

**ACTION**

**COLLABORATION**

**LEADERSHIP**

**RECOGNITION**



# INDUSTRY ADVISORY FORUM

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**AMERICAN COLLEGE of CARDIOLOGY®**

Welcome to IAF, Opening Remarks & Introduction  
Mary Norine Walsh, MD, MACC, ACC Past President  
Chair, ACC Industry Advisory Forum

**@ACCINTOUCH**   
**#TRANSFORMCVCARE**

# The ACC Thanks You For Your Partnership!



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# The ACC Welcomes New IAF Members

bridgebio

CVRx®

 Cytokinetics®

 NewAmsterdam  
Pharma

*Lilly*



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## INDUSTRY ADVISORY FORUM

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Welcome to the Industry Advisory Forum  
Advocacy in Action



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# ACC Advocacy in Action

8:00 am – 9:00 am	<b>BREAKFAST, TAKE SEATS &amp; SETTLE IN</b>		
9:00 am – 9:05 am	<b>Welcome to IAF, Opening Remarks &amp; Introduction</b> 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	11:30 am – 12:15 pm	<b>Small Group Discussions and Report Out</b> 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?
9:05 am – 9:15 am	<b>ACC Update</b> Cathleen Biga, MSN, FACC, ACC President	12:15 pm – 1:15 pm	<b>Group Picture &amp; LUNCH (60 minutes)</b>
9:15 am – 9:20 am	<b>Q&amp;A</b>		
9:20 am – 9:40 am	<b>ACC Update on Clinical Guidance at the Point of Care (Dec 2023 IAF)</b> Ami Bhatt, MD, FACC, ACC Chief Innovation Officer	1:15 pm – 2:15 pm	<b>Advocating for Health Equity</b> Melvin Echols, MD, FACC, ACC Chief Diversity, Equity & Inclusion Officer  <b>Approaches to Advocacy in the Community - Panel Discussion</b> Moderated by Melvin Echols, MD, FACC  Panelists: <ul style="list-style-type: none"><li>Beth Harris, DNP, ACNP-BC – Emory Healthcare</li><li>Modele Ogunniyi, MD, MPH, FACC – Emory University/ Grady Health System</li><li>Gurusher Panjra, MD, FACC – George Washington University Hospital</li><li>Thad Waites, MD, MACC – Hattiesburg Clinic/ Forrest General Hospital, MS State Board of Health</li></ul>
9:40 am – 9:45 am	<b>Q&amp;A</b>		
9:45 am – 10:15 am	<b>ACC Advocacy – Past &amp; Present</b> Nick Morse, MBA, ACC Vice President Advocacy		
10:15 am – 10:20 am	<b>Q&amp;A</b>		
10:20 am – 10:30 am	<b>BREAK</b>		
10:30 am – 11:30 am	<b>Advocacy at the State level</b> Michael Lawrence, ACC Director, State Government Affairs  <b>ACC State Chapter Advocacy - Panel Discussion</b> Moderated by Himabindu Vidula, MD, FACC – Board of Governors Chair, University of Pennsylvania  Panelists: <ul style="list-style-type: none"><li>Laxmi Mehta, MD, FACC – Membership Committee Chair, Ohio State University Wexner Medical Center</li><li>Neerav Sheth, MD, MBA, FACC – PA Advocacy Chair, Cardiology Consultants of Philadelphia</li><li>Sammy Zakaria, MD, FACC - MD Chapter Governor, Johns Hopkins Bayview Hospital</li></ul>	2:15 pm – 3:00 pm	<b>Small Group Discussions and Report Out</b> 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	<b>WRAP-UP AND ADJOURNMENT</b>



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# Follow us on Social Media!

@ACCinTouch  
#TransformCVCare



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**RECOGNITION**



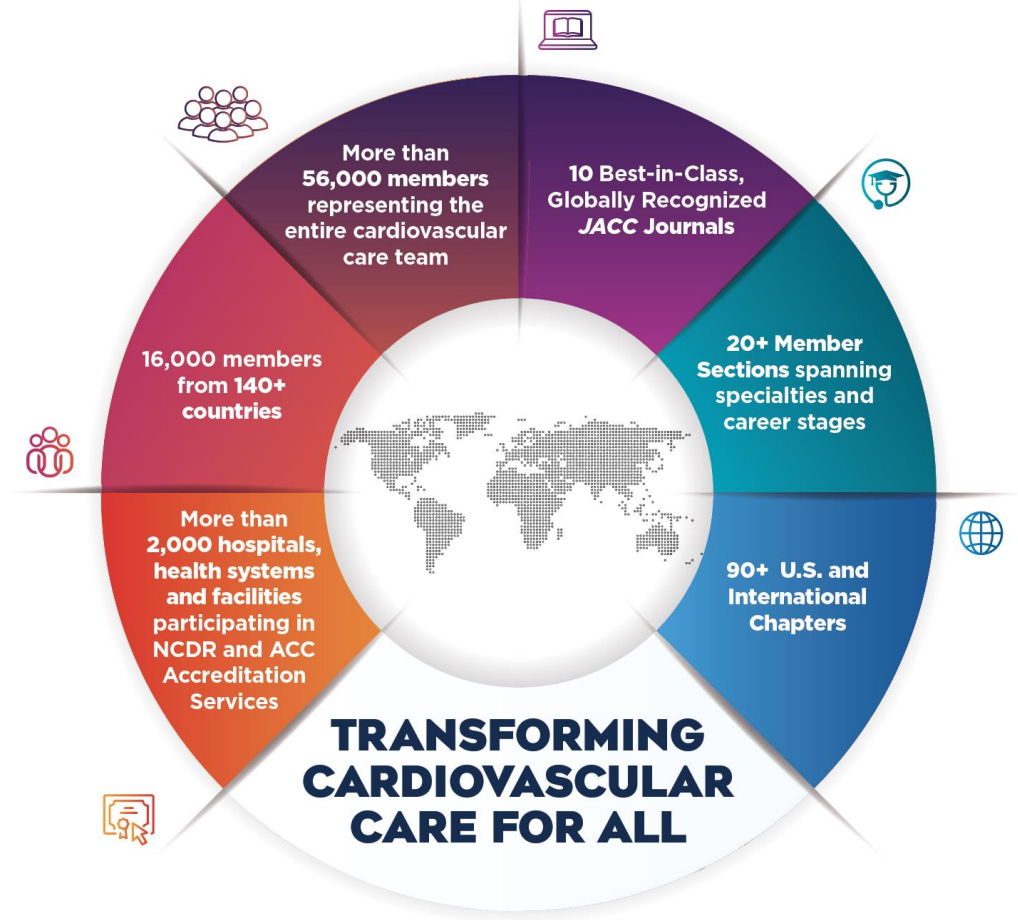
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ACC Update  
Cathleen Biga, MSN, FACC, ACC President

