



ACTION

COLLABORATION

LEADERSHIP

RECOGNITION



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@ACCINTOUCH 
#TRANSFORMCVCARE

The ACC Thanks You For Your Partnership!



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STRATEGIC PILLARS



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ACC POINT-OF-CARE RESOURCES

The ACC offers the following tools to
guide clinicians at the point of care.



Find out more at
[ACC.org](https://www.acc.org)



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ACCF IAF MEETING AGENDA

ACC Strategy - Guidance at the Point of Care

Monday, December 11, 2023

Ritz Carlton Philadelphia

8:30 am – 9:25 am	BREAKFAST – The Exchange Room (Lobby Level)
9:25 am – 9:30 am	TAKE SEATS - The Grand Ballroom (Lower Level)
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
9:40 am – 10:00 am	ACC Update & Strategic Plan Hadley Wilson, MD, FACC ACC President
10:00 am – 10:20 am	ACC Advocacy Update Nick Morse, MBA ACC Vice President, Advocacy & Government Affairs
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)
10:30 am – 10:35 am	Intro Q&A
10:35 am – 10:50 am	BREAK (15 minutes) - The Grand Ballroom (Lower Level)

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
11:10 am – 11:15 am	Session 1 ACC Strategy Q&A
11:15 am – 12:00 pm	Small Group Discussions and Report Out
12:00 pm – 1:00 pm	LUNCH (60 minutes) – The Exchange Room (Lobby Level)
1:00 pm – 1:45 pm	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 HealthWill Dark, BSc, Software Developer, EPICLee Goldberg, MD, MPH, FACC, Professor and Vice Chair of Medicine, University of Pennsylvania School of MedicineNoreen Nazir, MD, FACC, Assistant Professor of Clinical Medicine Cardiology, University of Illinois
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



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What Drives Us At The ACC

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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Everything We Do Builds On Our Strong Foundation

ADVANCE QUALITY, EQUITY, AND VALUE OF CV CARE

ACC defines and promotes all aspects of quality, equity, and value of care delivery.

ENSURE ORGANIZATIONAL GROWTH AND SUSTAINABILITY

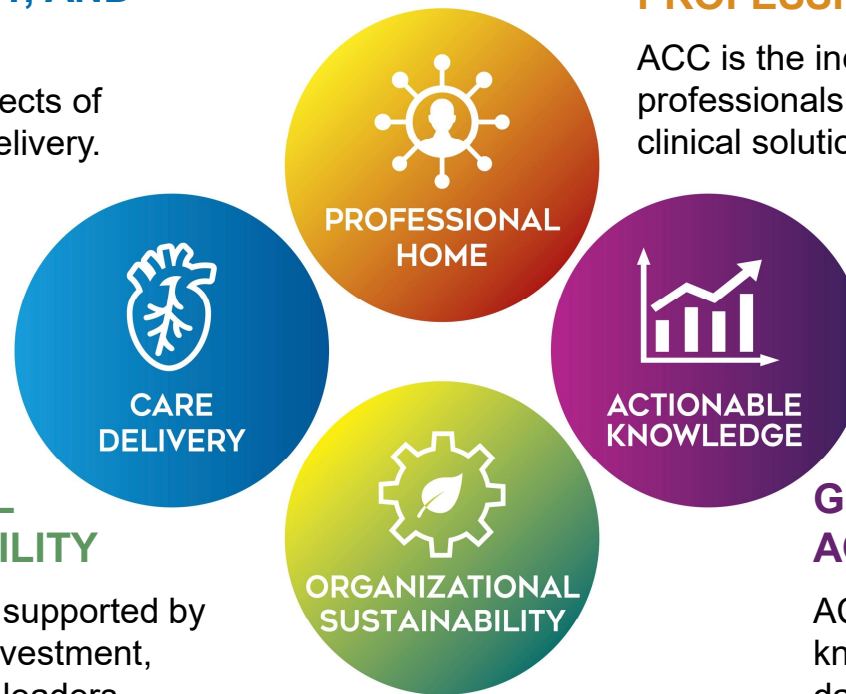
ACC's growth and sustainability is supported by enhanced revenue diversity and investment, efficiency, and a strong pipeline of leaders.

INCREASE RELEVANCE AS THE CV PROFESSIONAL HOME

ACC is the indispensable resource for all CV professionals, providing both clinical and non-clinical solutions for all stages of their careers.

