



ACC Industry Advisory Forum

Summary Report

Meeting Date: December 11, 2023

Topic:

ACC Strategy – Clinical Guidance
at the Point-of-Care

Enclosed are the following:

- Executive Summary
- Meeting Agenda and Slides
- Participant List

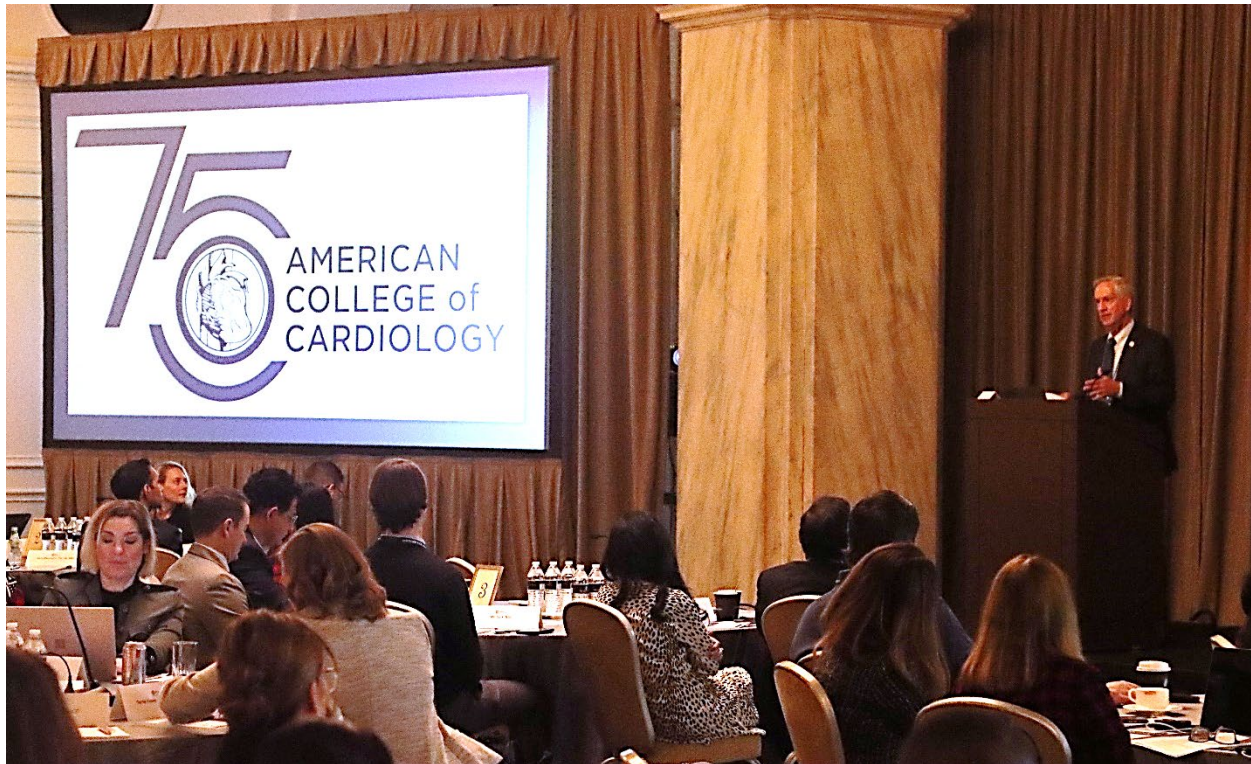
Executive Summary

The American College of Cardiology's (ACC) Industry Advisory Forum (IAF) was held on Monday, December 11, 2023 in Philadelphia, PA.

The goals of this forum were:

1. To share how the ACC will approach its strategic initiative surrounding clinical guidance at the point of care as part of the ACC's 2024-2028 Strategic Plan;
2. To learn about innovative approaches being used at the point of care; and
3. To ideate on how ACC, its members, and industry partners can collaborate to make clinical guidance at the point of care easier for clinicians leading to improved patient care.

Led by IAF Chair and ACC Past President, **Minnow Walsh, MD, MACC**, the meeting began with ACC President, **Hadley Wilson, MD, FACC**, introducing the ACC's new Strategic Plan for 2024-2028. Aligned with the ACC's mission and vision, strategic pillars, and core values, the upcoming strategic plan focuses on **health equity, assessing ACC's educational portfolio, building continuous clinical competency, care transformation, and enabling guidance at the point of care**. Initiatives aligned with these strategies will be developed and implemented over the next 3-5 years. Dr. Wilson concluded with a commitment to ongoing collaboration, adaptability, and celebrating the ACC's 75th Anniversary next year.