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**#TRANSFORMCVCARE**



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## MISSION

To transform  
cardiovascular care  
and improve  
heart health for all

## VISION

A world where  
science, knowledge and  
innovation optimize  
cardiovascular care  
and outcomes

## CORE VALUES

Patient-Centered;  
Teamwork and  
Collaboration;  
Professionalism,  
Excellence  
and Equity



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# LEADERSHIP AND GOVERNANCE

## 2024-2025 ACC Officers and Board of Trustees



**Cathie Biga,  
MSN, FACC**  
*President*



**Christopher M. Kramer,  
MD, FACC**  
*Vice President*



**Akshay K. Khandelwal,  
MD, MBA, FACC**  
*Treasurer*



**Himabindu Vidula,  
MD, FACC**  
*Secretary/BOG Chair*



**B. Hadley Wilson,  
MD, MACC**  
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Cathleen C. Gates

### Board of Governors Chair-Elect

David Winchester, MD, FACC



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# 75 YEARS

OF CHANGING  
THE FIELD





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75  
ANNIVERSARY

## SAVE THE DATE

FRIDAY, MARCH 28, 2025

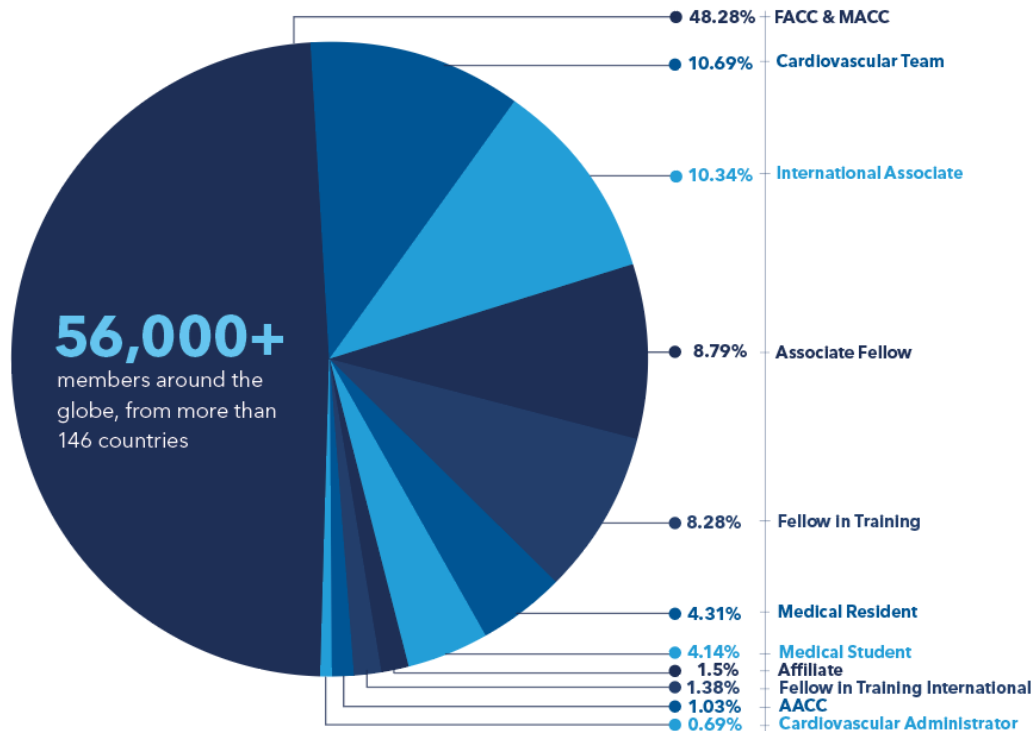
FIELD MUSEUM

CHICAGO, IL

6:30 PM

Reserve your seat at [ACC.org/75thGala](https://acc.org/75thGala)

# GROWING OUR ACC MEMBER COMMUNITY



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# ACC STRATEGIC PLAN (2024-2028)

## STRATEGIC PILLARS



CARE  
DELIVERY



PROFESSIONAL  
HOME



ORGANIZATIONAL  
SUSTAINABILITY



ACTIONABLE  
KNOWLEDGE

## MAJOR INITIATIVES (2024-2028)

- Address Health Equity in CV Care
- Assess ACC's Educational Portfolio
- Build Continuous CV Clinical Competence
- Enable Guidance at the Point of Care
- Transform Care Delivery in New Areas



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- Actionable CVD health care **data, science and tools** to address health disparities/SDOH
- Embed health equity in College's **education and training**
- Establish health equity interventions with **membership and collaborations** with external partners
- **Advocacy and policy** to increase awareness of CVD-related health equity issues

