

# **How to Start a Women's Heart Program**

## **A Toolkit**

### **I. Mission statement**

To improve the cardiovascular care of women with or at risk for cardiovascular disease through data-driven and multidisciplinary clinical care, cutting-edge research, community engagement, and political advocacy. This can be accomplished by cardiologists who want to start a heart center for women or focus on managing women with cardiovascular disease.

Definition – An expert in cardiovascular disease in women is a cardiologist who understands the sex differences in cardiovascular disease and has acquired knowledge through education, training, and experience in treating women with cardiovascular disease

### **II. Structure**

- a. Academic – clinical, research, industry, training fellows, community outreach
- b. Private practice – clinical, community outreach, research optional
- c. Other/Rural/Underserved areas: clinical, community outreach, research optional, advocacy

#### **d. Infrastructure**

- 1. Comprehensive intake questionnaires
- 2. Women's focused educational handouts
- 3. Resources for women (dietician, physical activity, psychologist), whether virtual or onsite
- 4. Collaborations and mechanisms for easy referral between disciplines

### **III. Financial support for creating space and programs**

- a. Academic – institutional and philanthropy
- b. Private practice – practice and philanthropy
- c. Underserved- grant mechanisms, philanthropy

### **IV. Various focuses of the centers**

- a. Prevention – risk factor identification and modification
- b. General cardiology
- c. MINOCA/INOCA, SCAD, stress-induced CM

d. Multidisciplinary – Cardio-OB, Reproductive Health, Transgender care, Cardio-Oncology, Neurocardiology (stroke, migraines, Cardio-Cognitive movement disorders), Cardio-Rheum, Cardio-Metabolic, Psychology, and Psychiatry

e. Cardio-gynecology – menopause-related issues

## **V. Research**

a. Registries – eventually incorporated into NCDR

b. Randomized clinical trials – investigator-initiated, industry-sponsored

c. Review papers – in collaboration with other Cardiology organizations such as AHA, HRS, NLA, ASNC, SCAI, TCT, etc.

d. Quality

e. Patient-reported outcomes

f. Methodologies/behavioral research interventions

## **VI. Advocacy**

Advocacy and other mission-related categories - to "move the needle" on things Women's health-related such as reproductive rights and domestic violence.

## **Academic Heart Center for Women**

### **I. Structure**

#### *a. Academic – need support from the chief of Cardiology*

1. Clinical – develop a general Cardiology program that can include Cardio-Ob, Cardio-Oncology, etc.

2. Education- Ensure that Women's Heart topics are part of a core curriculum for CME and GME offerings. Incorporate the educational goals for training peers, APPs, Medical residents, and fellows. Incorporate the DEI perspective to make sure that sex differences, in addition to race and ethnic differences, are included in all presentations.

3. Community outreach – educational programs for the community to decrease healthcare disparities

### **III. Financial support for creating space and programs**

a. Academic – institutional and philanthropy (work with philanthropy department to engage grateful patients)

### **IV. Various focuses of the centers**

a. Prevention – risk factor identification and modification using CAC scores. Breast arterial calcifications may increase cardiovascular risk, and women with these findings should undergo cardiovascular risk evaluation. If possible, imaging modalities such as PET imaging/CFR for women and low radiation imaging (stress-only nuclear, PET, or prospective CT) should be available to improve diagnostic sensitivity.

b. General cardiology

c. Multidisciplinary – Cardio-Obs, Reproductive Health (could include Cardio OB, Transgender care, menopause, etc.) Cardio-Oncology, Cardio-Cognitive, Genetics

### **V. Research**

a. Registries – including HOPE and other disease-based registries, eventually incorporated into NCDR

b. Randomized clinical trials – investigator-initiated, industry-sponsored

c. Review papers – in collaboration with other Cardiology organizations such as AHA, HRS, NLA, ASNC, SCAI, TCT, etc.

