



CardioSurve Newsletter

The Voice of U.S. Cardiologists

December 2014

Working Together to Face the Challenges of Cardiology

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Working Together to Face the Challenges of Cardiology

Declining reimbursements, the rising costs of technological advances and operations, staffing shortages, and changes in recertification – these issues continue to assault the cardiovascular profession and test its resilience both domestically and across the globe.

Using its Strategic Plan to guide efforts, the ACC through its member volunteers and staff is committed to supporting cardiovascular professionals amidst these challenges. “It is our charge to seize this opportunity to help the College evolve in the best fashion possible to realize its full potential for its members, the patients they serve and the global cardiovascular community,” noted **John G. Harold, MD, MACC**, ACC past president. “Our heritage in education, our extensive work in quality improvement, and our advocacy for quality patient care provide the foundation for success – and we will succeed.”

“Coming together is a beginning; keeping together is progress; working together is success.” Henry Ford

This edition of CardioSurve is devoted to the cardiovascular clinicians and communities that work together to soften the challenges that strain our profession. This research highlights some of the approaches that the global community is using to support their practice, how excellence in institutional quality improvement has moved beyond the walls of the hospitals to the ambulatory setting, as well as what drives our leaders and volunteers to make time in an already packed schedule to give back to their profession. Together we support our profession to improve heart health.

Concerns of Cardiovascular Professionals

A recent survey of more than 700 ACC members helped to quantify the biggest issues

facing cardiovascular professionals over the next three years. While cardiovascular professionals generally agree that the primary issues they will face in the short term are related to the fiscal health of the practice, other concerns that surface are influenced by tenure or role in practice.

“We are in a period of somewhat tumultuous transition. Who knows where we will land?” **Cardiologist, Oregon**

Nearly half of all Fellows of the ACC (FACCs) (46%) are most concerned about reimbursement and payment cuts stemming from Medicare and Medicaid. The changing certification and maintenance of certification requirements are of secondary concern to FACCs followed by work-life balance, rising costs and health information technology.

Younger cardiologists (i.e., Fellows in Training and Early Career professionals) share similarities with the more established FACCs in their worry over reimbursements and payment cuts, but they are equally concerned with achieving a

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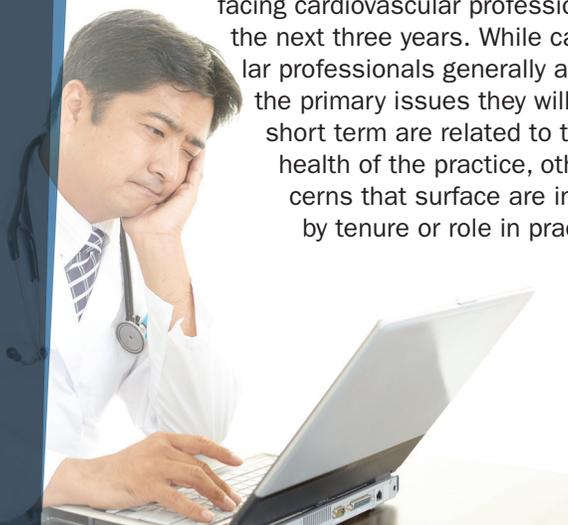


CardioSurve

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.

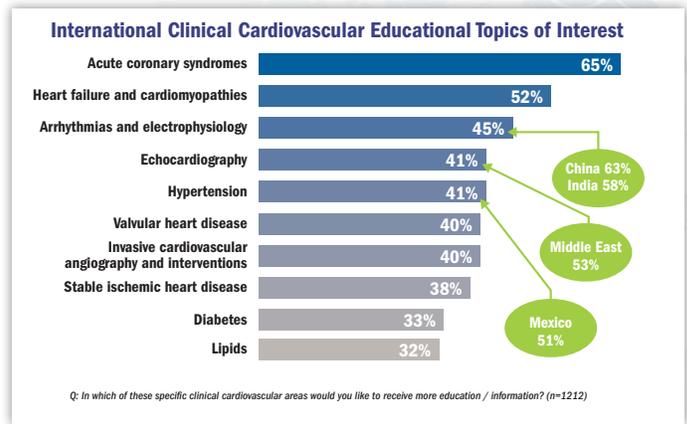


Global Needs, Global Solutions

Cardiologists around the world face similar challenges in practicing medicine although some differences emerge in the tools they use and the scope of practice, according to international cardiologist research conducted by the ACC this past year. These findings, based on in-depth interviews with more than 40 international cardiologists and ACC international governors and a quantitative survey of 1,224 ACC international members and non-members practicing in Brazil, China, India, Japan, Mexico and Middle East/North Africa, provide strong insights into the needs of cardiovascular professionals around the world.

