

CardioSurve Newsletter

The Voice of U.S. Cardiologists



ISSUE HIGHLIGHTS

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Transforming Patient Care

Patient-driven models of care have evolved over the past 40 years since the concept of patient-centeredness was first introduced illustrating the need for a more personal interface and communication with patients. This approach centers on seeing and treating through the eyes of the patient to deliver personalized care. Shortened length of stay, focus on outcomes and the trend toward pay for performance are forcing health systems to also pick up the mantle in delivering patient-centered care.

This edition of the *CardioSurve Newsletter* focuses on the patient and ways that cardiologists are employing patient-centered care in their practice and their system. Six months of findings from our CardioSurve panel have supported the American College of Cardiology's efforts to develop new initiatives, methods and tools directed at the clinician-patient relationship to enhance care and support the mission of improved cardiovascular patient health. Clearly there is a role for health care to empower patients in self-care. ■

“The great thing in the world is not so much where we stand, as in what direction we are moving.”

– Oliver Wendell Holmes

Research Highlights Opportunities to Improve Patient-Centered Care

At its core, patient-centered care is defined as health care that establishes a partnership among practitioners, patients, and their families to ensure that care decisions respect patients' needs and preferences and that patients have the education and appropriate support to help manage and participate in their own care. It is through this lens that the American College of Cardiology (ACC) over the last several years has focused on developing partnerships, programs and tools to help bridge the gaps that currently exist between clinicians and their patients or patients' families to make patient-centered care a reality.

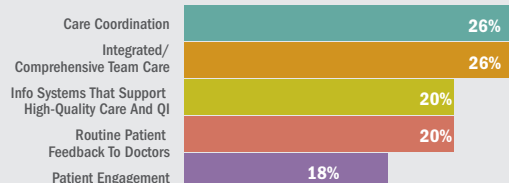
Nearly three out of four cardiologists (73%) strongly agree that patient participation in planning and decision making is important. Almost as many cardiologists (68%) also feel strongly that they are able to discuss preferences, priorities, concerns and goals with their patients and their families. But while there is a strong belief in having the patients play an active role in their care, less importance is placed on the significance and understanding of

patient satisfaction/experience scores. Only one out of three (35%) cardiologists believe that capturing patient satisfaction scores is important to their practice. Even fewer (24%) understand clearly the distinction between patient satisfaction and patient experience.

Furthermore, significant gaps exist in key areas involving what cardiologists view as a critical component of patient-centered care and what their practice is able to provide. The two most pronounced gaps are in the areas of care coordination and integrated/comprehensive team care. More than one out of four cardiologists (26%) feel that each of those areas are critical aspects of patient centered care that unfortunately are not being adequately achieved in their practice today. Additionally, one out of

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Most Significant Gaps In Patient Centered Care



Q: Which of the following items would you consider to be a critical part of patient-centered care? And which of these does your practice provide? (n=144)

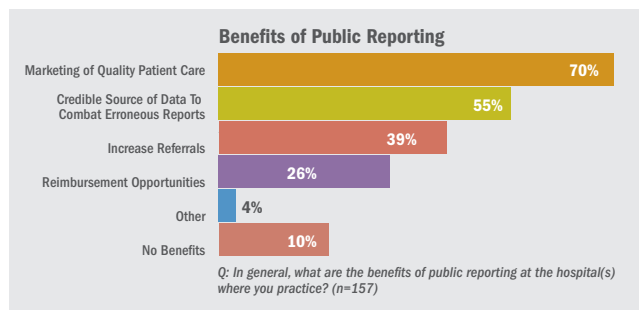
“If everyone is moving forward together, then success takes care of itself.”

– Henry Ford

Public Reporting and the Value Of Transparency

The National Cardiovascular Data Registry (NCDR®) is currently developing a service for participating hospitals to publicly report National Quality Forum (NQF) endorsed performance measures, which are based on clinical NCDR data captured by clinicians. Only NCDR-participating hospitals that elect to allow their performance measure results to be released publicly will be reported.

A primary goal in patient-centered care and shared decision making includes providing patients with information that allows them to understand their clinical condition and to help manage their care decisions. However, clinicians have expressed concerns about how patients might make care decisions based on publicly reported data. In the end, this concern could be a moot issue since only one out of ten cardiologists (12%) have ever had a patient mention either a public report of their performance or their affiliated hospital's performance.



