changes. The research also highlighted that a majority of cardiologists believe that Continuing Medical Education (CME) is more valuable than MOC – a statistic that has remained consistent over the past three years. Furthermore, the survey results showed that more than 1 out of 3 cardiologists find little or no value in Part II or Part IV

MOC, compared to 25% and 19% who said they found MOC Part II and Part IV as valuable, respectively.

Cardiologists are divided on the impact these MOC changes will have on the practice of medicine. While nearly one-third (30%) of cardiologists surveyed suggested that the impact on the profession will be positive and 19% believed that their specific practice will be positively affected, two out of five cardiologists believed that the changes will have a negative

impact on the practice of medicine in general and more specifically on their practice. "In times of declining reimbursement and physicians having to tag on more work, MOC [is] not helping, but just adding more work," said one cardiologist.

More than 25% of cardiologists surveyed also indicated that the MOC changes will have a direct impact on their future plans, with 11% saying they are planning

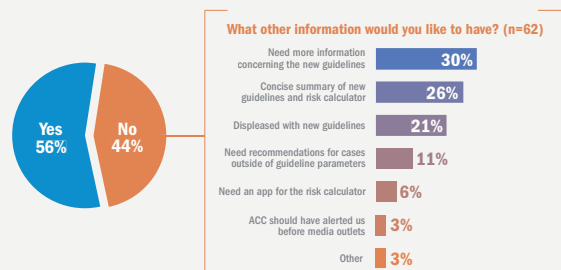
"MOC is a good idea if it helps people keep up with the literature, but if it is burdensome, it may prove to be the straw that broke the camel's back." – **Cardiologist, TX**

continued on next page

Reaction to the New Cholesterol Guidelines

The majority of cardiologists were both familiar with (84%) and confident in (74%) the four new prevention guidelines released last November by the ACC and the American Heart Association (AHA), in collaboration with the National Heart, Lung, and Blood Institute (NHLBI), according to a December CardioSource survey.

Do you have what you need to respond to patient questions about the newly updated cholesterol guidelines?



Q: Do you feel that you have the information you need to respond to patient questions/concerns about the newly updated cholesterol guidelines? (n=161)
Q: If "No", what other information would you like to have to respond to patient questions/concerns about the new cholesterol guidelines? (n=62)

The survey was conducted specifically to gauge ACC member awareness of the new guidelines, which focus on the assessment of cardiovascular risk, lifestyle modifications to reduce cardiovascular risk and management of elevated blood cholesterol and body weight in adults. It also sought to understand the impact of mainstream media reports that raised

concerns about the blood cholesterol and risk assessment guidelines and, more specifically, the accompanying online risk calculator.

While one out of four cardiologists (24%) said they were not confident in the guidelines, and expressed concerns with how they were developed and rolled out, more than half were comfortable with the guidelines and were even considering making a change in patient treatment concerning statin therapy based on the included recommendations. In addition, nearly one in three cardiologists (32%) said patients had asked them specifically about the newly updated cholesterol guidelines.

In terms of prevention guideline tools for clinicians, more than half of survey respondents (56%) said they had the information necessary to properly respond to patient questions. In addition, 74% of clinicians

surveyed said they had some familiarity with the ACC/AHA online risk calculator that was released at the same time as the guidelines. Of those, 24% had used the calculator and indicated they would continue to use it, while 44% had not used it, but planned to. Another 24% said they had no intention of using the calculator.

Of the cardiologists who desired more in-

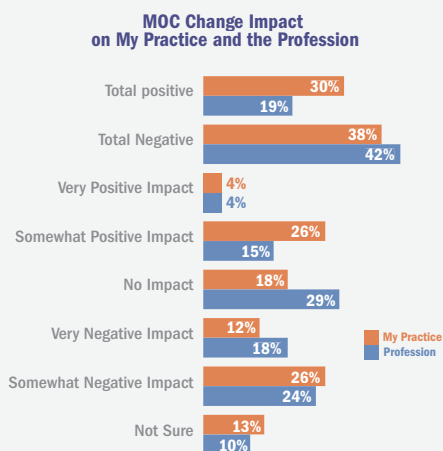
formation about the guidelines, 30% expressed interest in more general information about the new guidelines, while 26% said they wanted a more concise summary of the guidelines and a better tutorial of the online risk calculator.