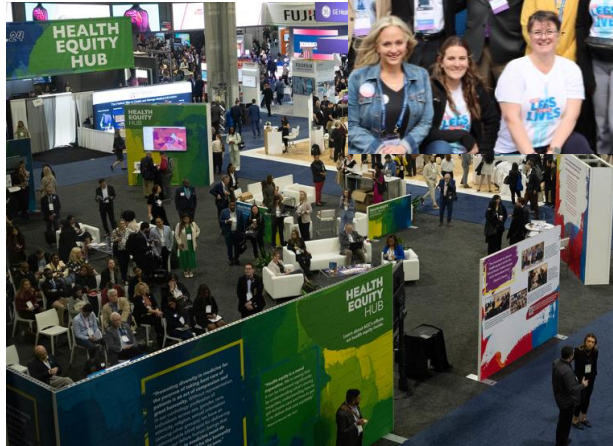
## Health Equity



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# Recent Health Equity Efforts



- **Personalized educational experiences** with trusted content that is relevant, high-quality, competency-driven, and differentiated in the marketplace
- Education **development is streamlined**, non-duplicative, optimizes collaboration, and fills learning gaps
- Education is **disseminated via optimal channels**, easily discoverable through data-driven delivery mechanisms (anticipates needs and knowledge gaps)

## Educational Assessment



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- Build a **pathway to achieve and maintain continuous clinical competence** in all chosen established disciplines of cardiovascular medicine.
  - Pathway will be **consistent with ABMS Standards** for Initial and Continuing Certification
  - A supportive framework **focused on competency and addressing gaps**
- An evolution from Collaborative Maintenance Pathway (CMP) to a **new Sustaining Professional Excellence (SPE) Program**

## Continuous CV Clinical Competence



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# Supporting the Creation of a New Board of Cardiovascular medicine





# About the CV Board

- The new Board will chart a path focused on ensuring that cardiologists are able to demonstrate continued clinical competency over the span of their careers, meeting the unique needs of today's cardiovascular patients.
- The new CV Board will provide a professional home and governance structure that is more representative of cardiovascular physicians and their practice.
- Built by cardiovascular professionals, the new Board will prioritize lifelong learning and continuous self-improvement.





# Recent Activities

- Formal application submitted to ABMS and is under review.
- ABMS launched a 90-day Open Comment Period that runs through July 24, seeking feedback from stakeholders.
- 15-Member Board of Directors has been named, featuring experts spanning the CV community.

*Learn more about these efforts at [CVBoard.org](https://CVBoard.org).*



- Build a clinical data, operational data and accreditation **infrastructure for high-quality provision of previously inpatient CV services**
- Define **best practices for various CV team structures, processes and reimbursement** for various practice sizes and geographies
- Develop a **digitally enhanced care model**
- **Advocate to shape structure of payment models** to support care models above

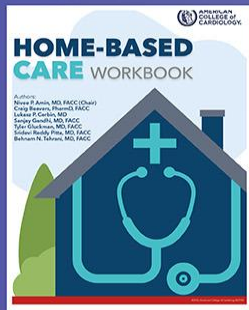
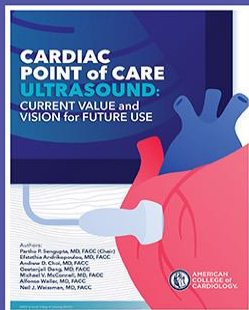
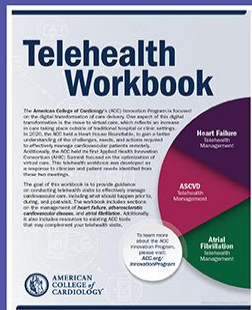
# Care Transformation





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# ACC INNOVATION PROGRAM



Download these workbooks at  
**[ACC.org/InnovationProgram](https://acc.org/InnovationProgram)**



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- **Quick, searchable and easily accessible information** that provides answers that clinicians are looking for at the point of care
  - Diagnosis, management and treatment paths, short descriptions, prescribed drugs and dosing
  - Incorporates ACC clinical guidance/guidelines
  - Refers to valid content sources outside of ACC
  - Brings in recent best practices and major practice-changing evidence
- Delivery mechanisms **via multiple channels that are integrated into the clinician workflow**

## Guidance at the Point of Care

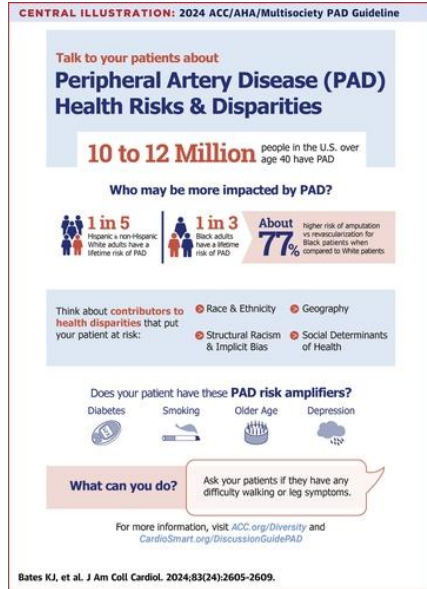


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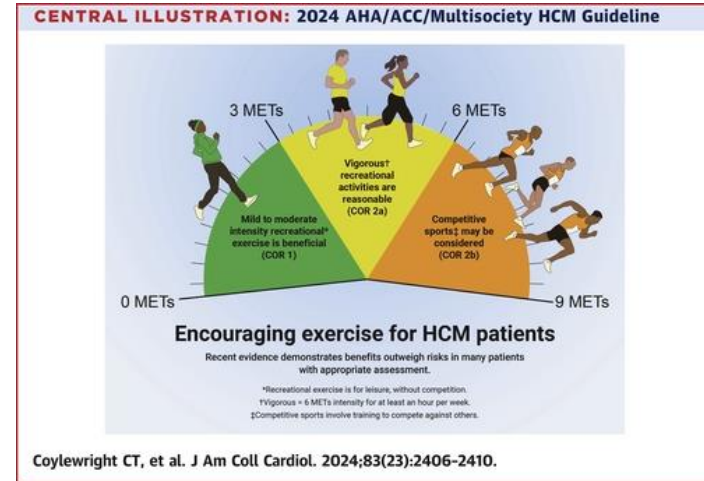
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# Newest Clinical Guidelines

