



Advocacy in Action

July 19, 2024
Industry Advisory Forum

Summary Report

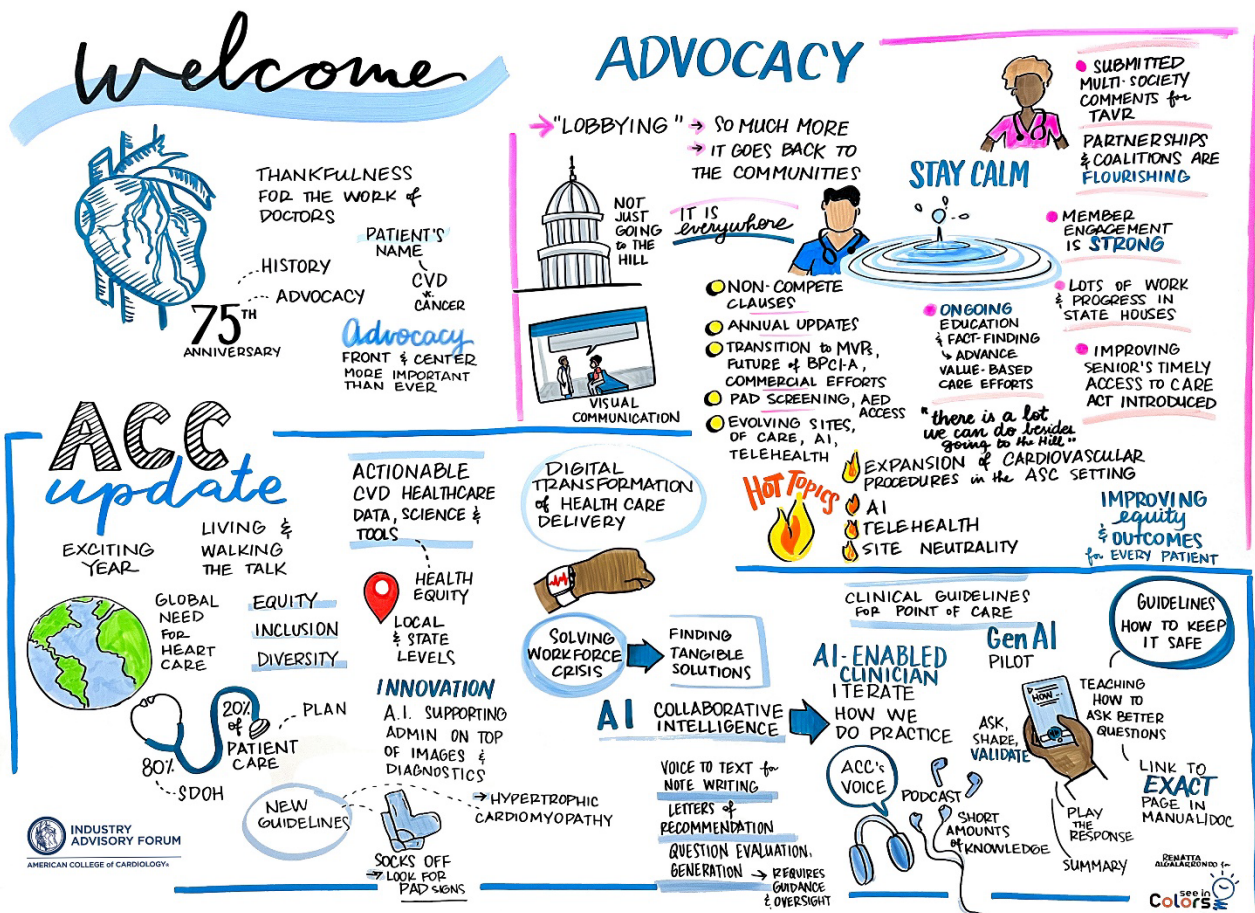
Enclosed are the following:

- Executive Summary
- Meeting Agenda & Discussion Questions
- Participant List
- Participant Survey Results

Executive Summary

The American College of Cardiology's (ACC) July 2024 Industry Advisory Forum (IAF) kicked off with a welcome from Work Group Chair and ACC Past President **Mary Norine Walsh, MD, MACC**. Current ACC President **Cathleen Biga, MSN, FACC** followed with an outline of ACC's Strategic Plan and major initiatives, which include a continued focus on health equity. Noting her unique position as the first non-physician president, Biga stressed the importance of the College's efforts to transform cardiovascular care for all through innovative, sustainable approaches that include the entire cardiovascular care team. She also highlighted the impact of social determinants of health (SDOH) on patient outcomes and discussed how the ACC is working to develop the next generation of clinicians, researchers and leaders. As the ACC continues to celebrate its 75th Anniversary, Ms. Biga also shared plans for a [75th Anniversary Gala at ACC.25 in Chicago](#) to culminate the year and raise funds to continue building on the College's legacy and shaping a bright future for cardiovascular medicine.

Next, ACC's Chief Innovation Officer **Ami Bhatt, MD, FACC**, provided an update on progress made since the December 2023 IAF around clinical guidance at the point of care. The ACC recognizes the transformative potential of generative AI in health care, and its necessity due to the overwhelming volume of data clinicians face and the speed at which medical knowledge becomes obsolete. To begin to address this challenge, Bhatt and the ACC Innovation team launched an [AI resource center](#) in April and recently hosted a virtual summit that discussed fostering collaborative intelligence and successful implementation of AI technologies. Bhatt plans to continue educating through a new podcast series and will pilot a couple programs testing different generative AI models that aim to deliver accurate information to clinicians at the point of care. She closed by addressing