The findings reveal that global cardiovascular professionals face similar challenges in education and practice such as rising health care costs, decreased funding, workforce shortages, few patient education resources, limited access to new technologies, research and training requirements and obstacles in patient access to care. Most cardiologists in these countries view the ACC as a trusted leader in providing tools and information necessary to meet these challenges.

Just how to address these challenges and stay abreast of new science is where the differences among countries begin to show themselves. International clinicians most desire updates on guidelines (66%) and advances in cardiology (60%). Unlike their U.S. counterparts, nearly a quarter of cardiologists indicate that getting access to this information is a real challenge for practices and that a significant role exists for the ACC in the delivery of the latest clinical education and knowledge, particularly regarding disease and condition-specific content. Although clinicians desire education in a variety of cardiovascular topics, in general they rank acute coronary syndromes and heart failure/cardiomy-



opathies among the top clinical topic priorities, followed by arrhythmias and electrophysiology.

International cardiologists also indicate a need for education on how to apply these learnings in practice, with e-learning tools consistently noted as one of the preferred learning platforms for the majority of countries. More than seven out of 10 clinicians (71%) say they prefer to use online journals and publications for accessing their clinical education and information. Online educational meetings, courses, and lectures are also preferred, especially by clinicians in the Middle East. Interestingly, in India clinicians also view textbooks as equally important in clinical education. The *Journal of the American College of Cardiology* (83%) and *CardioSource.org* (67%) rate very/extremely useful to international clinicians.

Live educational programs also earn high marks, with the ACC Annual Scientific Session ranking among the best meetings for cardiovascular professionals. However, the ACC is not seen as a monolithic cardiovascular resource. Rather, more than three out of four clinicians indicate it is very/extremely important for

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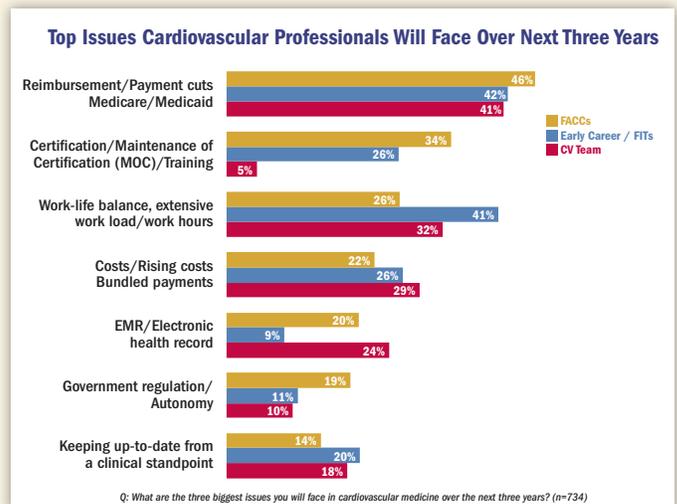
Concerns of Cardiovascular Professionals *continued from previous page*

work-life balance given their heavy workload and long hours needed to establish a practice. Certification is also an area of concern, but not to the extent voiced by more established FACCs. Keeping up to date is a concern for about one-fifth of early career cardiologists while less anxiety is voiced over electronic health records (EHRs) and government regulation.

Other members of the cardiovascular team share the same concerns as physicians. About two out of five (41%) cardiovascular team members identify reimbursement as an issue that keeps them up at night followed by work-life balance. Rising costs and EHRs are also concerns of cardiovascular team members.

Across the practice spectrum a range of concerns exists, and the ACC is continuously looking to address these concerns and lighten the burden of its members. "Our members, and their practices, are stressed," stated ACC President **Patrick T. O'Gara, MD, FACC**, "We must work continuously to ensure the College is a leading force for

cardiovascular professionals and their patients... As long as the ACC is able to focus, engage, communicate and advocate, we can overcome the challenges ahead."