## **Private Practice Heart Center for Women**

### **I. Structure**

#### *a. Academic – need support from practice group and partners*

1. Clinical – develop a general Cardiology program that can include Cardio-Ob, Cardio-Onc, etc.
2. Community outreach – educational programs for the community to decrease healthcare disparities

### **Infrastructure**

Comprehensive intake questionnaires

Women's focused educational handouts

Resources for women (dietician, physical activity, psychologist), whether virtual or onsite

Collaborations and mechanisms for easy referral between disciplines

### **III. Financial support for creating space and programs**

- a. Practice group, medical center, or hospital, engage grateful patients

### **IV. Various focuses of the centers**

- a. Prevention – risk factor identification and modification using mammograms and CAC scores
- b. General cardiology
- c. Multidisciplinary – Cardio-Obs, Cardio-Oncology, Cardio-Cognitive, Genetics

### **V. Research**

- a. Registries – eventually incorporated into NCDR
- b. Randomized clinical trials – investigator-initiated, industry-sponsored

## **Position Description for a Program Director of a Women's Heart Program**

### **I. Purpose and Scope**

Women's Cardiovascular Health is an emerging discipline within Adult Cardiology focused on the delivery of comprehensive, multidisciplinary care to women with known or previously undiagnosed cardiovascular diseases (CVD) or at risk for CVD, integrating cardiac imaging, electrophysiology, cardiovascular genetics, exercise physiology, interventional cardiology, and other cardiovascular disciplines to advance cardiovascular health best. In this role, the Director of the Heart Center for Women ("Director") provides leadership to accomplish all the activities and goals of the center.

The director will oversee clinicians, including physicians and advanced practice providers, assuring they are knowledgeable in the field's unique aspects to perform comprehensive assessments and give optimal recommendations for women with known cardiovascular disease or at risk for CVD.

The director will appropriately utilize cardiac imaging and exercise testing specific to patients; liaise with clinical and administrators in the Women's Service Line to develop educational materials and clinical protocols.

The director will engage with the primary care community and community members at large to further the understanding of CVD in women; and advance specific research relevant to this field. Developing a Heart Center for Women ("Center") is integral to ensuring the robust cardiovascular health of the greater community.

### **II. Responsibilities and Duties**

#### **A. Performance Standards, Operational Policy, and Efficiencies**

- Establish and implement women's cardiovascular health screening programs to support multiple service lines.
- Develop cardiovascular imaging programs specifically associated with diagnosing cardiovascular conditions in women.
- Establish and monitor the programs to evaluate and treat cardiovascular disease in women.
- Develop and establish test protocols specific to women, including cardiac imaging, ECG, histopathology findings, arrhythmias, genetics, and family history findings.
- Provide consultation on women's cardiovascular health issues concerning reproductive health, obstetrical care, and gynecological care.
- Participates in developing cardiac rehabilitation programs for women.
- The Director is responsible for physician and service performance metrics, quality data, and operational policy of the Center.
- Assures compliance with performance standards that measure physician satisfaction, patient satisfaction, clinical competence, and billing/coding

audits within the Center, ensuring patient and physician satisfaction meets or exceeds established targets.

- Participates in developing and reviewing policies and procedures governing the delivery of care directed to advance women's cardiovascular care.
- Assures adequate, proper, and timely medical records concerning all patients examined or treated by the Center.
- Identifies opportunities to reduce the cost of maintenance and improve efficiencies through standardization as applicable through process improvement and utilization review.
- Reviews the clinical/cost performance of the Center and recommend actions for improvement as necessary.
- Develops dashboard with clinical metrics including number of new referrals, source of referral (internal vs. external vs. self-referred), wait times for appts, downstream referral, revenue, total clinical volume generated by the program

**B. Strategy Development, Communications, and Implementation**

- Assists in the strategic development, communication, and deployment of new clinical programs and practices, including an integrated delivery model for Women's Cardiovascular health.
- Acts as a liaison to the Medical Staff to encourage the proper and appropriate use of protocols for this patient cohort.
- Assists Hospital Administration with designing, implementing, and coordinating resources to ensure efficient and effective processes.