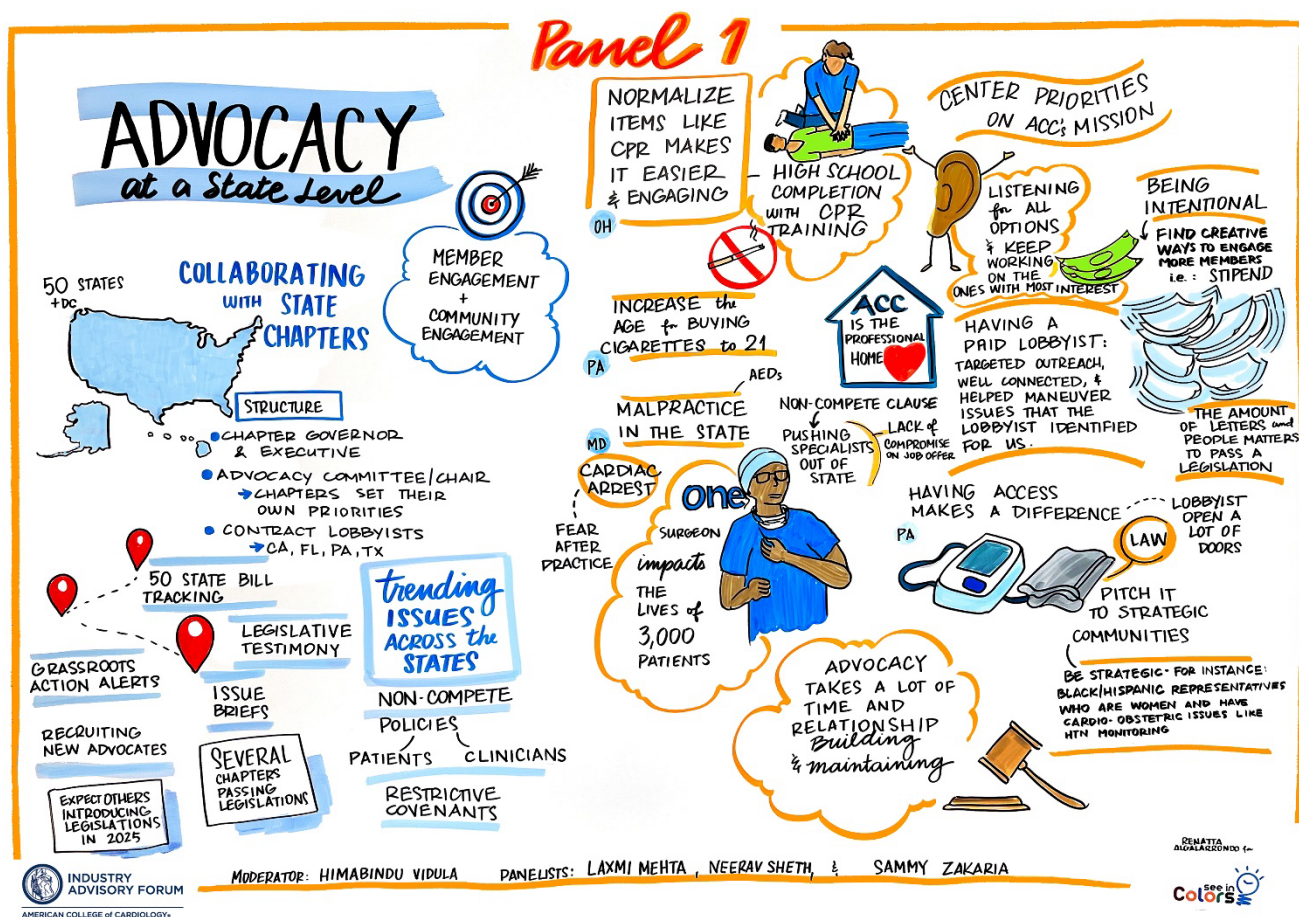


the risks and ethical considerations related to AI and the importance of advocating for responsible AI integration and sustainability for future generations.

As we shifted to the topic of the day, advocacy, participants heard from ACC Advocacy Division Vice President **Nick Morse, MBA**. He described advocacy at ACC as a continuous effort to influence policy and legislation to benefit health care providers and patients. This work is embedded within all the ACC strategic pillars and put into practice through big 'A' advocacy, lobbying at the federal and state levels, and though little 'a' advocacy, getting involved in the communities and directly with patients and caregivers. The Advocacy team regularly engages with Congress to address key issues such as access to care for all, telehealth, clinician workforce retention, prior authorization challenges, health care spending, and policy reforms. Morse also shared the importance of fostering partnerships with likeminded organizations and engaging members and communities to ensure all voices are heard in policy discussions to improve the health care ecosystem. Despite the complex financial challenges facing the health care system, Morse and the ACC remain optimistic about the impact of continued advocacy and collaboration in improving the health care landscape.

Next, **Michael Lawrence** from the ACC's State Advocacy team provided an overview of state-level legislative priorities and recent activities. The ACC State Advocacy team manages advocacy across all 50 states, continually tracking legislation, organizing lobby days, and engaging with members to increase grassroots advocacy that supports the ACC Mission.

ACC's State Chapters are a critical component of ACC' Advocacy work, serving as the grassroots, on-the-ground voices of the College. ACC Board of Governors (BOG) Chair **Himabindu Vidula, MD, FACC**, provided an overview of ACC's BOG and State Chapter structure and moderated a panel discussion sharing successful examples of



Chapter initiatives aimed at engaging with local lawmakers and communities to optimize patient care and outcomes. All panelists stressed the importance of clinician involvement in advocacy to ensure impactful and informed policymaking, and shared successful strategies such as travel stipends, social media and synchronizing advocacy events with other commitments to reduce barriers to involvement for busy clinicians.

Laxmi Mehta, MD, FACC, chief well-being leader and director of preventative cardiology and women's cardiovascular health at the Ohio State University Wexner Medical Center, followed Dr. Vidula, sharing her journey in advocacy which started with attending ACC's annual [Legislative Conference](#). Realizing the impact she could make, Mehta became more involved and has led many efforts as a former governor of the ACC Ohio Chapter including advocating for CPR as a high school graduation requirement and working on AED access and student athlete safety. She noted that collaboration with other organizations is often essential for advancing the central mission of improving patient care and outcomes, but it also requires careful consideration, especially when goals of partnering organizations don't fully align with those of the ACC.

