### Why Are We 'Here?' The Intersection Between Cardiology and Oncology

Feb 17, 2017

Mary Norine Walsh, MD, FACC

Medical Director, HF and Cardiac Transplantation St. Vincent Heart Center, Indianapolis, IN

**President-Elect** 



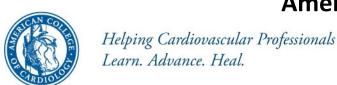
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## **Our Mission**

To Transform
Cardiovascular Care
and Improve Heart
Health





# Transforming Cardiovascular Care to Improve Heart Health

#### **Professionalism**

Continuous Quality Improvement Patient-Centered Care

Practice Excellence

**Health Policy** 

**Science and Quality** 

**Professional Development** 



Community

Learn. Advance. Heal.

# The American College of Cardiology Strategic Plan



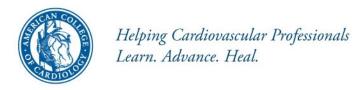


Helping Cardiovascular Professionals Learn. Advance. Heal.

# Current ACC Section Leadership Councils and Sections

- Academic Cardiology
- Adult Congenital and Pediatric Cardiology
- Cardio-Oncology
- Cardiovascular Care Team
- Cardiovascular Imaging
- Cardiovascular Management
- Cardiovascular Training
- Early Career Professionals
- Electrophysiology
- Federal Cardiology

- Fellows in Training
- Geriatric Cardiology
- Heart Failure and Transplant
- Interventional
- Peripheral Vascular Disease
- Prevention
- Sports and Exercise Cardiology
- Surgeons' Scientific
- Women in Cardiology



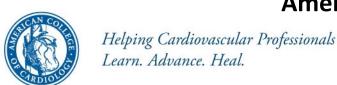
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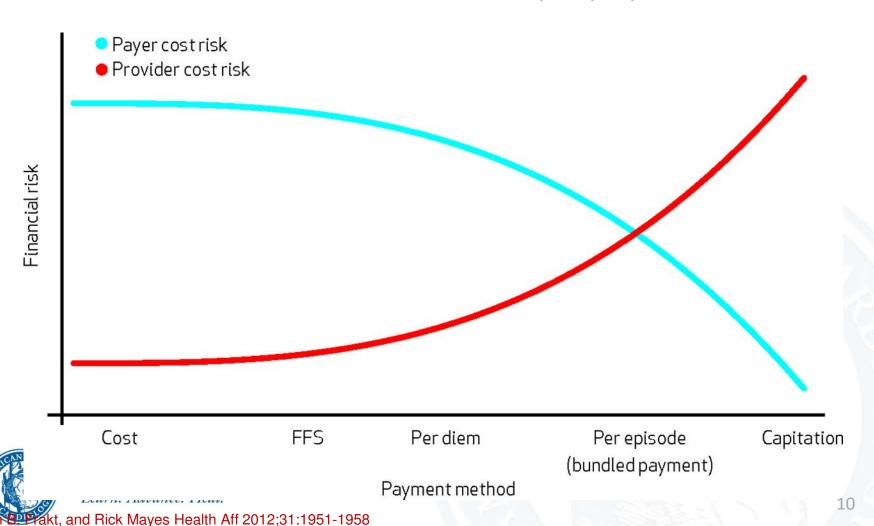
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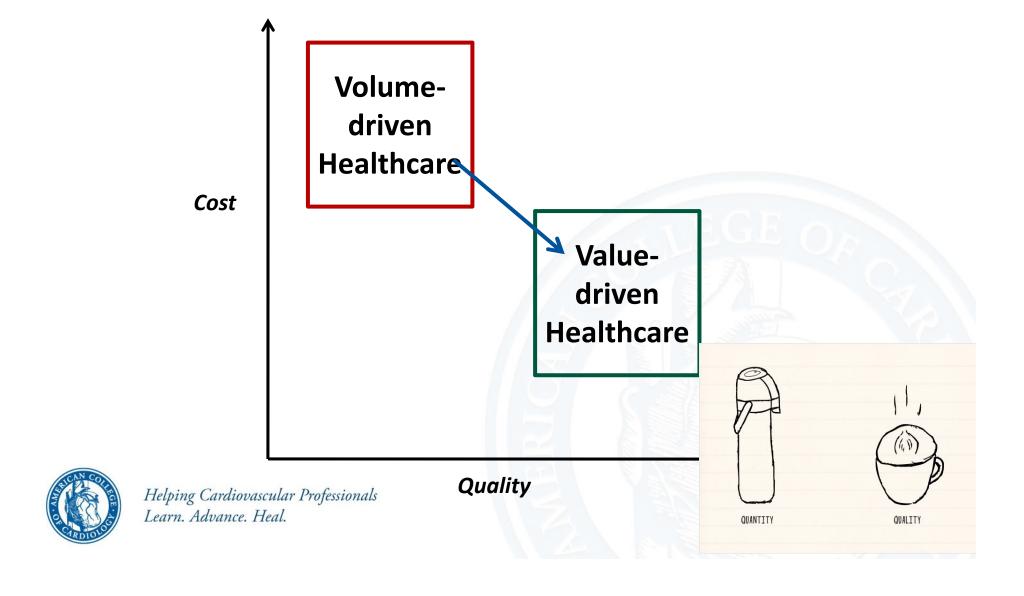


