

CardioSurve Newsletter

The Voice of U.S. Cardiologists



ISSUE HIGHLIGHTS

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Reducing Readmissions
via H2H . . .

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Hypercholesterolemia . . .

Exploring New Information Channels and the Impact on Cardiovascular Practice

"Not all bits have equal value." – Carl Sagan

Over the past three decades, technological achievements in healthcare have migrated into new spaces in the practice of medicine. A wave of products and resources now support physicians in their practice and have impacted their business infrastructure. As these evolutionary changes have unfolded, each step forward has increased the importance of practices having the most accurate and timely information in order to provide the best care for their patients.

This edition of the *CardioSurve newsletter* takes a look at the impact and utilization of information from the clinical perspective at the point of care, where digital access is just as common as a stethoscope, to the back office procedures once mired in paper processing that now operate on an information cloud. This focus on data streaming is an important facet of the continuum of care that impacts all aspects of practices from patient outcomes to reimbursement.

Not all bits of data have equal value, and thus, it is increasingly important to focus on those data sources that can have a profound impact on providing the best outcomes to patients and practices. ■

Information Affecting Reimbursement: Adoption of the Federal EHR Incentive Program



In February, the ACC conducted two surveys to learn more about cardiologists' experiences with the federal Electronic Health Record (EHR) Incentive Program, one of cardiologists and the other of cardiology practice administrators. The survey of cardiologists was conducted as a follow-up to a similar survey conducted in summer 2011.

Approximately one-third (33%) of cardiologists and 44% of practice administrators surveyed reported successful attestation to the federal EHR Incentive Program in 2011. Of those, about half (49%) have received an incentive payment for 2011. This translates into a 22% successful participation rate in 2011 and seems to mirror the latest numbers released by the Centers for Medicare and Medicaid Services (CMS) in May¹, indicating that 3,884 physicians identified as cardiologists successfully participated in the program.

The timing of this survey and the reimbursement cycle might explain the lower numbers of payment recipients who attested. Based on the payment formula, professionals are not eligible for the full payment until approximately 60 days after the close of the attestation period. As of May, CMS has paid out more than \$887 million to more than 51,000 physicians. Focusing on cardiologists, nearly 4,000 practitioners have received over \$69 million in Medicare EHR incentive payments.

This latest survey also indicates an increase from 2011 in the number of CV practices planning to participate in the EHR Incentive Program. The majority of cardiologists (58%) and practice administrators (82%) indicated they are participating or plan to participate this year. Broken down by practice type, 71% of survey respondents in independent practices said they intended to participate in 2012, compared to 50% of respondents affiliated with a hospital or medical school.

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Clinical Information Channels: The Impact of Online Resources for Cardiologists

As patients increasingly seek health information via the Internet, physicians are also using online resources for much more than just checking email or for their EHR/EMR systems. Cardiologists now view having timely access to online resources and medical information, such as clinical documents, as an important contributor to quality patient care.

A recent CardioSurve survey showed a large majority of cardiologists (77%) believe improved access to online medical information and resources has improved the quality of care at their practice. Additionally, more than half (53%) of cardiologists have changed an initial diagnosis based upon new information that they accessed via online resources/support tools.

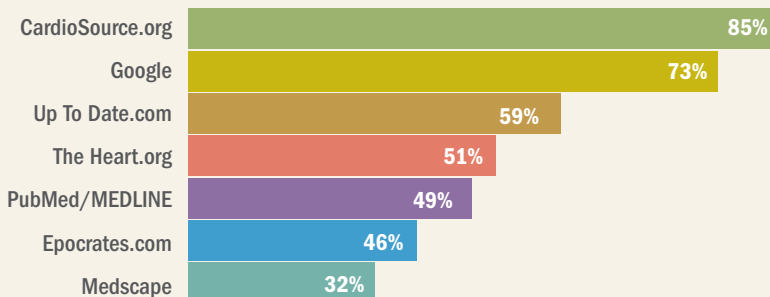
Although online resources and communication have helped their practices in many ways, still nearly three out of four cardiologists (72%) believe that the daily volume of online communications received from colleagues, care team members and patients is overwhelming. Furthermore, two-thirds of cardiologists (66%) said it is difficult to balance efficiency and quality of care.