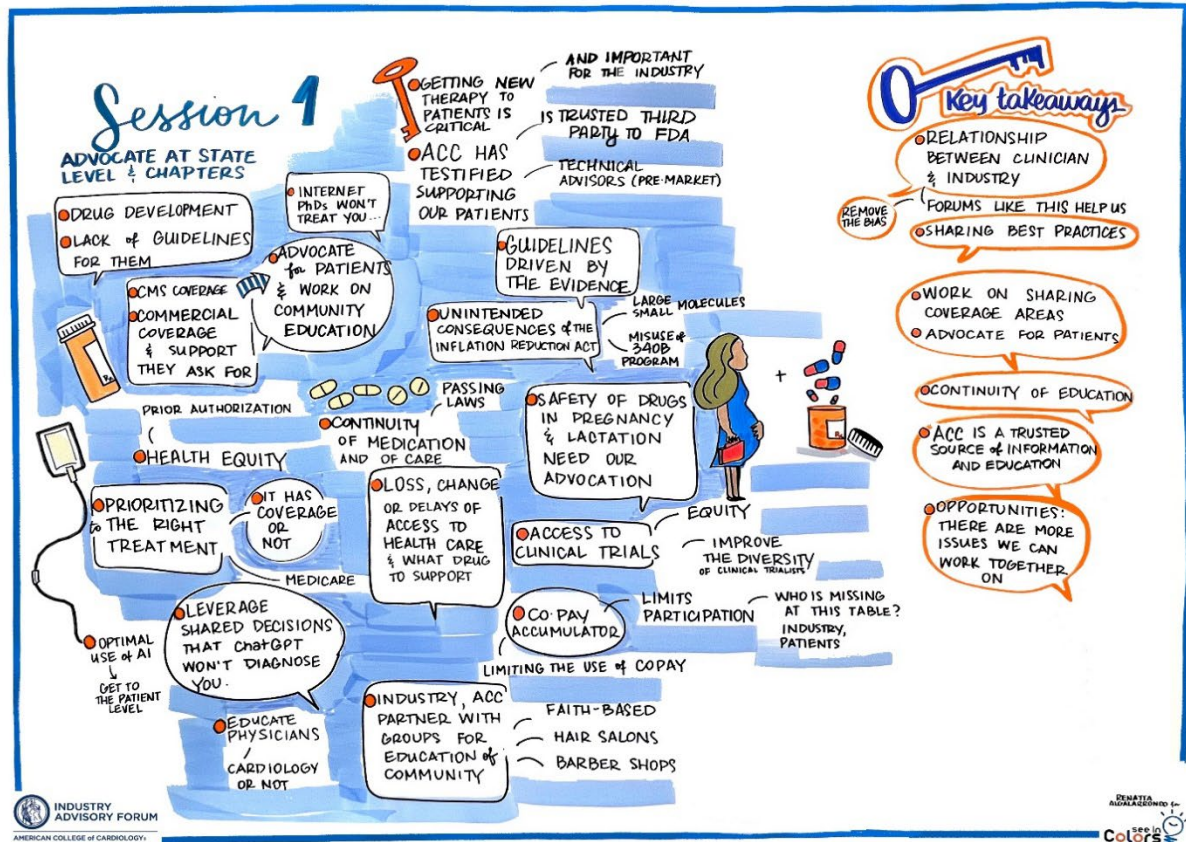
Neerav Sheth, MD, FACC, an internal cardiologist from Southeast Philadelphia and ACC Health Affairs Committee chair, has been actively involved in various advocacy efforts in Pennsylvania. Utilizing a contract lobbyist, the ACC Pennsylvania Chapter has been able to target outreach to ACC members in relevant districts broadening reach for key initiatives. This approach has facilitated effective advocacy by enabling local cardiologists, who are community pillars, to engage directly with legislators. Recent successes include raising the age for cigarette purchase to 21, advocating for partial non-compete bill amendments, and working on prior authorization reforms. Additionally, Dr. Sheth chairs the DEI Task Force for the PA Medical Society, where he strategically partnered to pitch a bill to the Black Women's Caucus in PA to expand Medicare coverage for at home blood pressure cuffs improving access to care for at-risk women during pregnancy and postpartum.

Sammy Zakaria, MD, FACC, governor of the ACC Maryland Chapter and cardiologist at Johns Hopkins, shared his advocacy for early CPR and AED use. Personal experience fueled his efforts to lobby for more AEDs in restaurants and with persistence led to legislative success last year. Zakaria stressed the importance of physician involvement in non-compete advocacy efforts pointing to the numerous phone calls, conversations, and testimonials from affected health care professionals providing real-life examples of the significant disruptions non-competes cause in patient care. This testimony and partnerships with likeminded organizations played a significant role in the successful passage of the legislation to ban the practice in Maryland.

Small group discussions continued after the panel with the major takeaway being that there are opportunities for collaboration in advocacy between industry, society and clinicians. Some shared areas of interest from the discussion are below:

1. **Access to Care:** Addressing barriers like pre-authorizations, re-authorizations, and step therapy that hinder patient access to treatments. Efforts to improve equity in access for rural and underserved communities, particularly for innovative technologies and treatments, and addressing disparities in healthcare delivery.
2. **Education and Awareness:** Emphasis on the need for clinician education in relation to new guidelines, emerging technologies, and pharmaceutical advancements. The challenge of keeping guidance current with rapid knowledge generation was acknowledged. Advocating for evidence-based decisions over non-medical sources like "Doctor Google" and social media misinformation.
3. **Insurance and Payor Challenges:** Significant issues with payors, including the misuse of guidelines to deny coverage, challenges with prior authorizations, and pharmacy benefit manager (PBM) practices including lack of transparency that negatively impact patient care. Efforts to streamline processes with payors and push for better adjudication outcomes that favor patient access to necessary treatments.

4. **Legislative and Regulatory Policy:** Involvement in federal and state issues, including testimonies to Congress advocating for accelerated approvals of new innovative therapies, banning non-compete clauses, and supporting acts like the Treat and Reduce Obesity Act. Additionally, concerns were mentioned about the impact of Medicare changes, the need for stronger review processes at CMS, and the unforeseen impact of the Inflation Reduction Act.
5. **Patient-Centered Approaches:** Focus on meeting patients where they are, including mobile and remote services and seeking partnerships with local and national groups to foster trust. Addressing sustainability of programs and the stigma of seeking care in certain communities.