## Lower Extremity Peripheral Artery Disease



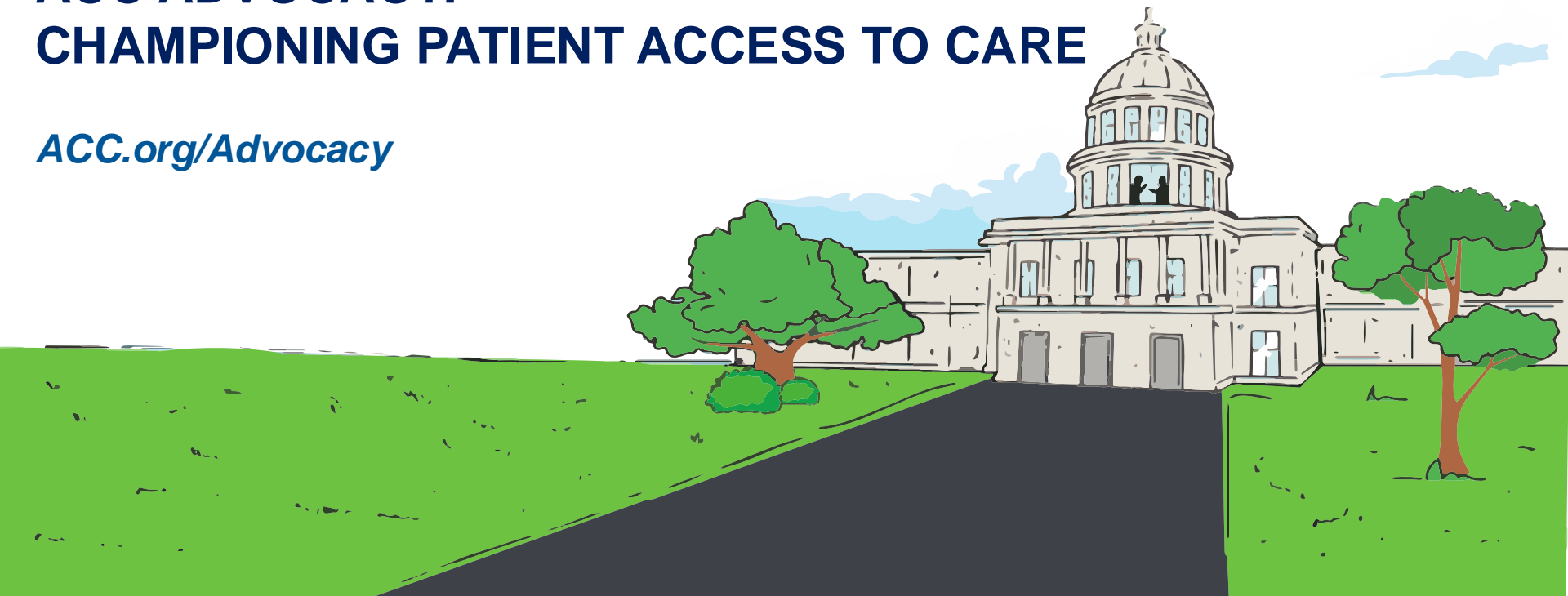
## Hypertrophic Cardiomyopathy



Find all ACC/AHA Clinical Guidelines and related resources at [ACC.org/Guidelines](https://www.acc.org/Guidelines)

# ACC ADVOCACY: CHAMPIONING PATIENT ACCESS TO CARE

[ACC.org/Advocacy](https://www.acc.org/Advocacy)



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# CARDIOVASCULAR WORKFORCE: ACTIONABLE SOLUTIONS FOR A BRIGHTER FUTURE

## Key Factors Affecting the Supply and Demand of the Cardiovascular Workforce

Long Training and  
Certification Pathways

Hyperspecialization

Unfavorable Work-Life  
Balance

Insufficient Supply of  
Physicians, APPs, Nurses &  
Allied Health Professionals



Increasingly Older  
and Sicker Population  
(Growing Patient Population)

Increasing Complexity  
of Cardiovascular Care

Increasing Healthcare Costs  
(and Decreasing Revenues)

Reduced Reimbursement



Learn more from a Cardiology article: "Workforce in Crisis: Charting the Path Forward"



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# DIGITAL TRANSFORMATION OF HEALTH CARE DELIVERY

## CHALLENGES AND BARRIERS



Misaligned Training



Workflow Integration



Payment Models



Digital Divide



## OPPORTUNITIES AND PROMISE



Better Quality Care



Improved Health Equity



Improved Clinician Well-being



Improved Access to Health Care



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# BUILDING LEADERS

- Internal Medicine Cardiology Program
- Young Scholars
- Clinical trials Research: Upping Your Game
- Sandra J. Lewis Mid-Career Women's Leadership Institute
- ACC Leadership Academy
- Wael Al Mahmeed Dedication to Young Leaders
- Hani Najm Global Scholar Award
- William A. Zoghbi International Research Award



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# Update on ACC Clinical Guidance at POC Strategy

Ami B Bhatt, MD, FACC

ACC Chief Innovation Officer

Industry Advisory Forum July 2024



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# A reframing: we can do better

- Medical knowledge and data have exceeded the human brain's ability to source, retrieve, parse, and apply it in a time-limited situation.
- To provide cardiovascular care with scientific rigor and avail ourselves of the advances over the past century, we are not just dependent but

desperate for compelling and responsive computing power





# Disclosures

*Necessity is the mother of invention*

*- Plato*

*Desperation is the mother of adoption*

*- Ami*

# Opportunities in Generative AI at the ACC

- Voice to text for note writing
- Letters of Recommendation, Insurance Letters/Forms
- Question evaluation, generation (requires guidance and oversight)
- EHR and additional data summarization
- Navigating guidelines and relevant research studies
- Upskill community health workers to increase the clinical workforce



# VIRTUAL INNOVATION SUMMIT: **AI-ENABLED CLINICIAN**



## **Collaborative Intelligence**

The use of advanced analytics and computing power with an understanding that we are responsible for the data it is offered and fair interpretation of its outputs with the intention of together becoming more intelligent.