Most cardiologists typically access clinical sites for information while they are at home (83%), after hours at work (80%), or in between patients (82%). In terms of helping patients at the point of care, more than two out of three cardiologists (70%) surveyed said they have accessed a clinical site during a patient visit. While a large majority of cardiologists (80%) are still using desktops to access clinical information during patient visits, the iPhone was the second most commonly cited device used at the point of care (43%). Of note, while most cardiologists (82%) use electronic health records (EHR) at their practice, these systems are not typically linked to online resources.

How effective are clinical web-based resources? More than two out of three cardiologists (70%) feel they are getting the information they need from online resources when visiting with a patient or between patients. A majority of those surveyed (78%) access online resources by directly going to the website they are seeking to consult.

ACC's significant role among these online resources is also recognized by cardiologists. *Cardiosource.org* is rated highly as an online clinical resource that supports their professional role largely because of the website's coverage of clinical guidelines, education and clinical trials. ■

Online Resources Cardiologists Typically Access



Q: What online resources do you typically access to support you in your professional role? (n=151)

Information Affecting Reimbursement: Adoption of the Federal EHR Incentive Program

continued.

The push to increase EHR adoption is evident in cardiovascular practice. Two-thirds (68%) are operating EHR systems in their practice that have been in place for one or more years. There is also no dominant EHR player with Allscripts, EPIC, NextGen, and GE Centricity all vying for leadership. The EHR systems in general received moderate satisfaction ratings from users.

Although some practitioners felt that participating in the EHR Incentive Program was relatively easy, others

disagreed, citing challenges in creating synergies across EHR systems as well as the amount of staff resources necessary to support successful attestation. Therefore, it is not surprising when asked what the ACC could do to better support this process, cardiologists suggested:

- Providing an evaluation of different EHRs or "Consumer Reports" type vendor contrast
- Better integration of guidelines into EHR functionality, metrics and reporting
- Simplified instructions on enrollment, requirements, reporting, and attestation

Clearly, the EHR Incentive Program has had an impact on how many cardiology practices manage their records and maintain their databases. While infrastructure changes and learning curves for these new technology-driven procedures vary from practice to practice, in the end, having more timely, accurate and improved record-keeping procedures will have an impact that benefits physicians, patients and practices.

¹ http://www.cms.gov/EHRIncentivePrograms/Downloads/Monthly_Payment_Registration_Report_Updated.pdf

On the Path to Reducing Readmissions: Checking in With Hospital to Home



The ACC's Hospital to Home (H2H) initiative aims to improve the transition from inpatient to outpatient status for individuals hospitalized with heart disease. At its core, the program is community-based and success is achieved by packaging together proven readmissions reduction methods and partnering with quality improvement organizations. In an effort to reduce readmissions, H2H Community members are challenged to implement simple and targeted strategies for improvement by participating in the H2H Challenges: "See You in 7," "Mind Your Meds" and "Signs and Symptoms."

Recently, both CardioSurve panelists and H2H Community members were surveyed on their views of the initiative. The results shed light on the success of the program as well as numerous growth opportunities for the future.

Across the board, reducing readmissions of patients with CV disease was ranked as a high priority for facilities—80% of CardioSurve panelists and 96% of H2H Community members emphasized its importance. Additionally, more than three out of four (77%) CardioSurve panelists said their hospitals are working on programs to reduce readmissions and nearly half (47%) of the panelists indicated that they are actively participating in those efforts. Considering that much of the CardioSurve panel is comprised of cardiologists in private practice, this focus on readmissions coupled with the overall positive feedback of the program opens doors for increasing awareness and expanding the program beyond the hospital setting.