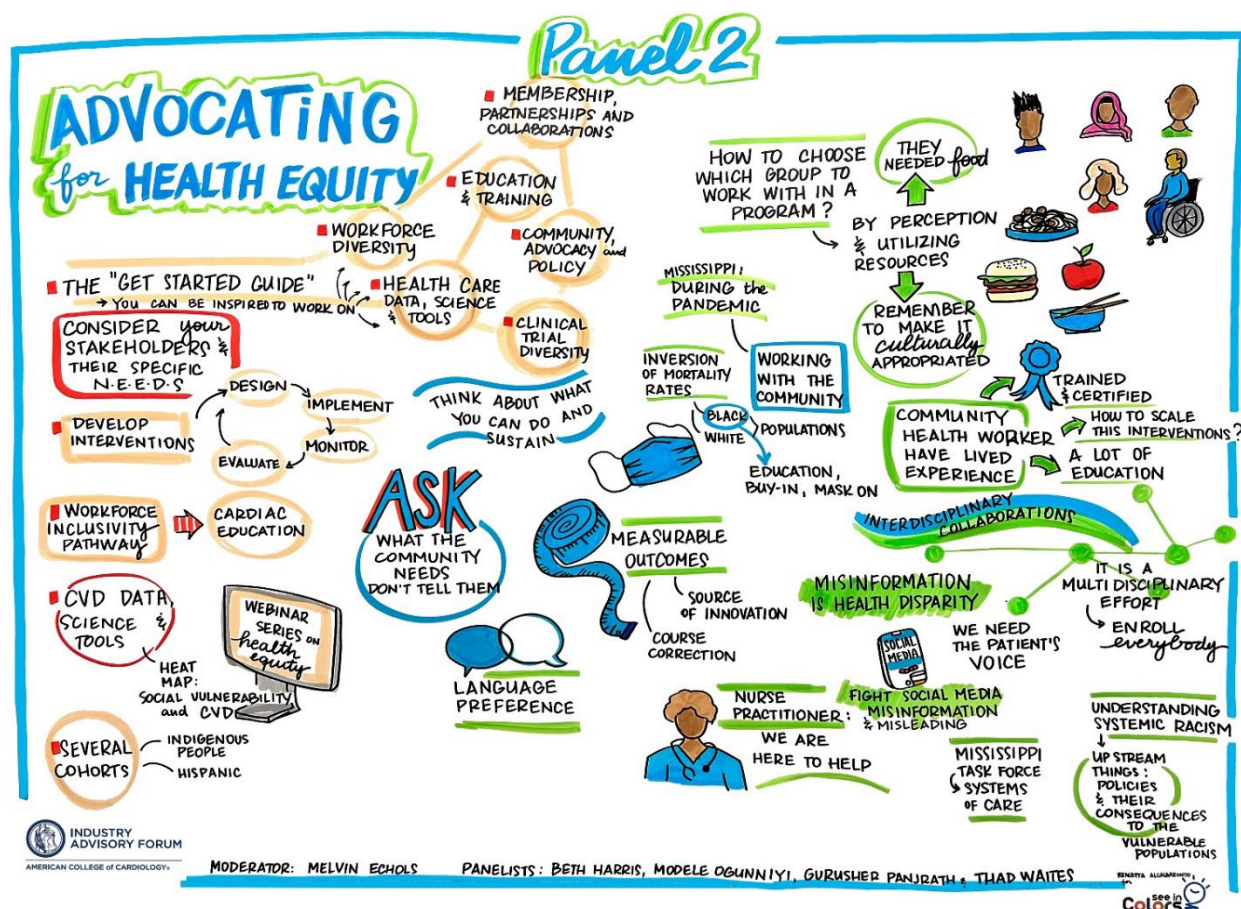
In the afternoon, ACC's Chief Diversity, Equity and Inclusion Officer **Melvin Echols, MD, FACC**, delivered a comprehensive update on [ACC's health equity strategy](#) and programs that push the needle in this space. He emphasized the importance of starting small and focusing on impact, with programs like [Young Scholars](#), which introduces students to cardiology in high school, and the [Internal Medicine](#) and [Clinical Trials Research](#) programs, aimed at inspiring underrepresented medical residents to advance their careers in cardiology and in research, respectively. He also discussed the development of a Health Equity dashboard to track metrics and education focused on reaching underrepresented groups through community engagement, and sustainable, impactful interventions.

Echols introduced the second panel to share their experiences and best practices for advocating in their communities to address health equity. Throughout the discussion, all panelists stressed the importance of educating and involving Community Health Workers (CHW). Described by **Modele Ogunniyi, MD, MPH, FACC**, as a frontline public health worker who has the lived experience of the community that they serve. She leads several successful CHW initiatives in Atlanta, one for women with hypertensive disorders during pregnancy that provides an opportunity for patients to walk with a CHW weekly and discuss diet and exercise; and another to provide CHW led health visits to homeless communities in shelters, meeting patients where they are.

Thad Waites, MD, MACC, a member of the Mississippi State Board of Health and long-time ACC leader, shared his experience in getting funding approved for a CHW program in the state. Waites also noted that Mississippi had tremendous success reducing COVID-19 related mortality rates for the Black population by tailoring approaches to education and care in differing communities based on their needs during the pandemic.