# Artificial Intelligence Resource Center

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ACC STAFF Andrea C. MBA | Logout

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Clinical Topics

Latest in Cardiology

Education and Meetings

Tools and Practice Support

My ACC

Back | Innovation

Artificial Intelligence (AI) Resource Center

AI in Cardiology: I Am Robot

Listen to this podcast exploring AI's impact in cardiology.

Listen Now

Artificial intelligence (AI) and digital technology advances have emerged as catalysts for changing how we diagnose, treat and manage patients. The following collection of AI resources has been curated to support ACC members in understanding and applying AI in the digital transformation of care delivery.

Introduction to AI

How can AI shape health care? Delve into the following resources for insights and perspectives on the role of AI in cardiology.

AI: An Opportunity to Revolutionize Health Care?

Investigating AI's potential in cardiology.

AI in Cardiology: I Am Robot

A podcast exploring AI's impact in cardiology.

ChatGPT and Generative AI: What Physicians Should Consider

Understanding the role of advanced AI like ChatGPT in clinical practice.

Impact of AI on Interventional Cardiology

From decision-making aid to advanced interventional procedure assistance.

AMA Principles for Augmented Intelligence

Development, deployment and use of AI.

**CENTRAL ILLUSTRATION: Role of Artificial Intelligence in Cardiovascular Medicine**

The illustration depicts a central flowchart titled "Role of Artificial Intelligence in Cardiovascular Medicine". At the top, a box labeled "AI in Cardiology" branches into three main categories: "Clinical Decision Support", "Patient Engagement", and "Operational Efficiency".

- Clinical Decision Support** includes:
  - Diagnostic Imaging (AI-powered image analysis)
  - Prognostic Modeling (AI-powered risk stratification)
  - Therapeutic Recommendation (AI-powered treatment planning)
- Patient Engagement** includes:
  - Remote Patient Monitoring (AI-powered vital sign analysis)
  - Personalized Medicine (AI-powered treatment customization)
  - Healthcare Access (AI-powered telemedicine)
- Operational Efficiency** includes:
  - Workflow Optimization (AI-powered resource allocation)
  - Cost Reduction (AI-powered resource optimization)
  - Quality Improvement (AI-powered performance monitoring)

At the bottom, a box labeled "AI in Cardiology" is connected to the central flowchart. The bottom right corner of the illustration contains the text: "Illustration: K. H. et al. / AI in Cardiology. 2023;10(1):1-10".

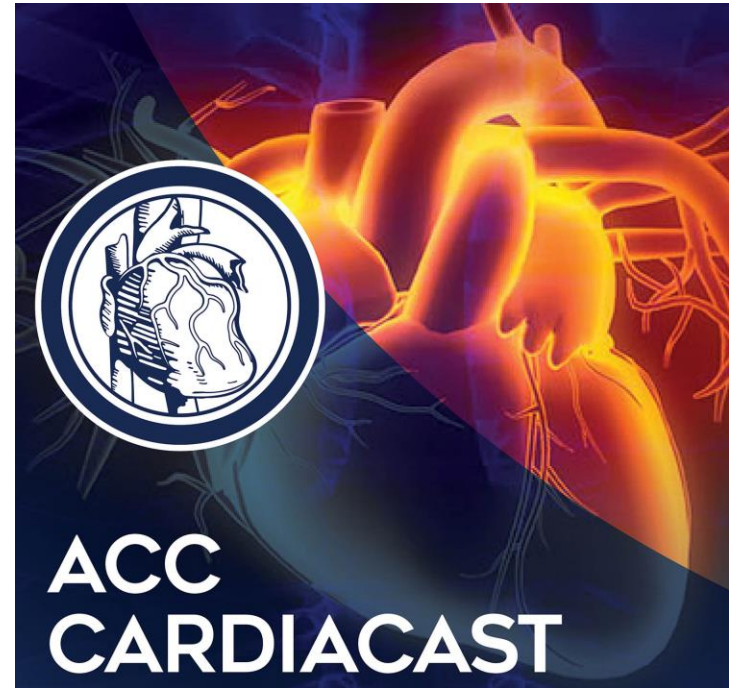
Provides clinicians and administrators with the fundamentals necessary to navigate the current influx of AI

One stop shop with up-to-date information for  
members seeking to safely support clinical  
workflow with AI-based tools



# ACC May 2024 CardioSurve on AI: Key Findings

- Cardiologists surveyed were not knowledgeable regarding gen AI, machine learning or deep learning, although one-third of cardiologists were using AI in their practice
- Drivers to implement AI included: clinical efficiency (78%), improving patient care (75%), ease of use/implementation (72%), and decreasing physician workload (72%)





ACC's  
Strategic Plan  
is directly  
focused on AI

**Make Clinical Guidance Usable at the  
Point of Care**





# Guidance at the Point of Care Overview

## ACC Guidance is great, but...

- Clinicians **need concise information** (full document may not provide)
- Clinicians **may lack awareness** of the wealth of tools ACC has built
- Clinicians **need real-time clinical information** that patients can understand
- Lack a common **definition for point of care** and the **range of clinical settings**