Global Needs, Global Solutions

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their national society and the ACC to partner to design and provide clinical cardiovascular education. Clinicians from Brazil, India and Mexico place the highest importance on this partnership. More than four out of five clinicians – especially in India, Mexico and the Middle East – would be interested in an ACC-sponsored educational seminar or course if it was presented by their national cardiovascular society.

Culture can also play a role in the delivery of content. For example, while English was perceived as the more universal language in the majority of countries, cardiologists in Mexico, China and Japan report a preference for translated materials, particularly for patients and non-physicians. Cultural disparity, while not a major problem overall, was flagged as an issue for clinicians when applying guidelines and treatments within individual countries.

The ACC continues to be widely recognized by cardiologists as a provider of the best quality publications and education as well as a leader in quality care. Additionally, the Fellow of the ACC designation holds professional value for international clinicians.

While no collective or best approach exists for engaging with the entire global cardiovascular community, the ACC by leveraging its strengths and continuing to strengthen relationships with country-specific cardiovascular societies is well-poised to address the characteristics of each unique population through our international activities. With our 32 International Chapters and additional partnerships, the ACC is committed to continued innovation to meet the needs of the cardiovascular team and patients worldwide to improve cardiovascular health.

Together We Do So Much: ACC Volunteerism

The ACC represents over 47,000 members who cover the spectrum of the cardiovascular team and share the College’s mission to transform cardiovascular care and improve heart health. Over 1,500 ACC members are active volunteers on the College’s committees/workforces and have given their free time to help advance the work of the College.

In an effort to assess the perception of and motivation for volunteering in ACC activities, a recent CardioSurve survey found that slightly more than half of cardiologists (52%) believe that their ACC volunteer activity is very rewarding to them, compared to only 9% who do not feel that it is rewarding. Further, three out of four cardiologists (71%) would be highly likely to volunteer for another ACC activity, while only 5% noted they would not be likely to volunteer again.

The top motivational reasons for cardiologists to perform volunteer work include the ability to do something for a profession or a cause that is important to them (58%) and the importance of helping others (54%).

The study also found that the number of years that a cardiologist has in practice can impact motivation for performing ACC volunteer work. In addition to their desire to contribute to a profession or cause that is important to them, cardiologists who have been in practice for 10 years or less also have a business-related agenda. These early career cardiologists also volunteer to make new contacts that might help their business or career, to achieve satisfaction and recognition that they do not get at work, and to obtain volunteer experience that will look good on their resume.

Additionally, compared to tenured cardiologists who have been in practice for 20 or more years, younger cardiologists tend to find ACC volunteer activi-

“We all need to be more involved. Standing on the sidelines is the shortest path to failure for our profession.” **Cardiologist, Texas**

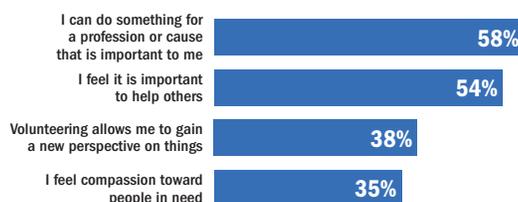
ties more rewarding and are also more likely to volunteer for an ACC activity. To support that interest, the College has developed several programs dedicated to helping Fellows in Training and Early Career professionals engage with their professional home including a mentoring program, sections and opportunities to sit on several ACC councils and task forces.

The ACC greatly values the contributions of its volunteers and leaders which are so integral to its success and looks for ways to continue to enhance and grow the volunteer experience.

“I desire to become more involved in the ACC rather than just be a member and carry the FACC designation. Our health care system is changing, and I believe the ACC needs to be at the forefront representing the views and vision of its members and I hope to one day make such a contribution.”

Cardiologist, Indiana

Most Important Reasons For Considering/Performing ACC Volunteer Work



Q: Which of the following are most important to you when considering or performing volunteer work for ACC? (CardioSurve n=147)



Clinical Spotlight: Insights from Cardiology's Largest Outpatient Registry

The ACC's PINNACLE Registry is cardiology's largest outpatient quality improvement registry. Over the last several years it has grown to include 4.16 million patients with 17.3 million patient encounters across 170 practices, providing unparalleled insights on real-world management of coronary artery disease, hypertension, heart failure and atrial fibrillation.