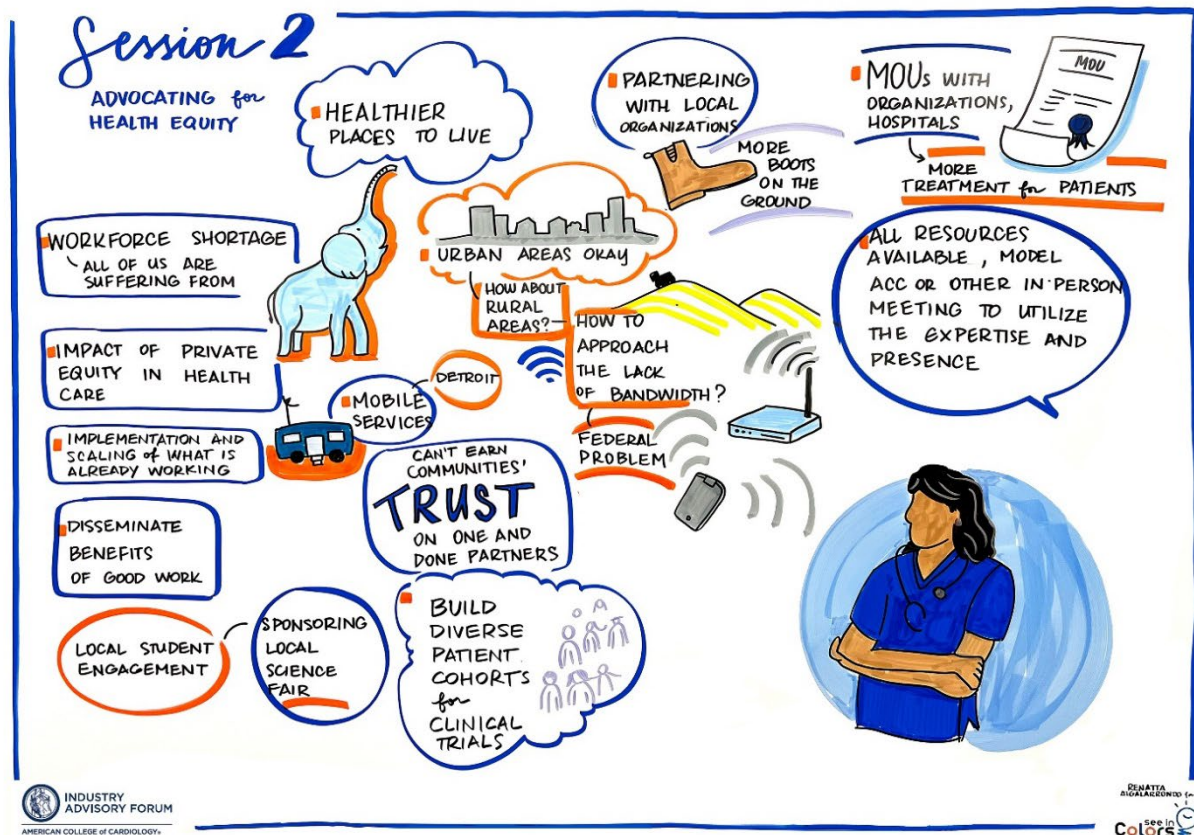
Gurusher Panjraht, MD, FACC, highlighted his efforts in Washington, DC, to implement a city-wide nutrition program over the last 10 years. He noted the impact of community feedback and culturally appropriate meal offerings in boosting participation in the program, which has expanded over time into Maryland and Virginia. Panjraht added the critical importance of integrating CHWs into the health system. Utilizing the measurable health outcomes from the community implementation projects, he successfully provided data to Medicaid/insurance to gain reimbursement for CHWs making the practice sustainable and providing potential to expand coverage in the future.

Beth Harris, DNP, ACNP-BC, encouraged the involvement of advanced practice and CV care team members earlier in the process of identifying and developing solutions to address health equity. In Harris' experience in Atlanta, the CV care team often has the most connection to patients and issues in their communities. Tools, such as a simple SDoH survey, can drastically alter the care a patient receives and their health outcomes. Harris also brought up the topic of combating social misinformation as a health disparity.



The day wrapped up with final **small group discussions** focused on successful approaches to community engagement and innovative ways to deliver health care and disseminate education to patients. In addition to the community programs shared by ACC and members, several industry partners are operating targeted community campaigns. Below are some of the shared themes and challenges discussed:

1. **Importance of Partnerships:** Engaging with established advocacy groups, and local community organizations is an effective strategy to build trust and expand reach. Collaboration with non-health organizations (e.g., STEM education) can enhance community engagement beyond just healthcare.
2. **Sustainability:** The importance of establishing continuity mechanisms and standards for ongoing research, recruitment, and engagement with communities. Emphasizing the need for sustainable platforms and collective databases to match resources better to community needs and ensure availability of long-term care and education.
3. **Innovative Screening and Follow-Up:** The need for innovative approaches to screening, such as mobile units and community health workers, to bring screenings and trial opportunities directly into communities. Challenges around loss to follow-up after screenings, with suggestions for creating more stable avenues for care by utilizing ACC and its member network, providing connections to telehealth and strengthening the network and infrastructure of health fairs.
4. **Overcoming Misinformation and Bias:** Misinformation remains a significant barrier, with algorithms sometimes pushing false information, requiring careful strategies to counteract this. Social media and virtual outreach may not be effective communication strategy in rural settings, highlighting the need for alternative methods like radio and mobile units. Addressing stigma and biases associated with working with industry partners is essential for effective community engagement.
5. **Importance of Metrics and Outcomes:** Demonstrating success through KPIs, data and outcomes is essential for securing ongoing investment and ensuring sustainability of outreach efforts.



ACC would like to thank all the IAF participants and Renatta Algarrondo from [See in Colors](#) for the graphic depictions of the conversation throughout the day.

ACC IAF MEETING AGENDA

Friday, July 19, 2024

Heart House, Washington, DC

Topic – Advocacy in Action

8:00 am – 9:00 am	BREAKFAST, TAKE SEATS & SETTLE IN
9:00 am – 9:05 am	Welcome to IAF, Opening Remarks & Introduction Mary Norine Walsh, MD, MACC, ACC Past President; Chair, ACC Industry Advisory Forum; Medical Director, Heart Failure & Cardiac Transplantation, Ascension St. Vincent Cardiovascular Research Institute
9:05 am – 9:15 am	ACC Update Cathleen Biga, MSN, FACC, ACC President
9:15 am – 9:20 am	Q&A
9:20 am – 9:40 am	ACC Update on Clinical Guidance at the Point of Care (Dec 2023 IAF) Ami Bhatt, MD, FACC, ACC Chief Innovation Officer
9:40 am – 9:45 am	Q&A
9:45 am – 10:15 am	ACC Advocacy – Past & Present Nick Morse, MBA, ACC Vice President Advocacy
10:15 am – 10:20 am	Q&A
10:20 am – 10:30 am	BREAK
10:30 am – 11:30 am	Advocacy at the State level Michael Lawrence, ACC Director, State Government Affairs ACC State Chapter Advocacy - Panel Discussion Moderated by Himabindu Vidula, MD, FACC – Board of Governors Chair, University of Pennsylvania Panelists: <ul style="list-style-type: none"> • Laxmi Mehta, MD, FACC – Membership Committee Chair, Ohio State University Wexner Medical Center • Neerav Sheth, MD, MBA, FACC – PA Advocacy Chair, Cardiology Consultants of Philadelphia • Sammy Zakaria, MD, FACC - MD Chapter Governor, Johns Hopkins Bayview Hospital