GENERATE AND DELIVER ACTIONABLE KNOWLEDGE

ACC is the trusted source of consumable knowledge that is integrated with the daily activities of the CV team and fully accessible when needed.



STRATEGIC PILLARS

ACC Core Values

In every decision ACC is

Patient-Centered

- **Advocate** on behalf of the cardiovascular patient population in promotion of the public good
- Practice **organizational altruism** – the safety and needs of cardiovascular patients are central to everything we do
- Support and educate patients and clinicians in the practice of **shared decision-making**
- Encourage the patient as part of the **care team**

We are stronger through

Teamwork and Collaboration

- Embrace **diversity** by encouraging and supporting different perspectives, backgrounds, and thought
- Build strategic **partnerships**
- Practice clear communication and **transparent** decision-making
- Encourage a culture of **trust, respect, and safety** with all colleagues, regardless of position or title
- Develop leaders and individuals to enhance **team performance**

We strive for

Professionalism, Excellence and Equity

- Promote a culture of **continuous improvement** and lifelong learning
- Be the **trusted voice** for the cardiovascular community
- Hold ourselves and our profession to the **highest standards** of evidence and knowledge
- Constructively challenge the status quo through **innovation**
- Strive to achieve and support **balance** and **well-being** in our roles and workplaces




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ACC STRATEGIC PLAN 2019-2023

GOALS

 Increase relevance as the CV professional home

 Generate and deliver actionable knowledge

 Advance quality, equity, and value of CV care

 Ensure organizational growth and sustainability

STRATEGIES

- Provide **indispensable value** to CV professionals
- Engage with **Health Systems and Service Lines**
- Increase **member diversity and inclusion**
- Promote **clinician wellbeing**

- **Discover** user needs and **envision** the future product portfolio
- Transform how ACC knowledge is **created**
- Establish a robust infrastructure to **manage** ACC knowledge and make it easily available
- Transform the ACC product portfolio to utilize new infrastructure for **dissemination**

- Develop **partnerships** to deliver standards and support solutions
- Develop **solution sets** that integrate the **patient voice**
- Enhance the **scope** and **utilization of ACC data**
- Support members and engage stakeholders in the transition from a **volume to value-based payment environment**

- Create **innovative projects to drive the mission** of ACC
- Expand and deliver **leadership development** curriculum
- Enhance **organizational efficiency**



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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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- 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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- **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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IT'S TIME!

Uniting to Build a New Board of CV Medicine

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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Reaching These Pillars Requires Continued Focus On:

CLINICIAN WELL-BEING
MEMBER VALUE INNOVATION
LEADERSHIP GLOBAL NCDR
HEALTH EQUITY INCLUSION
DIVERSITY GUIDELINES
CLINICAL GUIDANCE ADVOCACY
ACCREDITATION WORKFORCE
DIGITAL TRANSFORMATION