“The main value of transparency is not necessarily to enable easier consumer choice or to give a hospital a competitive edge. It is to provide creative tension within hospitals so that they hold themselves accountable...we can still commend hospitals that publish their results as a sign that they are serious about self-improvement.”

– Paul Levy, CEO of Beth Israel Deaconess Hospital

Two in five cardiologists (40%) who are aware of NCDR approve of the registry taking on the role of public reporting. Slightly more than one-third (36%) are unsure about it, and 24% are opposed to it. The hesitation about this initiative stems primarily from the following three concerns:

- Patients will not make sound decisions based on the data (39%)
- NCDR data is inadequately audited (25%)
- Hospital reporting will quickly be followed by physician-level reporting (23%).

However, cardiologists do see some benefits to publicly reported data. For hospitals, they believe that this can assist with the marketing of quality patient care (70%) and serve as a credible source of clinical data to combat erroneous reports based on claims data (55%). Thirty-nine percent believe that it could increase referrals, while 26% envision possible reimbursement opportunities.

Ultimately, cardiologists do find value in publicly reported data, since three out of four cardiologists (76%) express an interest in gaining access to the physician-level reports based on the data submitted to NCDR by participating hospitals. So, while some cardiologists are not convinced that the NCDR should be in the role of public reporting, many see benefits and would like to have access to this information. ■

Research Highlights Opportunities to Improve Patient-Centered Care

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five cardiologists (20%) cite a need for more routine patient feedback and for clinical information systems that support high-quality care and quality improvement.

In terms of boosting their practice's ability to provide patient-centered care, cardiologists indicate that increased time (73%) and reimbursement (66%) would definitely be helpful. Slightly more than half of practices (52%) also value having more patient education materials. In terms of what practices are most commonly providing to patients about their care, the top three items are educational materials (79%), printed materials (76%), and 3-D visual aide models (57%).

For today's cardiology practice, the pursuit of effective patient centered care means confronting the difficult challenges of managing care internally within the practice team and with other care providers in order to get a clearer picture of the patient. It means having a robust and well-utilized pipeline of feedback/communication from patient to care team – a critical component not often in place at a majority of practices. Compounding these issues is also a lack of clinical information systems that can help to provide high-quality care and quality improvement to enhance the cardiologist-patient

relationship. Given the time and resource constraints facing cardiology practices, the goal of effective patient-centered care could seem unattainable.

To assist with this challenging situation, the ACC is currently developing methods and tools to infuse patient perspectives into its quality initiatives and educational programming and exploring the best way to form a patient advisory board to help with these efforts. Examples of these initiatives include *credo* (the Coalition to Reduce Disparities in CVD Outcomes), the Patient-Centered Medical Home (PCMH), “Hospital to Home” (H2H) and CardioSmart. Additionally, the ACC is exploring shared decision-making which is another patient-centered care model, where a patient is able to weigh the costs/benefits involved in their care and obtain further guidance in making optimal healthcare decisions, after receiving information from their physician. So, while the road to patient-centered care is filled with challenges and lofty expectations, by understanding the varied perspectives and developing products which can effectively improve practices, the ACC is truly seeking to assist cardiologists and the entire care team in reaching this goal with their patients and families. ■

Diversity Matters: The Changing Face of Patient Care

Health and healthcare disparities based on one's race/ethnicity, gender, age, and other sociological factors

continue to persist. As the U.S. becomes increasingly diverse,

there are likely challenges that will arise with treating diverse patient populations.

While there is a vast body of

literature that demonstrates the continued existence of disparities, data consistently show that providers have minimal awareness of any differences in care among these diverse groups.

CardioSurve and the Coalition to Reduce Disparities in CVD Outcomes (*credo*) surveyed cardiologists about racial and ethnic disparities in cardiovascular disease care. Previous studies have shown that physicians, in general, have little awareness of or response to disparities in care based on race or ethnicity.

From the cardiologist perspective, in terms of the factors leading to differences in care, more than two out of three (69%) clinicians cite litigation fears and almost as many (64%) feel that a lack of time are the primary obstacles leading to disparities in care and place race/ethnicity (21%) and gender (8%) near the bottom of the list.