INDUSTRY ADVISORY FORUM

AMERICAN COLLEGE of CARDIOLOGY®

11:30 am – 12:15 pm	Small Group Discussions and Report Out <ol style="list-style-type: none">1. What advocacy issues are your organizations most focused on?2. How does industry prioritize issues at federal and state level? Is there an example to highlight?3. What are your key takeaways from the ACC advocacy discussion and why? Did you identify any ideas for collaboration that can lead to success?
12:15 pm – 1:15 pm	Group Picture & LUNCH (60 minutes)
1:15 pm – 2:15 pm	Advocating for Health Equity Melvin Echols, MD, FACC, ACC Chief Diversity, Equity & Inclusion Officer Approaches to Advocacy in the Community - Panel Discussion Moderated by Melvin Echols, MD, FACC Panelists: <ul style="list-style-type: none">• Beth Harris, DNP, ACNP-BC – Emory Healthcare• Modele Ogunniyi, MD, MPH, FACC – Emory University/ Grady Health System• Gurusher Panjrath, MD, FACC – George Washington University Hospital• Thad Waites, MD, MACC – Hattiesburg Clinic/ Forrest General Hospital, MS State Board of Health
2:15 pm – 3:00 pm	Small Group Discussions and Report Out <ol style="list-style-type: none">1. What methods does your organization use to engage in community outreach?2. How do you reach underserved communities? Which organizational systems affect the success of community advocacy?3. What are some innovative approaches we can employ to screening and connecting community members to follow up care when needed?4. What other stakeholders and partners does your organization lean on in these efforts?
3:00 pm – 3:15 pm	WRAP-UP AND ADJOURNMENT

List of Participants

ACC Leadership

Cathleen Biga, MSN, FACC

President, American College of Cardiology

Richard Kovacs, MD, MACC

Past President, Chief Medical Officer, American College of Cardiology

Mary Norine Walsh, MD, MACC (IAF Chair)

Past President, American College of Cardiology
Medical Director, Heart Failure & Cardiac Transplantation, Ascension St. Vincent Cardiovascular Research Institute

ACC Industry Advisory Forum Work Group

Paul N. Casale, MD, MPH, MACC

Professor of Clinical Medicine, Weill Cornell Medicine
Executive Director, New York Quality Care

Paul L. Douglass, MD, MACC

Chief, Division of Cardiology, Atlanta Medical Center
Director, Cardiovascular Services, Wellstar Atlanta Medical Center

Ty Gluckman, MD, FACC

Medical Director, Center for Cardiovascular Analytics, Research, & Data Science
Providence St. Joseph Health, Portland, Oregon

Jennifer Silva, MD, FACC

Director, Pediatric Electrophysiology
Professor, Pediatrics & Biomedical Engineering Faculty
Fellow in Entrepreneurship
Washington University School of Medicine

ACC Members & Faculty

Ami Bhatt, MD, FACC

Chief Innovation Officer,
American College of Cardiology

Melvin Echols, MD, FACC

Chief Health Equity, Diversity and Inclusion Officer,
American College of Cardiology

Elizabeth Bolton Harris, DNP, ACNP- BC

Chief Advanced Practice Provider
Emory Healthcare

Akshay Khandelwal, MD, MBA, FACC

Allegheny Health Network
Treasurer, Board of Trustees, American College of Cardiology

Sandra Lewis, MD, FACC

Associate Clinical Professor, Medicine
Oregon Health & Science University
Member, Board of Trustees, American College of Cardiology

Laxmi Mehta, MD, FACC

Chief Well-Being Leader, The Ohio State University
Wexner Medical Center
Membership Committee Chair, American College of Cardiology

Modele Ogunniyi, MD, MPH, FACC

Professor of Medicine
Emory University/ Grady Health System

Gurusher Panjra, MD, FACC

Director, Heart Failure and Clinical Supports
George Washington University
DC Governor, American College of Cardiology

Neerav Sheth, MD, MBA, FACC

Cardiologist, Private Practice
Health Affairs Committee Chair, Pennsylvania Chapter,
American College of Cardiology

Himabindu Vidula, MD, MS, FACC

Medical Director of Mechanical Circulatory Support
University of Pennsylvania
Chair, Board of Governors, American College of Cardiology

List of Participants

ACC Members & Faculty (cont.)

Thad Waites, MD, MACC

Hattiesburg Clinic/Forrest General Hospital,
MS State Board of Health
Health Equity Committee, American College of
Cardiology

Sammy Zakaria, MD, MPH, FACC

Associate Professor of Medicine
John's Hopkins University School of Medicine
MD Governor, American College of Cardiology

ACC IAF Members

Abbott

Janet Fike, MHA, COC, CPMA, FACHE
Director, HE&R

Kimberly Swan, MBA

Group Global Marketing Manager

Alnylam

Deirdre Parsons, MPP, MPH, MS

Senior Director & Head of Public Policy & Government
Relations

Amgen

Jordan Layson

Sr. Director, Government Affairs

Stefanie Wiegand

Director, US Health Policy & Reimbursement

AstraZeneca

Joceyln Ashford

US Head, Corporate Affairs, Cardiovascular, Renal &
Metabolic

Filip Surmont, MD

US Medical Head, Heart Failure, Renal & Metabolism

Bayer

Tamara Windau-Melmer, MPH

Director, Advocacy Relations CVR

Boehringer Ingelheim

Boston Scientific Corporation

Cameron Baker

Manager, Federal Government Affairs

Steve LaPierre

Sr. Director, Government Affairs

BridgeBio

Kristen Binaso, RPh

Sr. Director, Professional Society Engagements &
Educational Partnerships

Andrea Zider, PhD

VP, Medical Affairs

Bristol Myers Squibb

Jennifer Costello, PharmD, BCPS

Patient Advocate CV Lead

Aakash Patel, PharmD

Director, Cardiovascular & Immunology Policy

Bristol Myers Squibb/ Pfizer Alliance

Michael Myers, PhD, BCMAS

Medical Director, NVAf Medical Lead, US Medical
Cardiovascular & Established Brands (BMS)

George Sands, MD, FACC

Senior Medical Director, US Medical Affairs, Internal
Medicine (Pfizer)

CVRx

Bonnie Handke, RN, MBA

Sr. VP, Patient Access, Reimbursement & Policy

Kristi Masser

Manager, Advocacy & Engagement

List of Participants

ACC IAF Members (cont.)