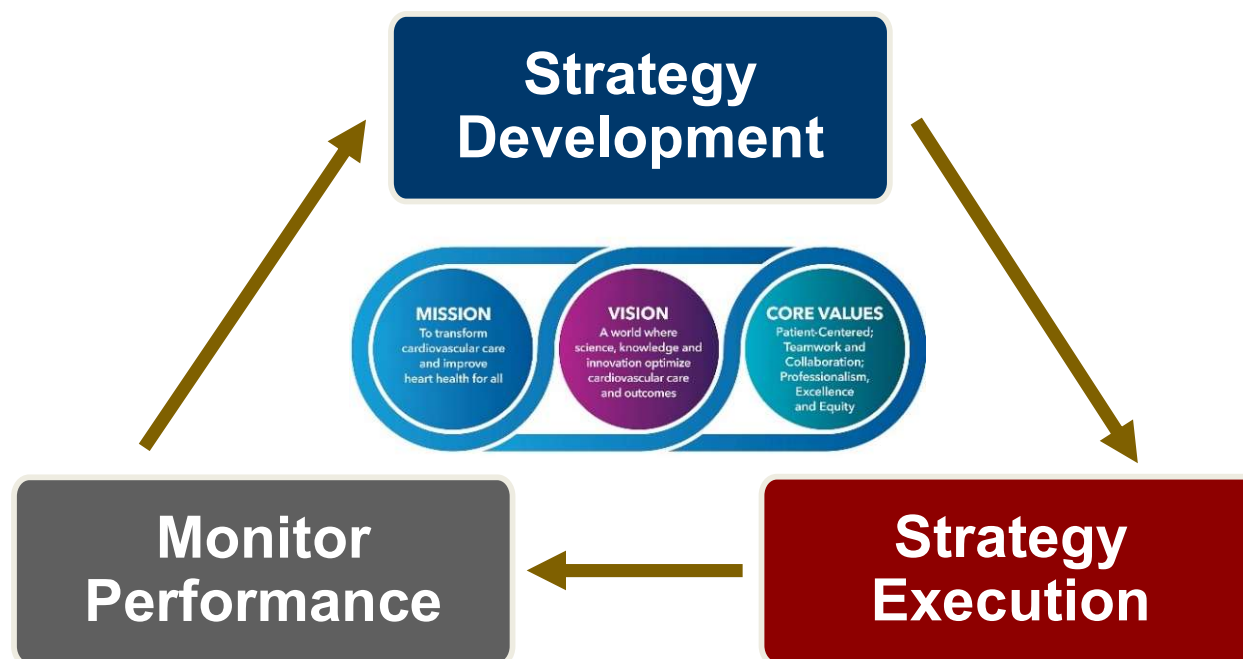
From Vision to Reality



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Our Strategic Plan Will Continue to Evolve



Monitoring of both internal performance and external environmental changes allows us to adjust and refine over time



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THANK YOU!



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Advocacy Update December 2023

Nick Morse, MBA

Division Vice President, Advocacy
American College of Cardiology

Current Outlook

- Emergency funding agreement is elusive
- 2024 Appropriations
- Narrow majorities, division, frustration – with elections approaching!
- Experienced members heading for the exits
- Pending Medicare cuts, other year end business lacking a clear path
- Several bills to address reductions – no vehicle
- Drug pricing, PBMs, price transparency, AI, and non-compete agreements are prominent topics among stakeholders

Key 2023 Advocacy Priorities

- **Increase Patient Access to Care**
 - Address Medicare payment to provide stability for patients and practices
 - Work with stakeholders to identify solutions for long-term systemic reform and value-based care
 - Promote and expand access to quality cardiovascular services
- **Protect Clinician Well-being and strengthen workforce**
 - Streamline prior authorization
 - Curtail non-compete agreements
 - Address workplace violence
- **Improve Heart Health For All**
 - View all issues with an eye toward advancing health equity
 - Build awareness of PAD and reduce preventable amputations
 - Protect communities from out-of-hospital cardiac arrest



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Stabilizing Medicare: Movement in Congress?

- ***Preserving Seniors' Access to Physicians Act of 2023 (H.R. 6683)*** introduced this week by Representatives Murphy (R-NC), Davis (D-IL), Wenstrup (R-OH), Panetta (D-CA), Bucshon (R-IN), and Burgess (R-TX) would eliminate the imminent 3.37 percent cut to the Medicare Physician Fee Schedule set to take effect on January 1, 2024.
- Senate Finance and House Energy & Commerce Committees each advanced proposals to mitigate the 2024 reduction.
- **Raul Ruiz, MD, (D-CA); Larry Bucshon, MD, (R-IN); Ami Bera, MD, (D-CA); and Mariannette Miller-Meeks, MD, (R-IA), introduced the *Strengthening Medicare for Patients and Providers Act***, which adds an annual inflationary update equal to the Medicare Economic Index (MEI) to the Medicare Physician Fee Schedule (PFS).
- **Rep. Michael Burgess, MD, (R-TX), introduced the *Provider Reimbursement Stability Act***. This bill would reform the Medicare PFS, most notably by raising the budget neutrality threshold from \$20 million to \$53 million, which is essential to allow the Centers for Medicare and Medicaid Services (CMS) to increase payments to certain specialties without seeking reductions from others.
- **Reps. Ami Bera, MD, (D-CA), and Larry Bucshon, MD, (R-IN), sent a “Dear Colleague” letter to congressional leadership**, garnering 101 bipartisan signatures, urging *MACRA* reforms to establish a sustainable payment system.
- Medical societies and their members united to support and advance – grassroots engagement is strong.