Next **Nick Morse, MBA, ACC Vice President Advocacy**, provided an update on the overview of ACC advocacy priorities from 2023 and the goals for the coming year. 2023 was a banner year for increasing patient access to care, clinician well-being, strengthening the workforce, and improving heart health for all. There was a large **focus on Medicare stability/reform, prior authorization and non-compete agreements among our stakeholders**. Additionally, through several meetings with agency officials and written comments, the ACC and other stakeholders convinced CMS to abandon new billing standards and CMS paused Appropriate Use Criteria (AUC) requirements indefinitely and rescinded current regulations. ACC also held the fifth annual Value-Based Care in Cardiology Forum. In 2024, ACC is looking to focus on

the future of telehealth, bolstering the clinician workforce, advancing efforts to promote health equity, navigate AI and steer the ongoing evolution of care.

In his keynote presentation, **Ryan Gough, Executive Director at Partnership to Advance**

Cardiovascular Health, laid out the historical progress and current challenges in addressing cardiovascular



disease, pointing to a decline in cardiovascular related mortality until 2010, followed by an alarming resurgence, primarily attributed to the diabetes and obesity epidemic. He underscored the importance of integrating the patient perspective in policymaking and highlighted disparities in cardiovascular care outcomes, both racially and between rural and urban areas. **Gough addressed obstacles such as prior authorizations, step therapy, and slow guideline updates that hinder access to optimal care.** Despite these challenges, he expressed optimism about the ongoing cardiovascular innovation renaissance and stressed the need for new tools, policies, and public health campaigns, all aligned toward patient-centered care. Gough commended the ACC's crucial role in addressing access issues and advocates for continued collaboration to tackle the cardiovascular public health crisis effectively.

Viviany Taqueti, MD, MPH, FACC, co-chair of ACC's work group for guidance at the point-of-care initiative, highlighted the ACC's ongoing efforts to create a **digital-first ecosystem, providing trusted, timely, and tailored knowledge, and tools accessible across all touchpoints of cardiovascular care delivery.**

Dr. Taqueti shared the comprehensive assessment completed that helped shape the 2024 - 2028 ACC strategic plan, emphasizing the need to understand environmental trends, assess strengths and gaps, and incorporate diverse perspectives from stakeholders. She outlined **existing ACC point-of-care resources, including clinical solution sets, clinical apps, CardioSmart patient resources and innovation workbooks**, and stressed how the ACC's guidance at the point-of-care initiative will focus on making these resources easily accessible in various clinical settings; and ensuring multi-channel delivery mechanisms integrated into clinical workflows. She invited collaboration and input from industry partners to bring the vision of the ACC as the go-to source for cardiovascular clinical guidance into reality.



This led to the **first small group discussion**, where the following questions were discussed:

1. What are your thoughts on the resources that ACC has for guidance at the point-of-care?
2. What types of resources are most important at the point-of-care?
3. Is ACC on track with this strategy? Are there other considerations to include?
4. What gaps do you see?

The **key takeaways from the first small group discussions** were:

- There's a strong desire for **integration of guidelines and actionable knowledge into Electronic Medical Records** and clinician workflow.
- Consolidation of ACC resources into **one intuitive and easy to use tool** would be helpful.

- There needs to be **broader dissemination** of and incentive to use the guidelines and point-of-care resources **for primary care providers and the cardiovascular care team members**.
- **AI should be utilized for targeted delivery** of the right content, at the right time, for the right clinician, leading to easier to use and personalized tools at the point-of-care.
- **Guidelines and guidance from ACC could streamline prior authorizations, though they are often used improperly to impede appropriate care.** There is a great opportunity for ACC to actively engage a broad range of constituents to utilize guidelines and guidance to reduce the burden of prior authorization.
- There should be a focus on making **faster and more frequent updates** to guidelines and guidance documents.
- Guidance should not consider cardiovascular disease in isolation, there is a need for a **more holistic and patient centered approach to care, including prevention**.



ACC Chief Innovation Officer, Ami Bhatt, MD, FACC, moderated the afternoon panel discussion on innovations at the point-of-care. She began the session laying out the great potential for **personalizing patient care using AI and other data tools and emphasizing the need to reframe our current approach**. Dr. Bhatt stated, “medical knowledge and data have now exceeded the human brain's ability to source, retrieve, parse and apply it in a time limited, high stakes situation.” This means it is imperative to improve healthcare delivery. Dr. Bhatt then began the panel with introductions.

Will Dark, BSc, is a software developer at Epic, a major player in providing EMR systems to health systems across the US and internationally. Dark outlined Epic's contributions to clinical decision support at the point-of-care, categorizing them into several areas:

- **Rules-Based Recommendations:** The traditional approach in which a patient meets certain conditions and therefore the system suggests follow-up actions such as prescribing medications or suggesting specific interventions.
- **AI:** Dark discussed the spectrum of AI in the industry, focusing on predictive models that provide acuity scores or risk assessments during a workflow. Epic develops models for certain disease states, risk of readmission, etc., and offers a generalizable platform for health systems to deploy third-party AI products.