To sustain the PINNACLE Registry's rapid growth, the College regularly gathers feedback and is looking closely at ways that PINNACLE can offer value to both current and future users. The majority of PINNACLE participants are very satisfied with the registry, particularly as it relates to participation in federal incentive programs, such as the Physician Quality Reporting System (PQRS).

Nearly eight out of nine participants are very/extremely satisfied with the program, an increase of 26 percentage points since 2012, and almost all (90%) are very/extremely likely to recommend participation in the PINNACLE Registry.

When it comes to specific PINNACLE Registry benefits, more than two out of five users (42%) noted the submission of their data for federal incentive programs as the top registry benefit, followed by national benchmark reports and quarterly performance reports. Almost half of practices (46%) are using PINNACLE Registry Performance Reports to inform quality improvement activities. Another PINNACLE feature vital to user satisfaction is the improved ease of data collection. Currently, practices spend on average just slightly more than

one hour per week (i.e., 1.1 hours per week) working on the PINNACLE Registry, a figure which has shown dramatic improvement over the past four years.

The survey findings also indicate clear opportunities for the College to share the benefits of the PINNACLE Registry with new participants, particularly those with electronic health record (EHR) systems and those seeking ways to participate in programs like PQRS or to meet the EHR Incentive Program Stage 2 option for reporting to a specialized registry. Participation in these programs help practices avoid penalties and earn incentives from the Centers for Medicare and Medicaid Services. Even participants that do not use PINNACLE as their PQRS submission method – about half do not – may find value in the performance rates and benchmarks that PINNACLE reports provide regularly.

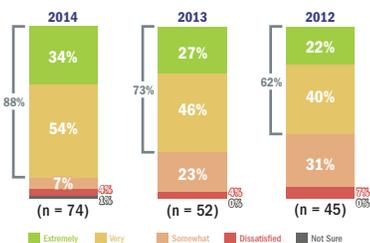
Many participants also expressed interest in the PINNACLE Registry Research Alliance, which can help to identify patients for participation in clinical trials or can identify new investigator sites for trials. Users also show support for the new Diabetes Collaborative Registry, which will be a seamless interface with the current PINNACLE Registry system and allow for much-needed data collection across the spectrum of diabetes and cardiometabolic disease management.

The PINNACLE Registry offers many opportunities for practices and providers to be on the front lines of care transformation at the national, state, local and individual office levels. PINNACLE participation allows practices to track progress over time and identify opportunities for improvement in key clinical areas like blood pressure management and stroke prevention.

Over the past two years, the number of providers and practices participating in PINNACLE has increased rapidly. Key components of this growth have been understanding the needs of registry users and providing them with the tools and resources necessary to enhance the performance of their practices which ultimately leads to better patient care.

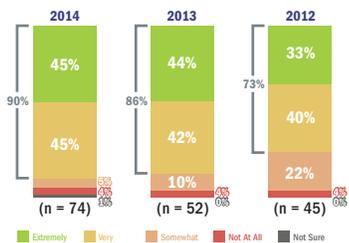
Learn more about the PINNACLE Registry at NCDR.com/PINNACLE.

PINNACLE Registry Overall Satisfaction – 2012-2014 Comparison



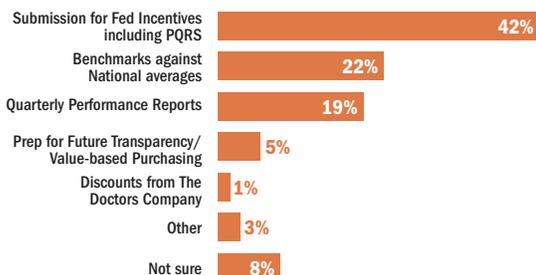
Q: Please indicate your overall level of satisfaction with the PINNACLE Registry.

PINNACLE Registry Likely To Recommend – 2012-2014 Comparison



Q: How likely would you be to recommend participation in the PINNACLE Registry?

Most Important PINNACLE Registry Participation Benefit



Q: What is the most important PINNACLE Registry participation benefit for you and your practice? (n=74)