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Additional Progress

- **Through meetings with agency officials and written comments, the ACC and other stakeholders convinced CMS to abandon new billing standards** for split/shared Evaluation and Management visits in facilities that would have required visits be billed by whichever clinician provides the majority of time only, not the majority of medical decision-making.
- **CMS paused Appropriate Use Criteria (AUC) requirements indefinitely and rescinded current regulations**
- **Revaluation of PCI codes deferred as work continues to revise code set**
- **Expansion of the national coverage determination (NCD) for percutaneous transluminal angioplasty (PTA) of the carotid artery concurrent with stenting.**
- **Commented on CMS proposed Transitional Coverage for Emerging Technologies pathway**
- **Ongoing policy development on digital care and artificial intelligence**
- **Consistent work with payers to improve prior authorization processes**
- **Progress on eliminating non-competes in Indiana, Minnesota, New York**
- **Ongoing work to extend Medicaid coverage for postpartum care from 60 days to 12 months and to promote sudden cardiac arrest awareness/AED access**
- **Consistent interface with CMMI to advise on value-based care concepts**
- **Held fifth annual Value-Based Care in Cardiology Forum**



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2024 Expectations

- 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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ACC Vision For Championing Patient Access to Care

The American College of Cardiology is leading the charge to transform care delivery.

Learn more about the ACC's vision at [ACC.org/OptimizeCVCare](https://www.acc.org/OptimizeCVCare)



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Laying the Foundation

December 11, 2023



PARTNERSHIP TO **ADVANCE**
Cardiovascular
Health

About PACH

PACH is a patient advocacy organization that works to advance public policies and practices that accelerate innovation and improve cardiovascular health for heart patients.

PACH tackles this work by galvanizing partner clinicians and patient organizations to address policy issues that affect access to care.



Dharmesh Patel, MD, President



About PACH



Alliance for
Patient Access



ASPC
The American Society for Preventive Cardiology

StopAfib.org



National Minority
Cardiovascular Alliance



National Blood Clot Alliance
Stop The Clot®

Women Heart
The National
Coalition for Women
with Heart Disease



PCNA
PREVENTIVE CARDIOVASCULAR
NURSES ASSOCIATION



Mended Hearts



National Hispanic Medical Association

ABC
Association of Black Cardiologists, Inc.
Saving the Hearts and Minds of a Diverse America

Anticoagulation
FORUM
Always Learning. Forever Leading.