#### Financial risk is shifting from payors to providers

Financial Risk Of Care For Provider And Payer, By Payment Method.



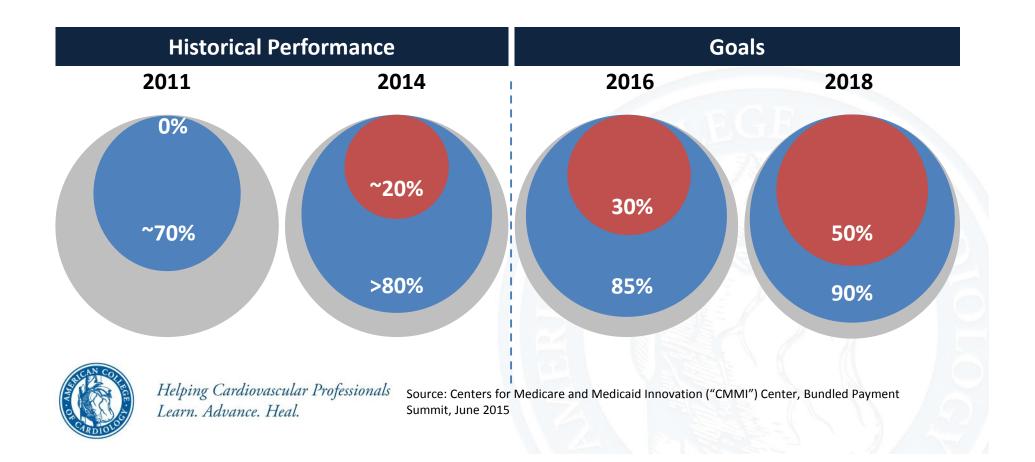
# Payment is Transitioning From Volume-Driven to Value-Driven



#### A National Transition to Value-Based Reimbursement

CMS Timeline Expects By 2018, 50% of Payments in Alternative Payment Models

Payments linked to alternative payment models
Fee-for-Service ("FFS") linked to quality
All Medicare FFS



THE CURVE

Second Curve
Value Payment
Continuity of Care
Required
System of Care
Providers at Risk
for Payment

Physician Alignment

IT Centric

**TIME** 

STRADDLE

### **Team Based Care**





#### The Team Will See You Now





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medical team.

She also diagnoses

patients, performs

procedures

and prescribes

medications.

like transportation and

financial assistance.

She also connects

patients to behavioral

health services for

depression.

manages lab results

and helps patients

with chronic diseases.

She is the point person

when the doctor isn't

available.

drugs correctly and

possible side effects

and interactions. He can

adjust dosages and help

manage conditions like

chronic pain.

and prepares them

to see the doctor. A

trained phlebotomist,

she does blood work

and tracks follow-up

appointments.

directs some routine

patient visits like

prenatal counseling.

She helps patients adopt healthier

lifestyles.