## DESIRED OUTCOMES



**Quick, easily accessible information that answers clinicians' practical questions** (i.e., diagnosis, treatment, meds, dosing; integrates ACC + valid external guidance and best practices)



**Delivery mechanisms via multiple channels that are integrated into clinician workflow**



# Building the foundation for future ACC PoC solutions

**Expansion of ACC's  
Collaboration with Epic**



**Rebuilding the CardioSmart  
Explorer App**



**Guideline Application  
Framework Upgrade**



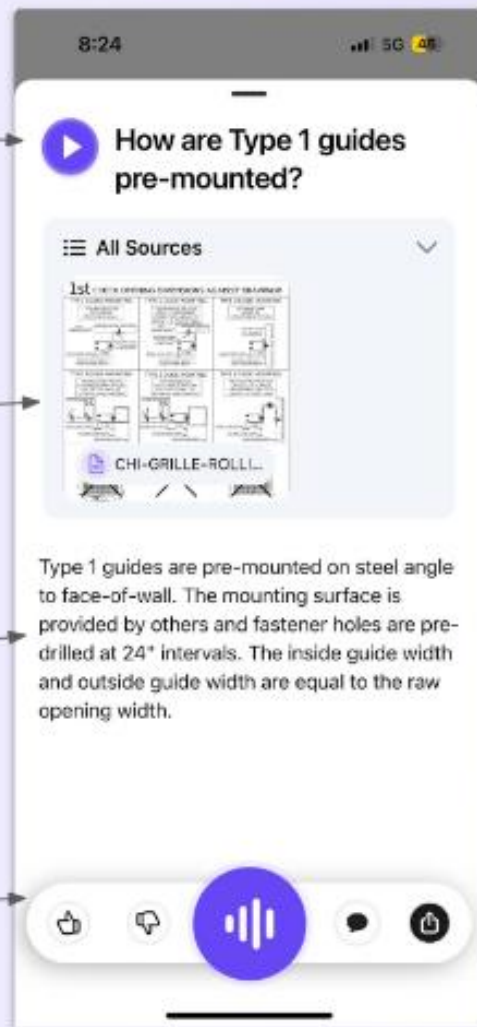


Play the response

Link to exact page  
in manual/doc

Summary across  
all sources

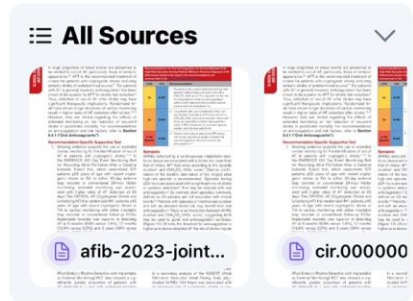
Ask / Share / Validate



▶ **Should I prescribe anticoagulation for my patient with AFib and a CHA2DS2-VASc score of 2?**

[Show less](#)

☰ All Sources ▾



afib-2023-joint...      cir.000000

According to the 2023 ACC/AHA/ACCP/HRS Guideline for the

atrial fibrillation, for a CHA2DS2-VASc score of 2, it is generally

▶ **¿Qué gradiente de estenosis aortica...**

[Show Full Question](#)

☰ All Sources ▾



otto-et-al-2020...

Un gradiente de estenosis aórtica se considera moderado cuando el gradiente de presión pico a través de la válvula aórtica es de 25 a 40 mmHg medido por ecocardiografía Doppler. La clasificación de estenosis aórtica también puede hacerse en el

Grado variable de estenosis aórtica. Estos valores pueden variar

# The American College of Cardiology (ACC) Artificial Intelligence (AI) Risk Matrix

A tool for translating  
ACC AI Governance  
into actionable  
guidance for college-  
wide ACC initiatives

Streamline the review  
process for AI projects

facilitate clear  
communication

ensure safety by  
design, deployment  
and continued  
measurement

define the support  
needed for successful  
outcomes



# How you can help us



- Make sure we don't blindly rely on AI
- Make sure we don't refuse to use AI
- Build a clinical infrastructure to test AI
- Determine the right person or team to use AI?





# ACC Advocacy – Past & Present

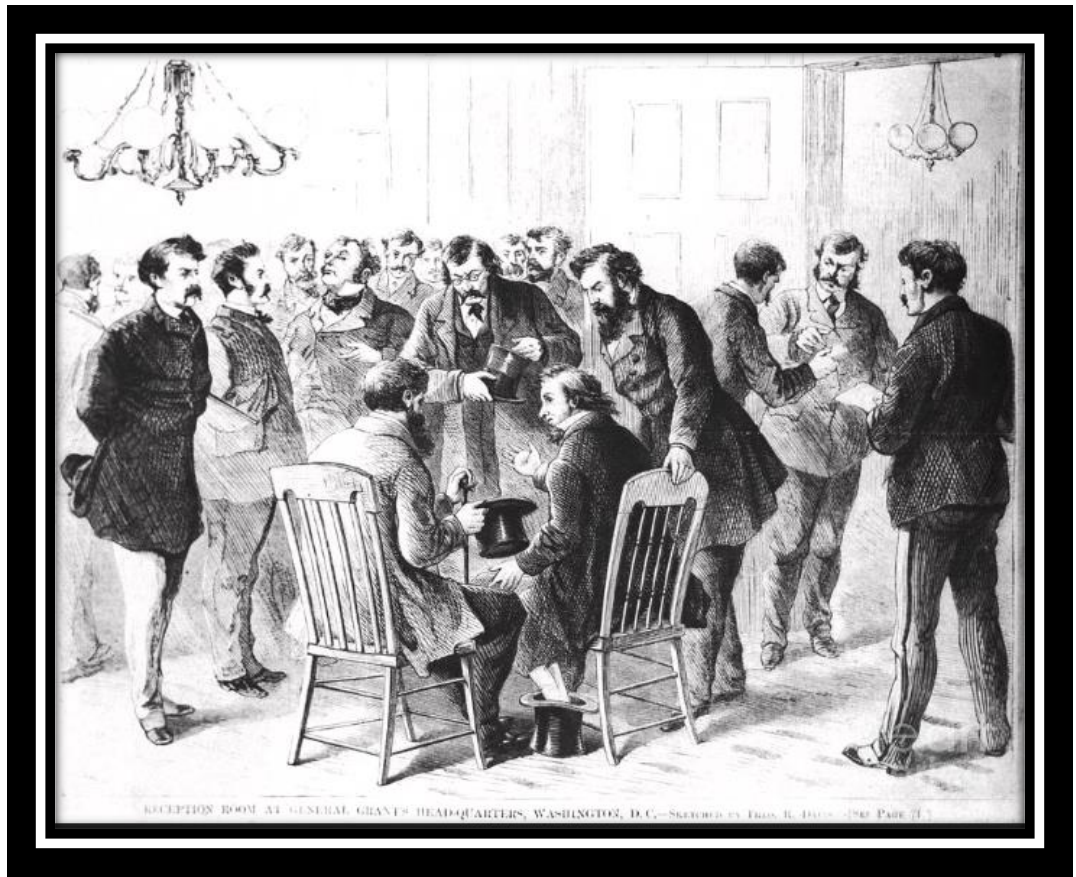
Nick Morse, MBA  
Division Vice President  
July 19, 2024