Children's
Cardiomyopathy
Foundation

GLOBAL
HEALTHY
LIVING
FOUNDATION



Hypertrophic
Cardiomyopathy
Association

Serving the HCM Spectrum Disorder Community Since 1996

VASCULAR
CURES

AIMEDALLIANCE

Heart Valve
Voice US



Policy That Impacts Access

Policy is Made at Many Levels

State and Federal Legislation

Enforcement in the Executive or Bureaucracy

Agency Rulemaking

Medical Society Guidelines

Health Plan Formularies and Policies

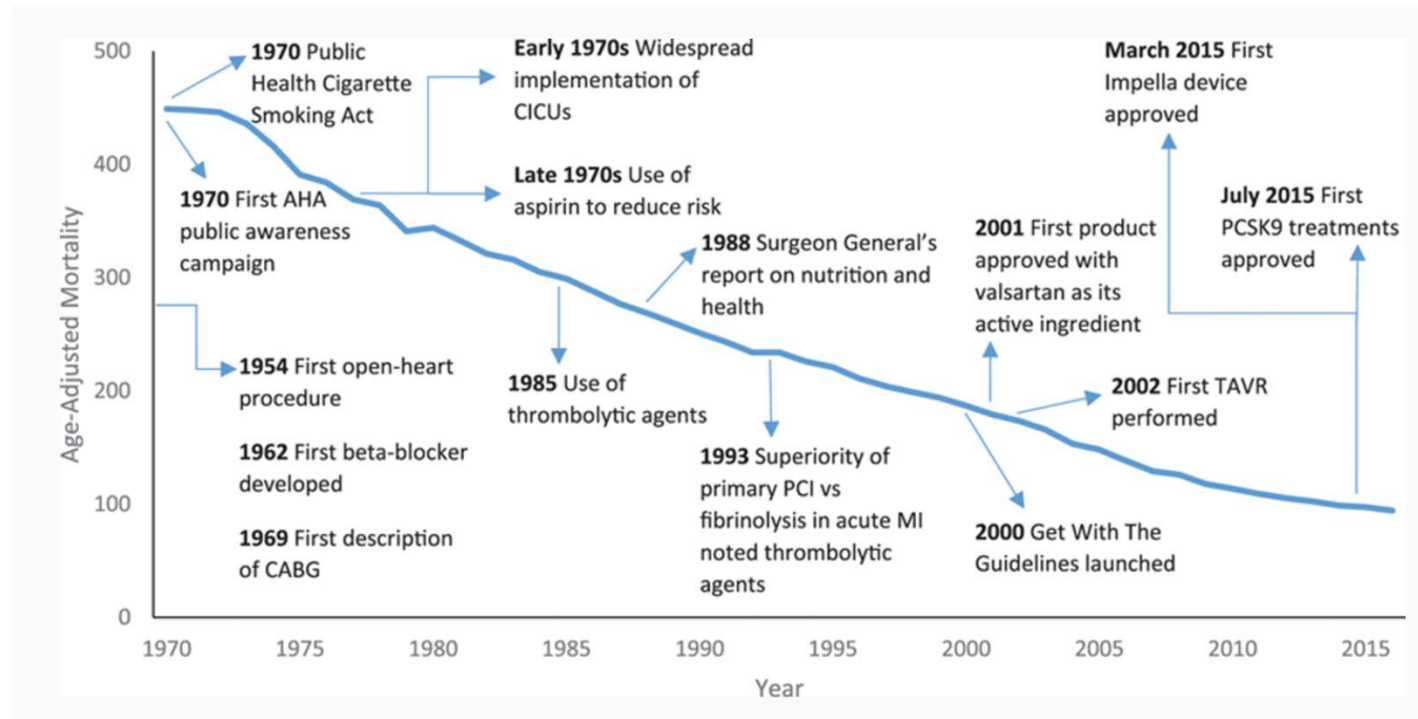
Health Technology Assessments



The Challenge



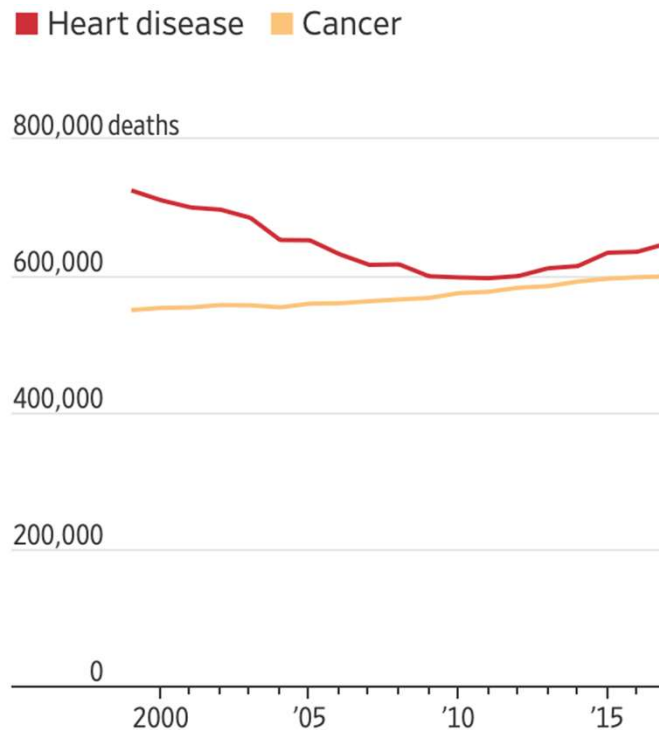
The Challenge



Mark McClellan. Circulation. Call to Action: Urgent Challenges in Cardiovascular Disease: A Presidential Advisory From the American Heart Association, Volume: 139, Issue: 9, Pages: e44-e54, DOI: (10.1161/CIR.0000000000000652)