However, a majority (68%) of cardiologists believe that minority patients in the U.S. generally receive lower quality care than white patients. Additionally, nearly three out of four cardiologists (72%) feel that some minorities with heart disease are less likely than whites with heart disease to get specialized medical procedures and surgery; and they also agree that whites with heart disease are more likely than some minorities with heart disease to get the newest medicines and treatments.

Health literacy, economic status, and adherence behaviors are among the patient factors identified by more than half the respondents as significantly reducing quality of care. Leading physician factors include lack of time, provider bias, and lack of research to guide care for

a given population; one out of five (19%) cardiologists highlight the need for cultural competence training.

“A physician is obligated to consider more than a diseased organ, more even than the whole man - he must view the man in his world.”

- Harvey Cushing

When compared to primary care physicians, a higher percentage of cardiologists believe that disparities in care exist. Furthermore, nearly two-thirds (63%) feel as though they could make a difference in the quality of care for minorities. However, in terms of the reflection and empowerment aspects of addressing the situation, cardiologists do not feel quite as strongly about their ability/inclination to impact the disparity situation as the generalists. Additionally, only one out of ten (12%) cardiologists indicate that they have recently participated in a quality improvement project at work to increase the quality of care for minority patients.

When asked which initiatives the ACC should implement to reduce cardiovascular disease treatment and outcomes disparities, providing patient education tools for diverse patient populations (69%) was the most important one cited among cardiologists, followed by identifying resources for treating patients whose primary language is not English or differs from the health care provider (55%), and then providing data concerning cardiovascular disease treatment, stratified by race and ethnicity, for your own hospital or practice (51%).

Based on the findings, *credo* will focus on identifying and developing education, tools, and practice strategies to assist cardiologists in eliminating barriers to quality care among their diverse patient populations and monitor progress in recognizing and reducing care disparities for cardiologist practices. ■

CardioSurve Panoply

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

Industry Training

- **Currently, two out of three (64%) cardiologists indicate that the sales representatives they engage with have definite room for improvement in terms of their scientific and clinical knowledge** – specifically clinical studies, scientific guidelines and the goals of patient treatment. (February 2011)
- **Cardiologists believe that the most appropriate clinical topics for training programs directed at sales representatives include:** Heart Failure (65%), Cardiac Rhythm Management (62%), Coronary Heart Disease (61%) and Hypertension (57%). (February 2011)

Medicaid

- **Approximately eight out of 10 cardiologists participate in their state's Medicaid program.** However, the percentage of patients enrolled in the program is rather low (14%). For Private Practices, only 10% of patients are enrolled in Medicaid, while Non-Private Practices (Medical Schools/Hospitals) indicate that 25% of their patients are enrolled in Medicaid. (March 2011)

Advocacy

- **The majority (61%) of cardiologists have had some level of participation in the political process.** The top two ways in which they have participated are writing/calling their elected official (44%) or contributing money directly to candidates (39%). (June 2011)
- **Medical liability reform (77%) and physician payment (75%)** are currently the top issues of importance to cardiologists. (June 2011)
- **The majority (70%) of cardiologists would like to receive PAC information and updates.** Most of those interested would like this information monthly (20%), bi-monthly (15%), or semi-annually (33%). Email (88%) is the preferred method of contact. (June 2011)



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.

Disease Spotlight: Sleep Apnea

By Marc E. Shelton, MD, FACC

Recent CardioSurve results indicate that additional effort into the diagnosis and treatment of sleep disordered breathing may be needed. Although Somers, V. et al¹ have indicated that more than 12 million Americans have sleep apnea, some estimate that as many as 85 percent of cases go undiagnosed and sleep apnea is typically diagnosed years or decades after its onset.

The March 2011 survey indicated that although cardiologists tend to believe that a much higher percentage of their patients suffer from sleep disorder breathing than are diagnosed or treated, only one to seven out of the approximately 300 patients seen per month are ever referred to sleep centers. Two out of three cardiologists surveyed did not include an assessment of sleep disorder breathing in patient workups. The reason for hesitancy is that 42 percent of cardiologists indicate a lack of satisfaction with the effectiveness of sleep apnea therapy and 29 percent of cardiologists believe that the cost of a sleep study is too high.