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# “Lobbying”




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# What is Advocacy?

**advocacy** noun

ad·vo·ca·cy

'ad-və-kə-sē 

: the act or process of supporting a cause or proposal : the act or process of advocating (see [ADVOCATE entry 2](#)) something



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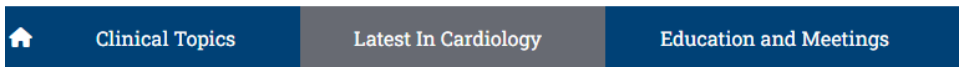
# What is Advocacy at ACC?



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# Communication and Member Education



[< Back to Listings](#)

## CMS Releases FY 2025 IPPS Proposed Rule With Mandatory Hospital Episode-Based Payment Model For CABG

Apr 12, 2024

[ACC News Story](#)

- The Advocate
  - Weekly e-Newsletter updates on advocacy activities and events
  - Critical alert information such as FDA MedWatch, Action Alerts
- ACC Advocacy Online: ***ACC.org/Advocacy***
- X: Follow @cardiology
- HeartPAC Online: ***HeartPAC.org***
- Additional communications tactics utilized on an ongoing basis





# Five Strategic Initiatives prioritized for 2024-2028 support ALL the Strategic Pillars

## STRATEGIC PILLARS



## MAJOR INITIATIVES (2024-2028)

- Address Health Equity in CV Care
- Assess ACC's Educational Portfolio
- Build Continuous CV Clinical Competence
- Enable Guidance at the Point of Care
- Transform Care Delivery in New Areas



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# ACC Advocacy Priorities

## Champion Access to Care For All

- Provide actionable data and tools to address health disparities
- Support education and awareness among populations disproportionately affected by cardiovascular conditions
- Advance policies providing critical research funding



## Support Clinicians in Providing Equitable Value-Based Care

- Safeguard and encourage appropriate use of advanced diagnostics, new procedures and medications that can improve quality of life
- Empower cardiovascular professionals to address health disparities and social determinants of health
- Position clinicians to take on risk associated with maintaining a cardiovascular practice
- Achieve quality measurement to improve care delivery and patient outcomes



## Foster Care Transformation and Optimization

- Support shared decision-making
- Reduce barriers to specialty referral, preventive screening and early treatment
- Expand telehealth availability
- Promote availability and use of guidelines and data at the point of care
- Encourage innovative approaches to enhance care delivery, including the balanced regulation of AI-enabled technologies



## Bolster the Clinician Workforce Now and For the Future

- Leverage strengths of the entire cardiovascular care team
- Reduce administrative burden on clinicians to provide timely care
- Protect clinicians and patients in clinical settings
- Build and strengthen the clinician workforce to expand equitable access to cardiovascular care



## Establish Sustainable Medicare Payment Practices

- Implement policies to stabilize the payment system and better recognize the value of clinicians' work
- Enact automatic inflationary updates to offset the 25% decrease in Medicare payments over the last 20 years
- Provide greater financial stability for rural practices and those in underserved communities



The American College of Cardiology is leading the charge to transform care delivery. Learn more about the ACC's Advocacy efforts at [ACC.org/Advocacy](https://www.acc.org/Advocacy).

# ACC Advocacy Priorities - Rebranded

**Rebrand goal: Develop key overarching themes to categorize current and future issues, helping to align with the strategic plan and maintain relevance, consistency and clarity in communications with members.**