"Both the guidelines and the risk calculator are based on the best evidence available as determined by the expert panels," said ACC President **John Gordon Harold, MD, MACC**. "That being said, the resulting discussions raised by the media and others are important ones for all of us to have as we move forward with tracking patients and reviewing new evidence and research over time. Science is an evolutionary process and there is no doubt, as with all guidelines and tools, that new science will lead to updates and improvements."

Meanwhile, the ACC/AHA Task Force on Practice Guidelines is already working to develop collaborative models to update the prevention guidelines in partnership with NHLBI. The College also continues to feature expert commentary and develop case challenges on CardioSource.org to help cardiovascular professionals better understand and implement the guideline recommendations. Most recently, the ACC and AHA released a new ASCVD Risk Estimator mobile app that replaces the early online risk calculator and is designed to help health care providers engage in discussions with their patients about their cardiovascular risk. Learn more at CardioSource.org/Prevention.

Cardiologists Uncertain of Impact from New MOC Changes continued from previous page

to retire early, 9% suggesting they will transition to working part time, and 8% indicating plans to transition out of cardiovascular medicine.

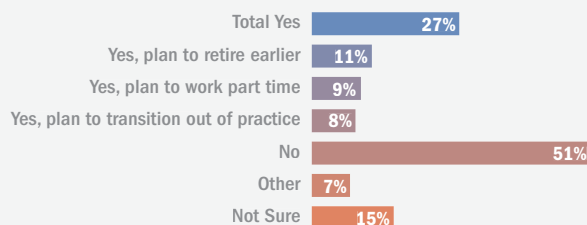


Q: In your opinion, what impact will this change have on all US cardiologists and the practice of cardiovascular medicine in general?/On your specific practice?

That being said, more than 50% of survey respondents said the changes will have no bearing on their future planning. In fact, the majority of cardiologists surveyed (51%) said they have enrolled in MOC and are at various stages of the completion process. Additionally, most cardiologists (64%) are planning to recertify since many employers require certification to practice medicine.

The College is using the findings to help guide its three-pronged strategy to help members not only understand, but to meet the new ABIM requirements. "The ACC and its leaders are committed to helping members navigate the very real changes associated with the new ABIM MOC requirements and to minimize the 'drawbacks and discomforts' associated with the transition," said **Steven Lloyd, MD, PhD, FACC**,

Influence of MOC Changes on Future Plans



Q: Have these recent MOC requirements affected your planning for the future, specifically thoughts of retirement, part-time practice or transitioning out of the practice of cardiovascular medicine?

and **Patrick O'Gara, MD, FACC**, in a recent editorial published in the *Journal of the American College of Cardiology*. "We are also equally committed to ensuring that ABIM understands the concerns of the cardiovascular community during these changes."

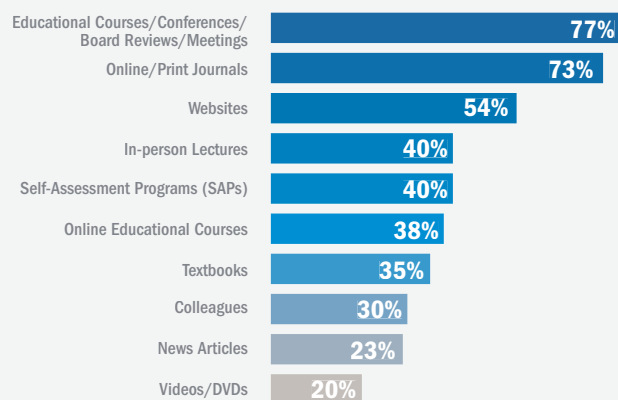
Learn more about the MOC changes and ACC resources at CardioSource.org/MOC.

The Evolution of Clinician Education

With today's digital technologies the classroom is omnipresent, offering paradigm-shifting changes in where and when information is shared and learned. Given these changes, the College has spent the last year developing and implementing a digital strategy whose primary objective is to leverage new delivery technology and learning methods in order to facilitate continuous performance improvement, optimal practice management and improved outcomes across patient populations while still meeting the needs of learners who prefer the traditional classroom setting.

As implementation of the strategy continues, a recent survey of 188 ACC learners and 225 ACC educational product users offers a glimpse at this changing landscape, as well as important insights into member educational needs.

Access to Educational Content



Q: Generally speaking, which platform do you use most often for accessing educational content? Please select all that apply. n=188

Not surprisingly, learners access and utilize a mix of mediums and platforms to meet their learning needs. Educational courses (77%), which includes conferences and board reviews, and journals (73%) top the list as platforms used most often for accessing educational content followed by websites (54%), self-assessment products (SAPs - 40%), in-person lectures (40%), and online educational courses (38%).