**C. Leadership**

- Serves as the primary contact for all cardiology issues for all partnerships in delivering women's cardiovascular care.
- Responsible for developing and maintaining a close relationship with the primary care community to provide a multidisciplinary approach to women's cardiovascular care.
- Serves in a Leadership role with all communications, meetings, and initiatives related to women's cardiovascular health. Within the Center, responsible for clinicians' behavior, compliance with expectations, and ensuring appropriate and constructive communications.
- Provides a professional review for women's cardiovascular services offered to patients at any facility.

- Within the Center, identifies clinician conflicts, including behavior and non-compliance, and ensures resolution.
- Collaborating with the Adult Cardiology Section members to develop and implements policies and procedures to facilitate the adoption of evidence-based medicine (EBM) and practice-based standards.
- Plans and implements new clinical programs as directed by the medical center/hospital leadership.

#### **D. Quality**

- Advises medical center/hospital leadership and administration concerning the scope, availability, and quality of care provided within the Center.
- Develops and recommends protocols related to women's cardiovascular health to be promulgated across healthcare delivery locations.
- Recommends changes/improvements to existing technologies, practices, techniques, and equipment, impacting the overall quality of care provided to patients within the Center.
- Encourages and identifies professional development opportunities for physicians and staff associated with or interested in women's cardiovascular health.
- Participates in committee work and attends meetings dealing with women's cardiovascular health, including but not limited to morbidity and mortality conferences, departmental conferences, meetings with vendors, and local, state, and national meetings, as needed.
- Responsible for Patient Satisfaction scores as relates to areas of responsibility.
- Responsible for Referring Physician Satisfaction scores in the areas of responsibility.
- Shares accountability for the medical center's/hospital's financial performance.

### **III. Knowledge and Abilities**

This position requires a physician with advanced clinical and leadership skills. The Director will need to possess the following professional and personal attributes to execute the roles and responsibilities of this position successfully:

- Known and respected within the specialty for clinical excellence.
- Knowledge of evidence-based medicine and clinical advances in the discipline.
- Ability to plan and delegate assignments, review work, and supervise other clinicians.



- A leadership style that emphasizes communication, collegiality, flexibility, and the ability to work with a diverse, highly qualified medical staff.
- Ability to develop effective working relationships with physicians and administration.

IV. Educational Requirements

The Director must be licensed or qualified for licensure to practice medicine in the State. The Director must hold active certification from the American Board of Internal Medicine in the specialty of Cardiovascular Disease or a recognized subspecialty of Cardiovascular Disease.

V. Performance Metrics:

Goals and objectives for the Director (and the team assigned to lead) will be developed jointly by the medical center/hospital system's facility and medical group management leadership in conjunction with the administration. These will be established annually to address (1) quality; (2) value; (3) patient experience, (4) affordability; and (5) growth. Regularly scheduled reviews of performance related to the established goals will occur, and corrective action work plans will be developed when needed.

## **Helpful tips for success**

### **1. Before starting a practice/program/center for women:**

a. Get support from your chief of Cardiology, partners, and administrators. State why this is important, emphasizing that your goal is to improve the quality of care and bring patients to the practice.

b. Get support from a champion of your multidisciplinary team, such as clinicians from OB/GYN, Psychology/Psychiatry/ Neurology, Nutrition, Endocrinology, Rheumatology, etc. Inform them of your plans, what you want to offer patients, and why it is essential to have this multidisciplinary team. Meet with the team as needed.

c. Discuss your plans with philanthropy and learn how to get philanthropic support from grateful patients and donors for financial support for research, educational and community activities, and mentoring.

d. Educate yourself and others who will work with you on women's health in general. There are many women's health-focused conferences, so you can learn as much as you can about specific health issues that affect women.

### **2. Building a center of just focusing your practice on heart disease in women**

a. Building a physical office or center requires many resources and may only be possible for some. Start by just marketing yourself as an expert in heart disease in women.

b. Consider building a physical space only once you have established a robust practice and there is ongoing financial support with philanthropy or research funding,

### **3. Establishing yourself**

a. Join local/regional/national organizations to collaborate with others with heart centers/programs/practices for women.

b. Volunteer your services to write papers or do programs with others to educate, mentor, and train others to focus on women with heart disease.

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