The Challenge: Still #1



Source: Centers for Disease Control and Prevention



The Challenge

800,000 cardiovascular events every
year
30% of those are recurrent

After a non-medical switch, 20% of
patients stopped their blood thinner

Only 1 in 4 patients with hypertension
have their blood pressure under control

9.4% received LDL testing post-
discharge post-heart attack

<https://pubmed.ncbi.nlm.nih.gov/29371200>

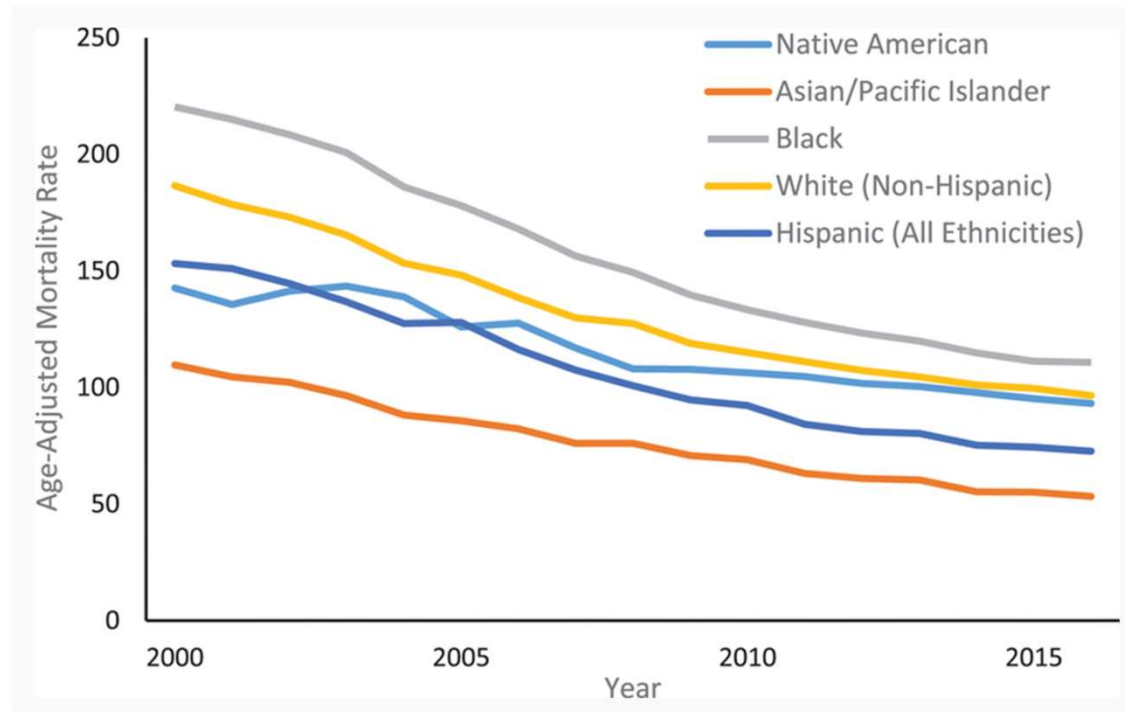
<https://www.cdc.gov/heartdisease/facts.htm>

[https://www.aspconline.org/wp-content/uploads/2022/08/ASPC-NMSBloodThinner-SurveyReport-](https://www.aspconline.org/wp-content/uploads/2022/08/ASPC-NMSBloodThinner-SurveyReport-August2022.pdf)

[https://www.cdc.gov/bloodpressure/facts.htm#:~:text=About%201%20in%204%20adults,22.5%25%2C%2027.0%20million\).](https://www.cdc.gov/bloodpressure/facts.htm#:~:text=About%201%20in%204%20adults,22.5%25%2C%2027.0%20million).)



The Challenge: Disparities



Mark McClellan. Circulation. Call to Action: Urgent Challenges in Cardiovascular Disease: A Presidential Advisory From the American Heart Association, Volume: 139, Issue: 9, Pages: e44-e54, DOI: (10.1161/CIR.0000000000000652)