Cytokinetics

Kimberly Erby, BS

Director, Clinical Operations

Colleen Healy, MA

Director, Professional Society Relations

Eli Lilly and Company

Kate Thomas, MA

Sr. Director, U.S. Obesity Care Advocacy and Professional Relations

Esperion Therapeutics

Michelle Gearhart, PharmD

Head of Scientific Affairs

Annie Schlemmer, RPh

Sr. Director, Operations, Strategy, Scientific Affairs

iRhythm Technologies

Torrie Kuwana, BS

Director, Medical Affairs

Julie Letwat, JD, MPH

VP, Government Affairs

Jazz Pharmaceuticals

Nika Bejou, PharmD

Associate Medical Director

Shawn Candler, MD

Medical Director

Johnson & Johnson

Rachel Kever, MD, CPE, FACC

Cardiologist, Medical Executive

Shawn Mittelstadt, MBA

Director, National Policy and Advocacy

Merck

Janelle Gillings, MPH

Director, Policy & Government Relations

Nicole Molnar, PhD

US Regional Director, Global Medical Affairs

New Amsterdam Pharma

Cassi O'Neil

Sr. Director, Consumer Marketing

Nancy Ortiz, PharmD

Executive Director, Medical Strategy & Evidence Generation

Novartis

Kelly Kleeman, PharmD

Medical Director

Sara Stevens, MPP

Executive Director & Head, Issue Advocacy – Public Affairs

Novo Nordisk

Sean McGraw

Director, Alliance Development

Regeneron Pharmaceuticals

Aaron Kithcart, MD, PhD

Medical Director

Amanda Seeff-Charny

Executive Director

Sanofi

Madison Blagrove, PharmD

Patient Advocacy Fellow

Cecilia Ottaviano, MD

Global Medical Lead Vaccines

List of Participants

ACC Staff

Akua Asare, MD

Director, Health Equity, Diversity & Inclusion

Andreea Candela, MBA, MA

Marketing & Communications

Sarah Culhane, RDCS

Director, Corporate Partnerships & Business Strategy

Maghee Disch, MSN, RN, AACC

Director, Health Equity, Diversity & Inclusion

Megan Drewiske

Associate Director, Business Operations & Strategy

Shalen Fairbanks

Vice President, Marketing & Communications

Ravee Kurian, MBA

Chief Financial Officer, Chief Operations Officer

Michael Lawrence

Director, State Government Affairs

Stephanie Mitchell, BPh

Member Engagement

Nick Morse, MBA

Division Vice President, Advocacy & Government Affairs

Brendan Mullen

Senior Executive Vice President, Business Strategy

Meg Novak

Sr. Associate Director, Political & Grassroots Programs

Ryan Meyer, MPP

Program Manager, Health Equity, Diversity & Inclusion

Lucas Sanders, MBA

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Sarah N. Sears, MA, CAE

Team Lead, Member Leadership

Julie Stephenson, BSN, MBA

Senior Director, Corporate Partnerships & Business Strategy

Miriam Surdin, MPA, CAE

Associate Director, Chapter Affairs

Marthea Wilson, MPS, CAE

Division Vice President, Membership

James Vavricek

Director, Regulatory Affairs

Lear Zaborowski, MBA

Senior Director, Corporate Partnerships & Business Strategy



Q1 How would you rate the overall quality of the July 2024 IAF meeting?