#### **Need for Team-Based Care**

Table 6. Average U.S. Staffing by Practice Size: Role Composition

	Total (%)	Small Program (<4 staff) n=107 (%)	Small-Medium Program (4–10 staff) n=86 (%)	Medlum Program (11–20 staff) n=45 (%)	Large Program (>20 staff) n=14 (%)
MD/DO FTEs	28.0	29.6	25.5	29.4	28.4
NP/PA FTEs	23.3	29.2	23.6	20.6	24.0
RN coordinator FTEs	27.6	21.4	24.4	29.3	33.0
Financial consultant	3.1	0.2	3.6	3.9	2.7
Social worker	5.2	2.8	6.1	5.4	5.1
Exercise physiologist	2.2	3.2	2.9	1.8	1.3
Nutritionist	3.8	5.1	4.9	3.3	2.1
Psychologist	2.7	2.8	3.2	3.0	1.5
Pharmacologist	4.1	5.6	5.8	3.3	1.8
Total no. of staff	2,386	298	762	826	500

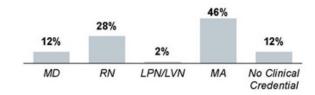
DO indicates doctor of osteopathy; FTE, full-time equivalent; MD, medical doctor; NP, nurse practitioner; PA, physician assistant; and RN, registered nurse.



### Working to the top of your license

#### Pre-visit chart review

N= 55



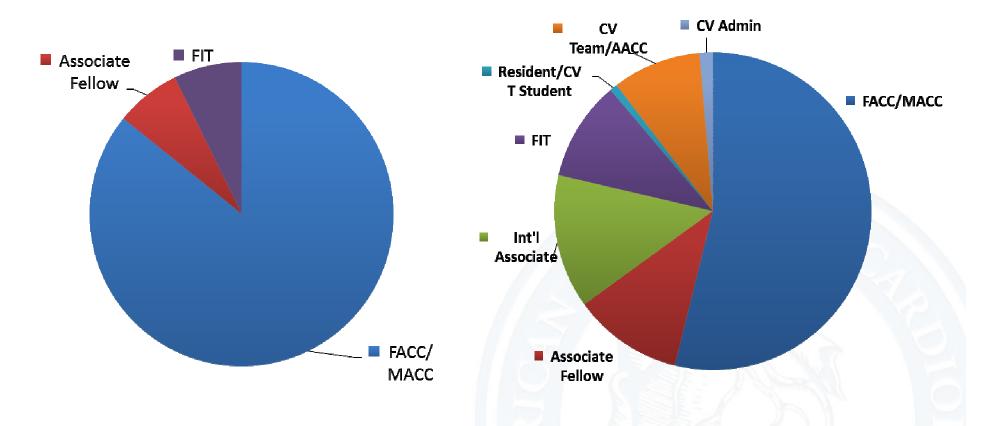
#### Patient self-management support





#### ACC in 2000 (26,000 Members)

#### ACC in 2016 (52,000+ Members)



Source (Right): Data compiled from 2015 Year End Official Member Count



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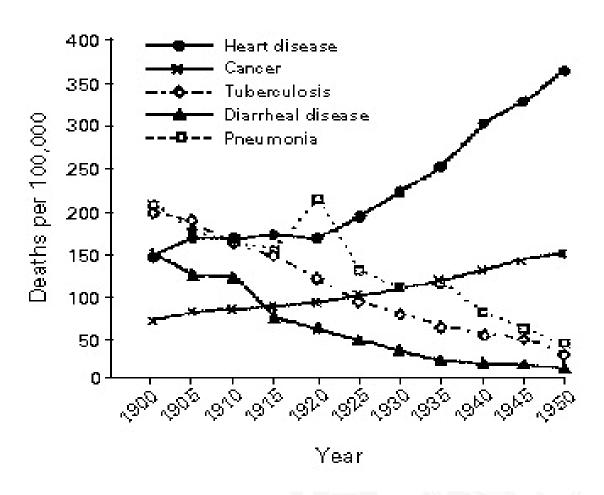
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# Crude Death Rates for Leading Causes of Death in the United States from 1900 to 1950