While the *Journal of the American College of Cardiology* continues to rank among the top educational products, *CardioSource.org* is also considered a major source for education. Other resources that are also highly regarded by cardiovascular professionals include the *New England Journal of Medicine*, the online resource *Up-to-Date*, lectures and grand rounds.

According to the research, online modules (69%) go head to head with in-person meetings (64%) in the fight for the preferred educational format. When given the choice between an actual live course and a meeting on demand — an online video recording of a live course — learners are mixed with one-third (31%) saying they prefer live courses, 26%

“Providing the right content to the right member at the right time is more critical than ever.”

John G. Harold, MD, MACC President, American College of Cardiology

preferring meetings on demand and one-quarter (25%) opting for both formats.

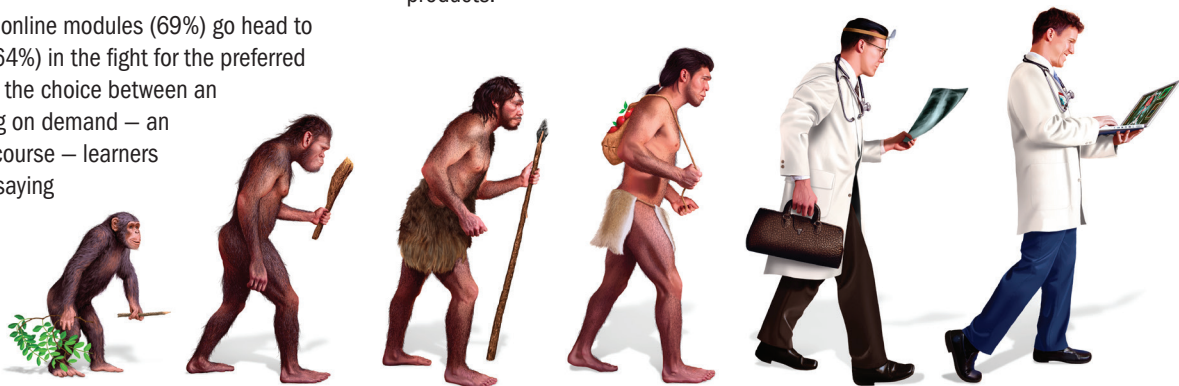
The push toward digital formats and personalization cannot be overstated. When asked how ACC live programs can be improved, offering discounts on relevant digital content (SAPs and meetings on demand - 28%) to supplement the course tops the list. Other suggestions to improve live courses include more flexible session schedules (24%), Maintenance of Certification (MOC) sessions (23%), more personalized learning opportunities (21%), and specialty relevance (20%).

ACC's Self-Assessment Products ranked highly on the educational product list with nearly half (48%) indicating they are users and another 42% saying they are aware of SAPs. The digital theme emerges again when discussing SAP improvements as half of learners expressed interest in a downloadable app to access ACC SAPs on a mobile device or tablet. In addition, 32% of respondents showed interest in an audio version, while 24% were interested in a question of the week as a new feature.

Learners expressed interest in CardioSource Plus for institutions, a yearly subscription offering from the ACC that provides access to all of the ACC's online educational offerings — the latest releases from all SAPs and MODs, more than 400 CME credits, more than 200 points toward ABIM's Maintenance of Certification Program and thousands of self-assessment questions and case studies. About one-fourth of those surveyed reported that their facility already subscribes to the service accessing the site at least once a month; over half (55%) of non-subscribers were very interested in this service.

To create a more personalized learner experience, the ACC has developed the Lifelong Learning Portfolio (LLP) which is an online tool that identifies licensure requirements and tracks personalized professional data, including training, certification, re-certification, licensing, performance improvement and payer requirements (CME, MOC, MOL, etc.). The tool also directs learners to appropriate curricula to meet their unique needs and tracks and catalogs improvements in knowledge, outcomes, performance, and patient care. While most ACC learners (65%) were not familiar with the LLP, half (47%) said that they were very interested in the offering with tracking of personalized professional data, access to online credit-bearing learning activities, and information regarding licensure and MOC most appealing.