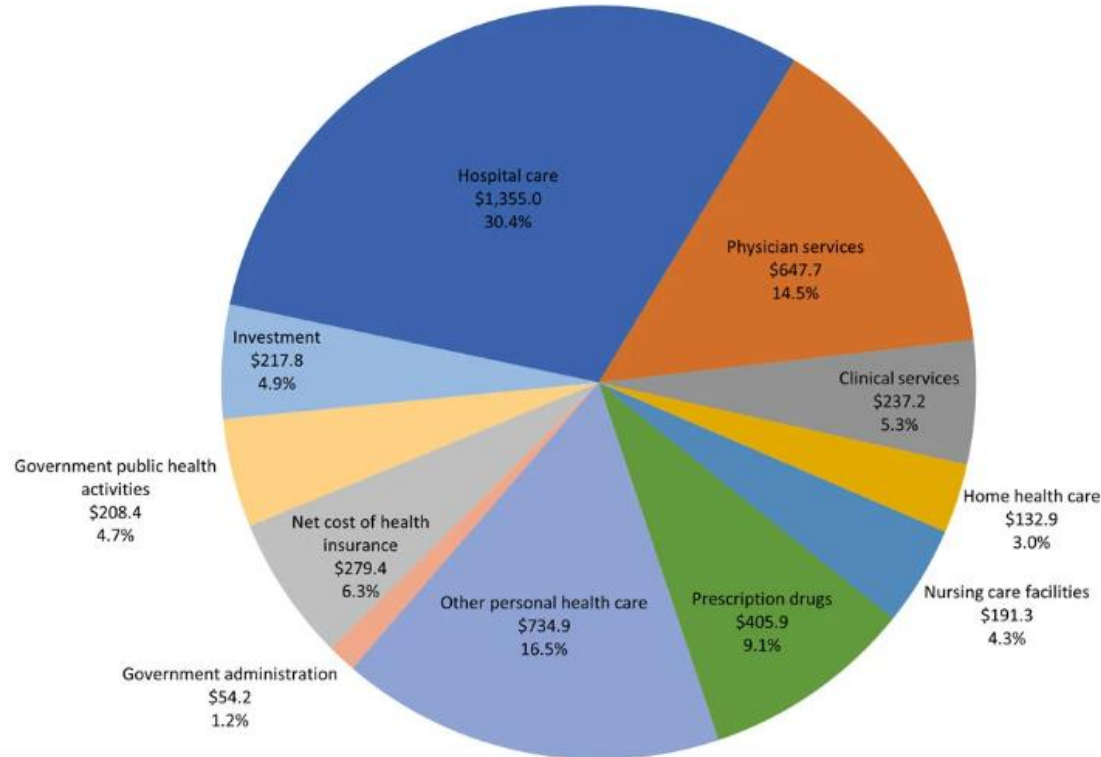
- **Bolster the Clinician Workforce Now and for the Future**
  - Non-compete clauses
- **Establish Sustainable Medicare Payment Practices**
  - Annual updates, long-term reforms
- **Support Clinicians in Providing Equitable Value-Based Care**
  - Transition to MVPs, future of BPCI-A, commercial efforts
- **Champion Access to Care for All**
  - PAD screening, AED access
- **Foster Care Transformation and Optimization**
  - Evolving sites of care, AI, telehealth



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## The U.S. spent \$4,464.6 billion on health care in 2022 where did it go?



**AMA: Health spending in the U.S. increased by 4.1% in 2022 to \$4.5 trillion or \$13,493 per capita.**



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# 2024 Expectations (according to me 12/23)

- 2024 appropriations and climbing Johnson's Ladder
- The future of telehealth
- Widespread interest in bolstering clinician workforce
- Continue exploration/advancement of long-term reform – and negotiating pitfalls
- Shape and navigate public and private VBC concepts – CMMI expected to announce new program
- FTC final rule on non-competes
- Advance efforts to promote health equity, navigate AI and steer ongoing evolution of care



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# Current Landscape

- [ Presidential election ]
- Global conflict/unrest
- Blame/anger/finger-pointing
- Not much time left for 118<sup>th</sup> Congress
- As always, some things have to move – right?
- Agencies quiet until final rules come out
- Chevron and other judicial developments
- Clinicians are frustrated



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# 2024 Progress

- Member engagement is strong
- Lots of work – and progress – in state houses
- Ongoing education and fact-finding to advance value-based care efforts
- Continued efforts to improve prior authorization landscape
  - *Improving Seniors' Timely Access to Care Act* reintroduced
- Submitted multi-society comments for TTVR
- Partnerships and coalitions are flourishing



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## PPIS

- Results from 2007-2008 survey caused significant reduction in cardiovascular practice expense (PE), due to low response rates and partial data.
- This survey expands the “practice” term to include expenses for health systems, hospitals and other arrangements.
- Current participation rates are low across medicine, including cardiology.
- Actively working with AMA for additional options to identify the selected members and practice admins to prompt response.

# PHYSICIAN PRACTICE INFORMATION SURVEYS



**Scan the QR code to learn  
how the American Medical  
Association's practice  
expense survey affects you.**

**Did you get one? Be sure to fill it out.**



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# 2025 Proposed Rules

- 2.8% conversion factor reduction - \$33.2875 to \$32.3562
- RAND engagement to “develop other methods” to measure practice expense
- Coding and payment for Atherosclerotic Cardiovascular Disease (ASCVD) risk assessment and risk management services
- Roll back of geographic location telehealth flexibilities that began during the COVID-19 public health emergency
  - For 2025 and beyond, CMS proposes to allow two-way, real-time audio-only communication to satisfy the requirement for an interactive telecommunications system, when appropriate.
  - Cardiac rehabilitation services remain on the telehealth list provisionally through 2025.
- Anticipating movement from MIPS to MVPs for 2027 reporting year
- OPPI: 2.6% increase
- No ablation codes proposed for ASC covered procedures list
- Cardiac CT RFI



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# Some Hot Topics

## Expansion of Cardiovascular Procedures in the ASC setting

- ACC-HRS workgroup on same-day discharge of ablation patients and ASC recommendations
- Widely expected in 2025 proposed rules - not included

## AI

- Health Affairs Committee formed new AI in Medicine Task Force
- CardioSurve survey focused on AI use and perceptions
- Coordination with other ACC AI groups/efforts
- CMS looking to address payment for Software as a Service (SaaS) technologies

## Telehealth

- COVID-era flexibilities end this year absent Congressional action
- Increasing interest in addressing rural health access issues

## Site Neutrality

- Key talking point for system savings by health plans, Congress, and other stakeholders
- ACC supports correct payment for costs - principles updated in 2019





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# LEGISLATIVE CONFERENCE

SEPT. 29 - OCT. 1, 2024

SAVE THE DATE