- **Generative AI:** While controversial for diagnostics, generative AI is effective in summarizing information and drafting text-based responses. Dark discussed potential applications in summarizing guidelines or generating responses based on guidelines.
- **Clinical Decision Support Based on Big Data Insights:** Epic's Cosmos platform is a de-identified national patient data set that aggregates information from health systems using the EMR. It allows clinicians to gain insights into a patient's care by comparing it to similar patients within the Cosmos data set, enabling personalized treatment decisions based on real-world outcomes.

The next panelist, **Sri Adusumalli, MD, FACC, Senior Medical Director at CVS Health**, shared insights on CVS Health's focus areas and his role in health informatics within the healthcare delivery group. He highlighted key areas of focus, including optimizing the use of the EMR, improving patient digital experience, and clinical data governance and interoperability to connect stakeholders.

Dr. Adusumalli shared in both his previous experience in the Nudge Unit at Penn Medicine, and currently at CVS Health, his work focuses on human-centric design and testing of clinical decision support at the point-of-care. He emphasized the importance of **making the right thing to do the easy thing to do** and by **pairing decision support with behavioral science** and care models, we can streamline processes for clinicians. Dr. Adusumalli also posed an opportunity for ACC to convene stakeholders to find a way to translate and implement guidelines and care pathways into the EMR, reducing cognitive burdens on clinicians and promoting standardized implementation.



Noreen Nazier, MD, FACC, Assistant Professor of Medicine at the University of Illinois, highlighted an ACC initiative that aims to provide guideline directed messaging to clinicians in outpatient settings. As a steering committee member of ACC's '**Driving Urgency in LDL Screening**' project she described how they will integrate iterative messaging within the EMR to provide real-time guidance at the point-of-care for LDL screening and management. The messages educate both clinicians and patients on the significance of LDL testing, emphasizing its role in heart disease and stroke. The initiative ensures immediate, informed decision-making during patient visits, including follow-up on medication initiation and continuous

monitoring of treatment effectiveness. The phased rollout, starting with primary prevention messages and progressing to secondary prevention, aims to enhance patient care through actionable guidance with data collected over a 12-month period.

Lee Goldberg, MD, FACC, a heart failure cardiologist at the University of Pennsylvania, discussed a heart failure point-of-care project aimed to improve care quality, reduce burnout, and enhance clinician wellbeing. The project involved creating **a customized pathway for heart failure care accessible via the EMR with an innovative "heart failure tab" that consolidated essential patient information.** This has led to positive impact on length of stay, readmission rates, and medication adherence.

A later phase introduced **a checklist model**, inspired by surgical practices, to guide daily care decisions for heart failure patients. The checklist, also integrated with the EMR, offers **prompts and automation of medication orders.** The goal was to make adherence to heart failure care guidelines as seamless as possible for clinicians and it also **facilitated information transfer at patient discharge, providing the next healthcare provider with a comprehensive overview.** The project exemplified an iterative approach, combining clinical pathways with technology to streamline decision-making and enhance patient outcomes.



The panel addressed a few questions, the first on **how to ensure health equity in point of care guidance.** Dr. Adusumalli pointed to CVS' various neighborhood clinics, pharmacies and in home health services that would allow providers additional opportunities to engage with patients who might not be seen otherwise and address care gaps for more basic items like hypertension and lipid screening. Later, Dr. Goldberg pointed to making sure we approach the use

of generative and diagnostic AI with caution as there is great risk of dramatically expanding disparities if we use biased data sets to inform our AI models.

When asked, **"What does your organization say no to?"** in relation to guidance at the point-of-care, Dark indicated Epic is a technology company, and needs to rely on its customers (clinicians and health systems) to understand what tools provide the most value. So, while they can't implement every guideline in their 'Foundation' system, they can facilitate taking specific high value products implemented at one system and share it with others. He pointed out this is why it's important for clinicians to communicate back to their administration what is useful and needed from a technology perspective.

The day wrapped up with the **second small group discussion** focused on the questions below:

1. What innovative approaches has your organization tried for providing guidance at the point-of-care? What are some lessons learned?
2. Where are the opportunities for collaboration between our organizations?
3. How do we make sure the benefits of point-of-care solutions enhance health equity in cardiology?

The key takeaways from the second discussion were:

- **Continual iteration is imperative** in this work.
- **Creation of tools that are ‘plug and play’** or come with an IT handbook make implementation easier.
- There is a **need for standardization of data parameters and care pathways**. Societies, like ACC and AHA, should lead this effort in collaboration with each other to reduce the number of resources clinicians need to refer to.
- **Utilization of data and metrics to track bias** and health equity should be imbedded into tools.
- Creation of **culturally sensitive patient resources** are necessary and should include information on accessibility of therapies (cost and insurance coverage).
- ACC should consider creation of a **patient version of the guidelines to educate on care pathways** and provide more shared decision-making tools.