The Challenge: Disparities

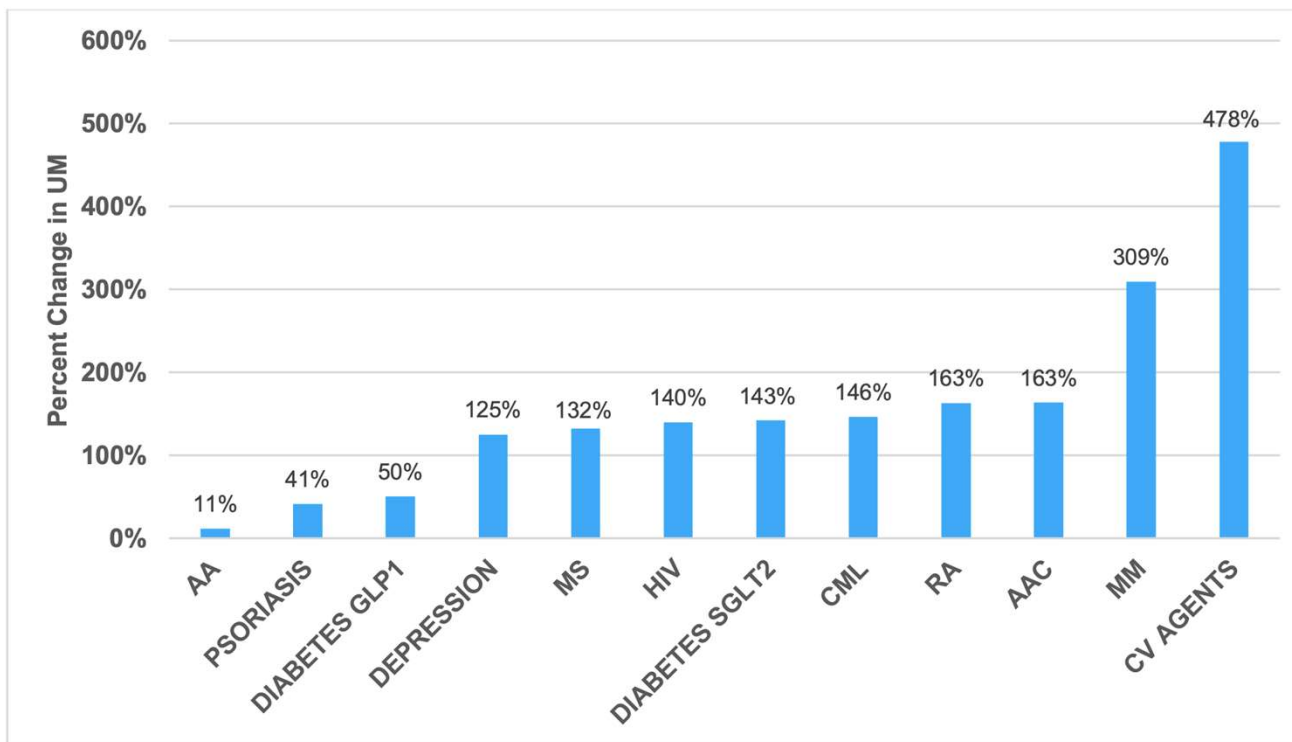


The black American amputation epidemic: Black patients losing limbs at triple the rate of others



Trends in Utilization Management

Figure 2. Change in Use of UM for Single-Source Brand Drugs in the Commercial Market by TA,³ 2014-2020



<https://avalere.com/wp-content/uploads/2021/11/UM-Trends-in-the-Commercial->

Prevention vs. Break and Fix

HealthAffairs

“medically-driven prevention can save money over time”

Nearly “half of the spending slowdown was attributable to slower growth in spending for cardiovascular diseases.”

“roughly half of the reduction in major cardiovascular events was attributable to medications controlling cardiovascular risk factors.”

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05372>



The Challenge: Guidelines & Uptake



17 years for 14% of published evidence to translate into practice



Innovation

“Heart experts say they need new tools and approaches, because today’s cardiovascular disease patients differ from those of the past...”

- Betsy McKay, Wall Street Journal

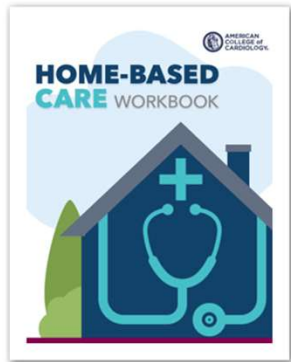


Innovation



American Heart News
@HeartNews

Major CVD event risk cut by 20% in adults without diabetes, with overweight or obesity #AHA23



FDA approves new drug to improve heart function in adults with rare heart condition

Renal denervation systems receive FDA approval, revolutionizing treatment for uncontrolled hypertension

November 21st, 2023



Shared Decisions

Shared decision-making is when patients and clinicians work as a team to make care decisions. Tools can help you talk with your clinician about your care options and concerns. The tools also help



ASCVD Risk Estimator Plus
AnticoagEvaluator

CathPCI Bleeding Risk Calculator



Clinicians and Patients



Life-saving heart treatments out of reach for too many