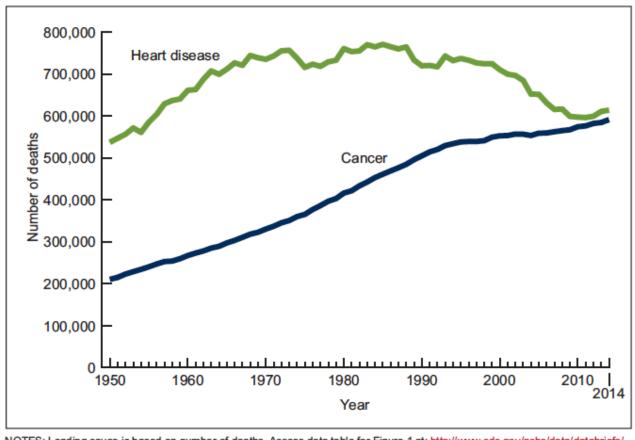


Figure 1. Number of deaths due to heart disease and cancer: United States, 1950-2014

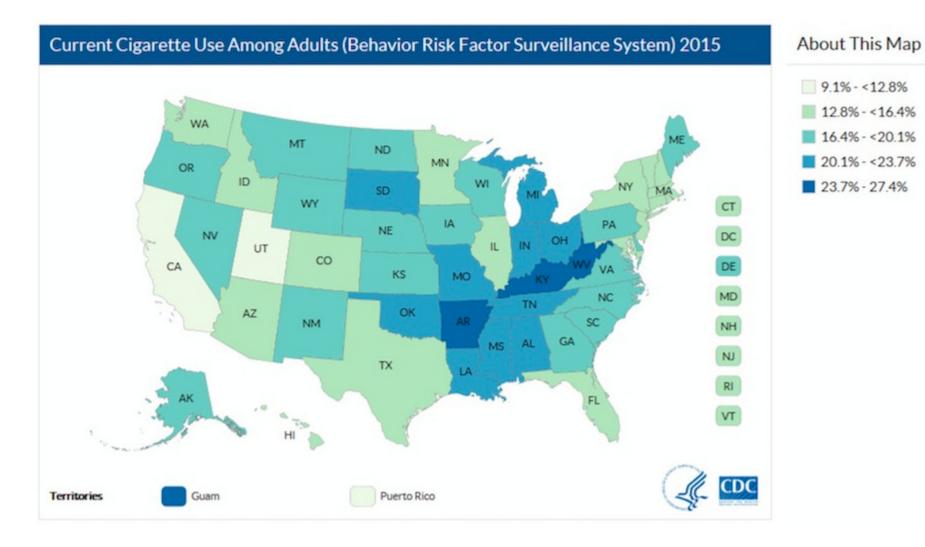
NOTES: Leading cause is based on number of deaths. Access data table for Figure 1 at: http://www.cdc.gov/nchs/data/databriefs/db254\_table.pdf#1.

SOURCE: NCHS, National Vital Statistics System, Mortality.



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United States Both sexes, All ages, 2015, Deaths IHD Stroke Lung C **LRI** Stomach C Colorect C Breast C Leukemia Brain C Lymphoma HIV Ovary C 🗀 Prostate C Oth Neopla Road Inj Falls Esophag C Aort An Pancreas C HTN HD Oth Cardio RHD A Fib Kidney C Uterus C Myeloma CMP Skin C Melanoma Endocar PAD Diabetes Alzheimer Urinary Self Harm Endocrine CKD COPD ILD ALS Parkinson Mech Ileus Cirr Alc Oth MSK Cirr HepC Oth Cirr Oth Digest Vasc Intest



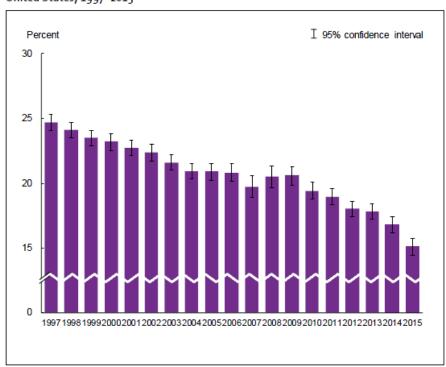
The figure presents the percentage of adults in each state who were current smokers in 2015.3



## **Current Smoking: NHIS**

#### **Current smoking**

Figure 8.1. Prevalence of current cigarette smoking among adults aged 18 and over: United States, 1997–2015