Clearly the H2H initiative has met with success. Nearly half (49%) of H2H Community members attributed an improvement in their facility's readmissions to enrollment in the program and 43% have taken advantage of the H2H Challenges. The majority (85%)

of community members expressed satisfaction with the program and a resounding 88% reported that they would be extremely or very likely to recommend H2H to their colleagues. This is reinforced by the finding that 42% of community members heard about the program through their colleagues, underscoring the vital role of "word-of-mouth" communication for program growth.

The H2H initiative has developed a comprehensive set of resources for program participants and more than half (53%) of the H2H Community members reported that they are actively using the H2H website and/or online toolkits to improve readmissions. While more than one-third (34%) of cardiologists on the CardioSurve panel are aware of the H2H tools available to them, there are additional opportunities to put these resources in the hands of physicians and care team members throughout the country.

The CardioSurve survey results detail the resources that cardiologists would find most effective for reducing readmissions—patient education handouts (74%), checklists for the care team (70%), website of

online resources (43%), data feedback reports (39%), best practice webinars (27%), on-line assessments (27%)—providing guidance for where to steer resources in the future. Additionally, H2H Community members provided insight into some of the constraints that are hindering H2H participation. For example, 44% of members voiced a lack of staffing resources, 36% expressed difficulty incorporating changes into workflow, and 36% reported competing priorities with similar existing readmissions programs. This insight is beneficial for addressing facilities' needs in the future.

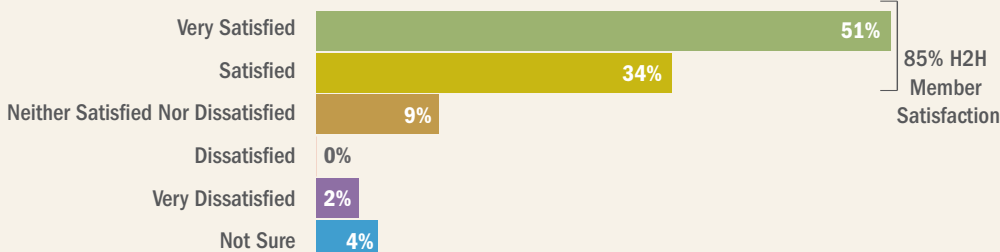
While efforts for reducing readmissions have increased recently, a lot of work still lies ahead and H2H is dedicated to translating these findings into results. To learn more about H2H and enroll in the Challenges, visit H2Hquality.org.

Participant View of Most Valued H2H Resources



Q: Which of the following resources are valuable to you in your efforts to reduce hospital readmissions? (n=228)

Participant Satisfaction With H2H Initiative



Q: How satisfied are you overall with the H2H initiative in supporting your efforts to reduce readmission rates for patients with cardiovascular disease? (n=250)



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.

Familial Hypercholesterolemia: Cardiologist and Patient Perspectives



When patients are first diagnosed with heart disease, cardiologists typically ask about cholesterol levels and family history of the disease. Patients are usually aware of their cholesterol levels and if they have a family history of high cholesterol. However, a recent CardioSurve survey of cardiologists and Mended Hearts patients shows both groups have a very low awareness of the topic of familial hypercholesterolemia (FH), an inherited disorder of very high LDL which begins at childhood and can lead to heart attacks, strokes or CV disease over time.

The latest research indicates that FH affects one out of every 500 people¹. However, survey results indicate that patients who have a higher potential to have the disease—those with high cholesterol or family history of high cholesterol—are no more familiar with FH than other patient types.

A considerable percentage of both cardiologists and patients are also uncertain about the likelihood of a person to have FH, even with first-degree relatives with the condition. Most patients surveyed were unable to recommend a screening age for children with a family history of FH or premature cardiac disease and/or estimate the probability that a person with a family history of FH will also have the disease.