Unfortunately, sleep disorder breathing can be either causative or an exacerbant of a legion of significant cardiovascular problems, including systemic and pulmonary hypertension, heart failure, arrhythmias, stroke and MI. Approximately two out of three cardiologists believe that more than 20 percent of their patients with heart failure or atrial fibrillation have associated sleep apnea according to the survey. Common signs, symptoms, and risk factors for obstructive sleep apnea include disruptive snoring, witnessed apnea or gasping, obesity and/or enlarged neck size, and hypersomnolence. Other potential signs and symptoms include crowded appearing pharyngeal airway, increased blood pressure, morning headache, sexual dysfunction, and behavior changes. Diagnostic testing involves first considering the problem followed by initial diagnostic testing, which can include:

1. questionnaires
2. overnight oximetry
3. home-based/ambulatory unattended polysomnography
4. overnight polysomnography

Home-based polysomnography seems to be catching on as a less expensive alternative to traditional sleep studies in some regions. Often the cardiovascular team is the first to identify the potential problem. The CardioSurve survey indicates that a large majority (66 percent) of cardiologists consider referring patients to sleep centers/labs as their top diagnostic model, followed by referral to pulmonologists (52 percent). Only one out of three cardiologists in the survey would consider using the home diagnostic tool in their practice.

Given the hesitancy regarding patient diagnosis and treatment by many cardiologists, it would seem that a good strategy would be for practices to review their own local patterns and to try to improve facilitation of referrals to interested pulmonologists or other cardiologists that have a particular interest in the area of sleep medicine.

Unfortunately with the obesity epidemic in the United States (65 percent of Americans overweight or obese and 33 percent of Americans are frankly obese),² it is certain that the incidence of sleep apnea will increase. Sleep apnea is an ideal candidate disease for a care integration project. Hopefully, continued discussion about this important problem will help us to improve our clinical approaches. ■

Dr. Shelton is president of Prairie Cardiovascular Consultants, Ltd., in Springfield, IL.

WHAT DO YOU THINK?

Is sleep apnea therapy effective for some cardiology patients? Do you refer patients to sleep centers or assess sleep disorder breathing in patient workups?

Join the discussion at
CardioSource.org/cardiologydiscussion.

CardioSurve Panoply

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

Practice Models

- **The slight majority (55%) of cardiovascular practices are for profit** although a notable number (42%) operate not-for-profit. (April 2011)
- **Most practices operate under a private practice model (44%)** and fewer through employment (22%) or hospital service line (11%) models. Significantly fewer utilize a merger (6%) and foundation (5%) models. Although the majority of cardiologists classify themselves in a private practice setting, about one-third of these practices are operating within a hospital setting or very closely tied to one. Many physicians/practices still describe their practice as cardiovascular group even if integrated. (April 2011)
- **Practices operating within a hospital or medical school university setting are more likely to have the physicians and hospital jointly managing the cardiovascular service/product line (48%)** instead of the hospital managing it alone (36%) or where the services lines are managed by the physicians only (14%). (April 2011)

Communications and ACC's Role

- **Nearly all (97%) of cardiologists prefer to receive Clinical/Science communication from the ACC.** Other popular topics include Practice Management/Improvement (58%), Membership Information (52%) and Advocacy information (52%). (January 2011)
- **Most cardiologists prefer to receive communications from the ACC via emails/e-newsletters (80%),** followed by ACC publications such as JACC and Cardiology (63%) and ACC websites such as *CardioSource* and *CardioSmart* (61%). (January 2011)
- **Cardiologists believe that the top three areas that the ACC can impact practices** are Quality Improvement (72%), Professional Development / Educational Needs (68%), and Health Policy (63%). (June 2011)
- **Consistent with last year's findings, cardiologists strongly believe that the top two items related to reducing cardiovascular disease** are Pharmacological Interventions (82%) and Patient Counseling / Compliance (80%). (June 2011) ■

¹ Somers V. et al. Sleep Apnea and Cardiovascular Disease: An American Heart Association/American College of Cardiology Foundation Scientific Statement From the American Heart Association Council for High Blood Pressure Research Professional Education Committee, Council on Clinical Cardiology, Stroke Council, and Council on Cardiovascular Nursing In Collaboration With the National Heart, Lung, and Blood Institute National Center on Sleep Disorders Research (National Institutes of Health). *Circulation* 2008;118:1080-1111; originally