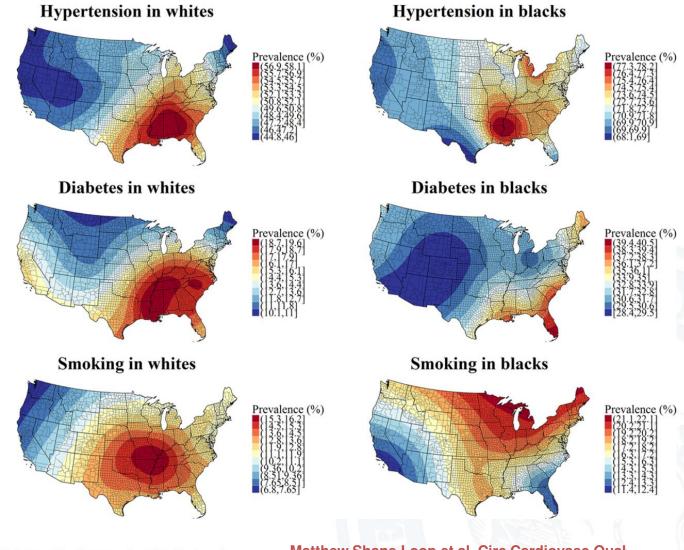


NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population. Current cigarette smokers were defined as those who had smoked more than 100 cigarettes in their lifetime and now smoke every day or some days. The analyses exclude persons with unknown cigarette smoking status (about 2% of respondents each year). See Technical Notes for more details.

DATA SOURCE: NCHS, National Health Interview Survey, 1997-2015, Sample Adult Core component.



## Maps of estimated hypertension, diabetes mellitus, and current smoking prevalence among whites and blacks, adjusted for age and sex.

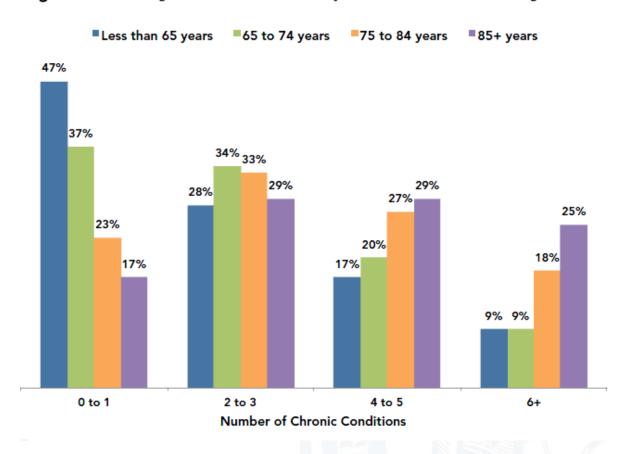




Matthew Shane Loop et al. Circ Cardiovasc Qual Outcomes. 2017;10:e003350

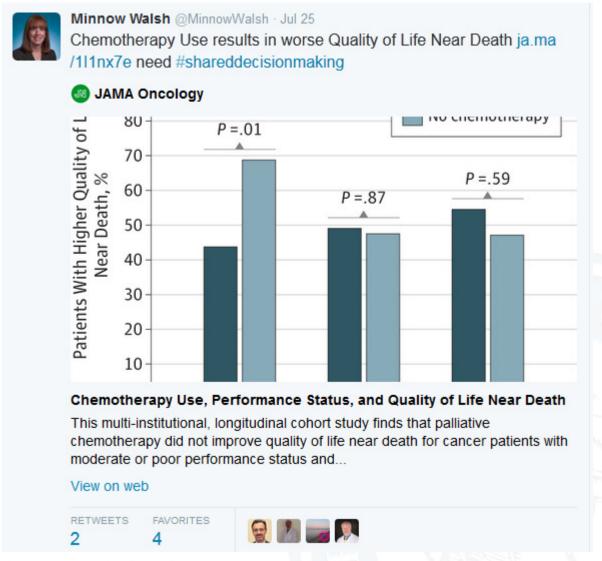
# Number of Chronic Conditions in Medicare FFS Beneficiaries 2010 by Age

Figure 1.2b Percentage of Medicare FFS Beneficiaries by Number of Chronic Conditions and Age: 2010





#### Palliative Chemotherapy Does Not Improve Quality of Life





### **Patient Centered Care**