Meanwhile, nearly all cardiologists surveyed (95%) agreed that patients with FH have a moderate/high risk for future

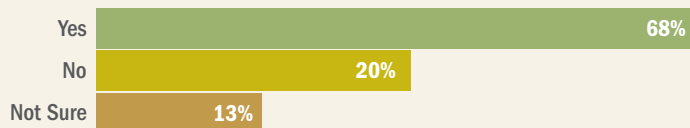
CV events. However, given their limited exposure to FH, those surveyed expressed average confidence in their ability to diagnose and treat FH.

Two out of three cardiologists indicated that they would like to expand their knowledge in the area of FH. Moving forward, the survey showed that cardiologists are generally interested in the overarching cholesterol and hyperlipidemia clinical pathway. Additionally, the majority of physicians (69%) have access to lipid specialists and clinics in their geographic area, which could be leveraged to support the diagnosis and treatment of FH.

Several studies also have pointed to the significant potential of identifying new cases of FH in primary care, which could act as new index cases for a family screening program. Few screening efforts are currently in place. The authors of these studies suggest, for example, a computerized search, together with selected chart review, can aid in the identification of such patients.²

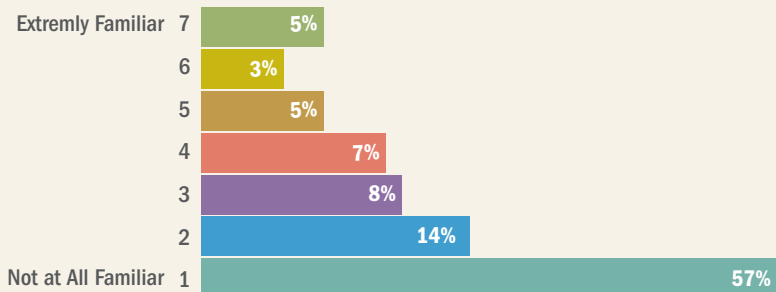
In the end, although cardiologists do have sensitivity to the serious implications of FH, education about the condition and its treatment could be much more widely disseminated. An increase in the resources and materials that focus on FH could prove beneficial to both physicians and patients managing this condition.

Cardiologist Desire To Expand Knowledge of FH



Q: Is Familial Hypercholesterolemia an area where you would like to expand your knowledge? (n=152)

Patient Familiarity with FH



Q: How familiar are you with familial hypercholesterolemia? (n=571)

¹ Austin M, et al. *Am J Epidemiol*. 2004; 160: 407-420.

² Gray J, Jaiyeola A, Whiting M, Modell M, Wierzbicki AS. *Heart* 2008; 94: 754-758.

CardioSurve Panoply

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

- **Most cardiologists rely on printed education materials such as brochures/pamphlets (86%), other printed materials (77%), or 3-D visual aids (53%) to inform/communicate to their patients about their care.**
(Source: April 2012 CardioSurve)
- **Nearly all cardiologists (93%) believe that a need exists for a patient education resource that is developed by cardiologists and other cardiovascular specialists that will provide the tools patients need to better manage their cardiovascular health.**
(Source: April 2012 CardioSurve)
- **More than three out of four cardiologists (77%) agree that improved access to online medical information and resources has improved the quality of care at their practice.** However, a nearly similar percentage (72%) also believe that the daily volume of communications received from colleagues, care team members and patients is overwhelming. (Source: March 2012 CardioSurve)
- **Only one out of seven cardiologists (14%) believe that the health care industry has clearly defined “meaningful use.”**
(Source: March 2012 CardioSurve)
- **Two out of three cardiologists (66%) agree that it is difficult to balance efficiency and quality of care.**
(Source: March 2012 CardioSurve)
- **Cardiologists early in their career desire support and resources around most practice management issues.** The primary issues they specifically focus on are the following: MOC (57%), practice financial savvy (48%), research opportunities (44%) and academic planning (43%).
(Source: Early Career Section Survey - February-March 2012)
- **Over 2,500 attendees reported satisfaction (extremely/very) with ACC.12 and 64% rated the meeting better than other comparable meetings.**
(Source: ACC.12 Attendee Survey - April 2012)