ACCF IAF MEETING AGENDA

ACC Strategy - Guidance at the Point of Care

Sunday, December 10, 2023

Ritz Carlton Philadelphia

5:00 pm – 6:30 pm	WELCOME RECEPTION - The Exchange Room (Lobby Level)
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Monday, December 11, 2023

Ritz Carlton Philadelphia

8:30 am – 9:25 am	BREAKFAST – The Exchange Room (Lobby Level)
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9:25 am – 9:30 am	TAKE SEATS - The Grand Ballroom (Lower Level)
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9:30 am – 9:40 am	Welcome to IAF, Opening Remarks & July Recap Mary Norine Walsh, MD, MACC, ACC Past President Chair, ACC Industry Advisory Forum Medical Director, Heart Failure & Cardiac Transplantation, St. Vincent Heart Center of Indiana
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9:40 am – 10:00 am	ACC Update & Strategic Plan Hadley Wilson, MD, FACC ACC President
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10:00 am – 10:20 am	ACC Advocacy Update Nick Morse, MBA ACC Vice President, Advocacy & Government Affairs
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10:20 am – 10:30 am	Laying the Landscape – Guidance at the Point of Care Ryan Gough Executive Director, Partnership to Advance Cardiovascular Health (PACH)
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10:30 am – 10:35 am	Intro Q&A
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10:35 am – 10:50 am	BREAK (15 minutes) - The Grand Ballroom (Lower Level)
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10:50 am – 11:10 am	Session 1 - ACC Strategy – Guidance at the Point of Care Viviany Taqueti, MD, MPH, FACC Director, Cardiac Stress Laboratory, Brigham and Women's Hospital, Harvard Medical School
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11:10 am – 11:15 am	Session 1 ACC Strategy Q&A
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11:15 am – 12:00 pm	Small Group Discussions and Report Out
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12:00 pm – 1:00 pm	LUNCH (60 minutes) – The Exchange Room (Lobby Level)
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Session 2 – Current Innovations at the Point of Care Panel Discussion Moderator – Ami Bhatt, MD, FACC, Chief Innovation Officer, ACC Panelists: <ul style="list-style-type: none"> • Srinath Adusumalli, MD, MSHP, FACC, Senior Medical Director, CVS Health • Will Dark, BSc, Software Developer, EPIC • Lee Goldberg, MD, MPH, FACC, Professor and Vice Chair of Medicine, University of Pennsylvania School of Medicine • Noreen Nazir, MD, FACC, Assistant Professor of Clinical Medicine Cardiology, University of Illinois 	
1:00 pm – 1:45 pm	
1:45 pm – 1:55 pm	Session 2 Panel Q&A
1:55 pm – 2:45 pm	Small Group Discussions and Report Out
2:45 pm - 3:15 pm	WRAP-UP AND ADJOURNMENT

Presentation slides can be accessed on the event website:

<https://www.acc.org/Tools-and-Practice-Support/Quality-Programs/Features/Roundtables/IAF-ACC-Strategy-Guidance-at-the-Point-of-Care>

List of Participants

ACC Leadership

Mary Norine Walsh, MD, MACC (Chair)
Past President, American College of Cardiology
Medical Director, Heart Failure & Cardiac
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B. Hadley Wilson, MD, FACC
President, American College of Cardiology

ACC Industry Advisory Forum Work Group

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Executive Director, New York Quality Care

Paul L. Douglass, MD, MACC
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Director, Cardiovascular Services, Wellstar Atlanta Medical
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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

Srinath Adusumalli, MD, MSHP, FACC
Senior Medical Director
CVS Health

Will Dark, BSc
Software Developer
EPIC

Lee Goldberg, MD, FACC
Professor, Vice Chair of Medicine
University of Pennsylvania

Ryan Gough
Executive Director
Partnership to Advance Cardiovascular Health

Nicole Lohr, MD, PhD, FACC
Cardiovascular Division Director
University of Alabama at Birmingham

Joseph Marine, MD, FACC
Chair, ACC Membership Committee
John's Hopkins University

Noreen Nazir, MD, FACC
Assistant Professor of Medicine
University of Illinois

Viviany Taqueti, MD, MPH, FACC
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Himabindu Vidula, MD, MS, FACC
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ACC IAF Member Attendees

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Global Marketing Manager, Heart Failure

Paul Newman, PhD

Global Clinical Marketing, Heart Failure

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Alana Washington, PharmD, MBA

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iRhythm Technologies

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Anastasia Joseck

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Rachel Keever, MD, CPE, FACC

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