Answered: 22 Skipped: 0

4.6★

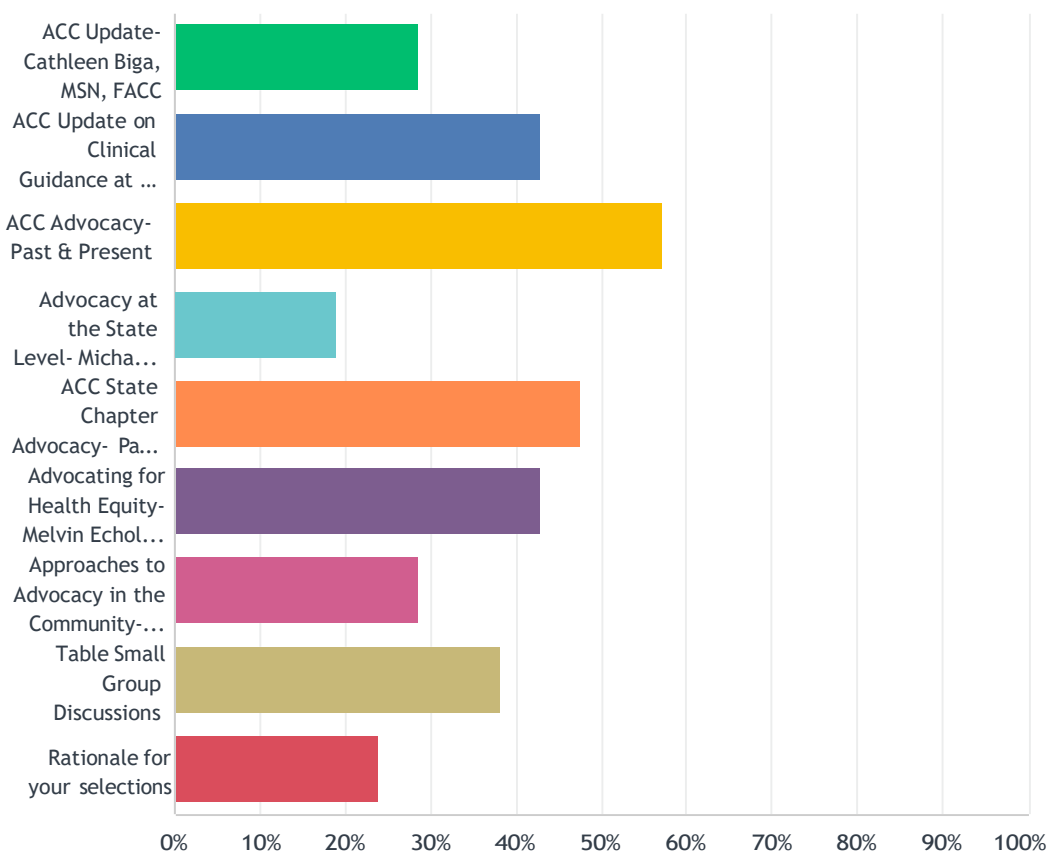
average rating



	DID NOT MEET EXPECTATIONS	(NO LABEL)	MET EXPECTATIONS	(NO LABEL)	EXCEEDED EXPECTATIONS	TOTAL	WEIGHTED AVERAGE
S	0.00%	0.00%	13.64%	18.18%	68.18%		
	0	0	3	4	15	22	4.55

Q2 Select the top 3 sessions you found most beneficial

Answered: 21 Skipped: 1



ANSWER CHOICES	RESPONSES	
ACC Update- Cathleen Biga, MSN, FACC	28.57%	6
ACC Update on Clinical Guidance at the Point of Care - Ami Bhatt, MD, FACC	42.86%	9
ACC Advocacy- Past & Present	57.14%	12
Advocacy at the State Level- Michael Lawrence	19.05%	4
ACC State Chapter Advocacy- Panel Discussion	47.62%	10
Advocating for Health Equity- Melvin Echols, MD, FACC	42.86%	9
Approaches to Advocacy in the Community- Panel Discussion	28.57%	6
Table Small Group Discussions	38.10%	8

Q3 What was your key takeaway from the July IAF Meeting?

Answered: 20 Skipped: 2

- Industry and ACC alliance has mutual benefits, and advances health equity
- Need for ACC to be prepared for some of the unintended consequences of the IRA particularly as plans and PBMs try to offset their increased liabilities under Part D Redesign through more prior authorizations, step therapy, and formulary exclusions that will increase administrative burden for clinicians and staff.
- Industry supports us.
- ACC has a lot of exciting things in the wings and there is a lot of opportunity for partnership.
- Collaboration
- We need to coordinate with industry to move the needle forward.
- Great awareness of ACC's advocacy activities and programs and recognition that many industry partners have similar priorities and goals. Opportunity to work together!
- Advocacy is a powerful tool to advance the mission and vision of the ACC and there are many opportunities to collaborate.
- ACC members are passionate and engaged on behalf of their patients and to advance their specialty. There were many presenters and panelists that flew in just to attend the IAF meeting. I found examples of how health equity and state policy changes can positively impact patient outcomes very compelling.
- "Advocacy" takes many different forms- at the patient, physician, and institution level.
- Advocacy is multi layered and complex.
- I valued the focus on advocacy and opportunities to contribute.
- Learning how to speak more eloquently about the intersection of innovation and advocacy.
- Informative regarding how the ACC is looking at AI
- I'm learning a tremendous amount from the advocacy side and have some many ideas on how to approach some of the challenges we face as an organization.
- Very important meeting to partner in access to care. Meeting others in ACC and industry partners to work together to improve access to care.
- Advocacy is important to help patients and the clinicians who care for them.
- Opportunities exist for collaboration on key issues supporting ACC's strategic plan for equity for all.
- There is interest and opportunity for ACC to work with industry on advocacy.
- Advocacy can be very complex.

Q4 Please provide suggestions for topics to discuss at future IAF Meetings

- Pharma to commit to specific action plans/next steps.
- ACC engagement with payers such as health insurance companies, PBMs, or employers and with government agencies such as CMS or FDA.
- State health departments and their diversity.
- Progress and/or impact seen from new diversity action plans (DAPs)...i.e. how are “we” doing
- Interested to learn more about the Rural Health Initiative.
- Workforce crisis and the role of the CV team.
- This was my first IAF meeting so not sure if this has been previously covered, but I am interested in how Medicare and commercial payers shift to value based care are changing patient care whether it's a CMMI model or quality reporting.
- Patient Activation at the Point of Care, Patient centricity.
- Ideas for industry engagement with ACC to improve patient outcomes (via diagnosis, access, etc.) Another session on AI/technology, given how quickly it evolves.
- Avoiding harm- drug safety, device recalls, patient safety
- Implementation and overcoming clinical inertia.
- Based on the recent article in JACC, how is the college going to address the shortage of local, community based cardiologists and how can academic learning be brought to the rural and urban areas.
- HDEI is always at the top of my list! There is so much to learn and so much work to be done before we can start making an impact. This has to be done from societies as well as industry. POC guidance is another topic that needs more attention. It can be directly tied to the work that needs to be done to achieve health equity. For many women, OB/Gyn is their PCP; with the growing attention on Cardio Obstetrics, we need to do more to educate this group, which can also be tied to maternal outcomes.
- Excellent meeting.
- Suggest consider “bias” and its many facets from patient care, to research, to institutional biases and working with pharma and the biases for and against it.
- Transformation of cardiology care, ACC global approach.

Q5 Is there any additional feedback about the meeting you'd like to share?

- Very well organized, great engagement opportunities. I look forward to the next meeting!
- It was my first IAF meeting and it was an excellent experience. The meeting was so well-organized, the agenda and speakers were stellar, and the participants were welcoming and friendly! I know it takes a lot of effort and planning from the ACC team to execute a meeting so seamlessly and your work did not go unnoticed- thank you!
- ACC staff is outstanding!
- The detailed agenda and excellent day of execution are a testament to the ACC staff and members being collaborative and professional.
- The presentations and discussions were very insightful. One additional discussion that could be helpful is how industry and ACC could partner to advance practice (improve diagnosis, treatment, etc.)- ideas, examples for what has worked, etc.
- It was a great meeting.
- Payers as participants in IAC!
- Appreciate the number of members and staff from the ACC that attend and participate in the discussions with industry partners.
- Great job! Thank you!
- Lovely meeting. Thank you!