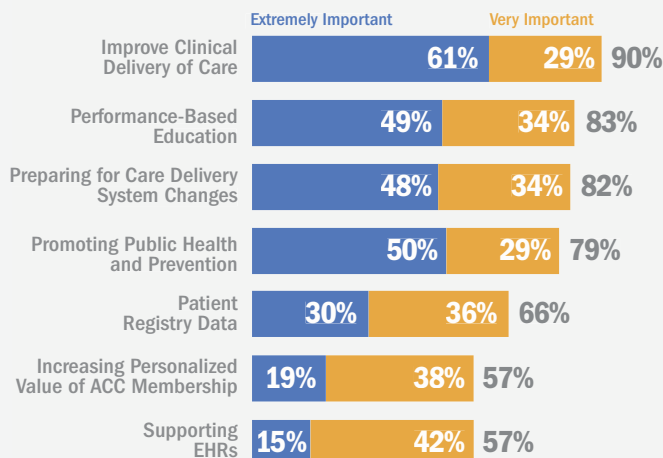
The ACC's new Strategic Plan, currently in the implementation stage, requires that the College provide and promote a personalized, competency-based, clinically relevant educational experience to all of its members. Moving forward, the College plans to use the research results to further its educational strategy, particularly in the digital arena, and set priorities for both existing and new programs and products.



Clinical Spotlight: Population Health Added to the ACC Strategic Plan

This past year, the ACC undertook the Herculean task of developing a new strategic plan to guide the College over the next five years. A special task force of ACC leaders and staff was charged with gathering necessary information and identifying key mission areas with the goal of developing the best path forward over the College's near-term future.

Importance for ACC to Address These Issues



Q: Using the following scale, please rate how important it is for the ACC to address each of these strategic issues. (CardioSurvey n=146)

In December 2013, the ACC's Board of Trustees approved the new plan which is based on six key strategic priorities, including: 1) transformation of care, 2) data information and knowledge, 3) purposeful education, 4) membership value and engagement, 5) advocacy, and 6) population health.

The importance of these priorities mirrors member sentiment according to a CardioSurvey survey of 146 panelists conducted in the summer of 2013. At the time, survey respondents identified improving clinical delivery of care (90%); performance-based education (83%); preparing for care delivery system changes (82%); promoting public health and prevention (79%), patient registry data (66%), increasing personalized value of ACC membership (57%), and supporting electronic health records (57%), as the most important issues for the College to address. These issues were also ones that clinicians said the ACC has the ability to impact and influence.

Arguably the newest focus for the College will be in the area of population health. As part of the strategic plan, this means pursuing transparent partnerships with medical professional societies, industry, payers, consumer companies and other stakeholders around patient education, primary prevention, quality improvement and other public health objectives related to cardiovascular disease.

Based on CardioSurvey data, most cardi-

ologists felt the ACC should focus this area on patient education from/for cardiologists (88%), general heart healthy information aimed at consumers (71%), and/or patient education from/for primary care physicians (48%). Primary prevention for the general public (88%), secondary prevention for patients (69%), and disparities in care (26%), were viewed as the hottest topics to address.

Almost half (47%) of clinicians also said the ACC should play a supporting role to other organizations in advocating on population health or prevention issues, while the other half (46%) indicated the College should lead the efforts. In particular, respondents noted the importance of ACC's current public health efforts, including the Million Hearts initiative (71%), state-based health initiatives (67%), and the Choosing Wisely campaign (61%).

The overall purpose of the strategic plan is to re-envision specialty care with the goal of positioning the ACC as the professional home for the entire cardiovascular care team. To accomplish this, the College is not only committed to supporting members in their expanded accountability to improve the health of populations, but also to increase membership value and engagement and help to transform cardiovascular care and meet the "Triple Aim" of better care, better outcomes and lower costs. Providing members with purposeful education tools, ensuring members are empowered to serve as effective advocates for sound health policies, and recognizing the importance of data, information and the development of knowledge in both education and care transformation, are also at the heart of the Strategic Plan.

In a recent issue of *Cardiology* magazine, **John Gordon Harold, MD, MACC**, president of the ACC, **Patrick T. O'Gara, MD, FACC**, president-elect of the ACC, and **Richard Chazal, MD, FACC**, vice chair of the ACC's Strategic Planning Taskforce, noted, "This is our opportunity to shape the future of the College and cardiovascular medicine. Our heritage as an unparalleled educational institution, our extensive work in quality improvement, and our advocacy for quality patient care provide the background for success – and we will succeed!"

Areas of ACC Involvement in Public Health/Prevention Education



Q: In which of the following areas of public health and prevention education should the ACC be involved? (CardioSurvey n=146)

