



**ACTION**

**COLLABORATION**

**LEADERSHIP**

**RECOGNITION**



# INDUSTRY ADVISORY FORUM

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

# The ACC Thanks You For Your Partnership!



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Welcome to the Industry Advisory Forum  
Cardiovascular Disease in Women



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**IAF Welcome Reception (optional)**  
**Monday, December 2, 2024**  
**5 - 6:30pm EST**  
**KEA, Heart House, Washington, DC**

**IAF Meeting**  
**Tuesday, December 3, 2024**  
**9am - 3pm EST**  
**MPR, Heart House, Washington, DC**

**ACC IAF MEETING AGENDA**  
**Topic - Cardiovascular Disease in Women**

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, ACC Industry Advisory Forum Chair, Medical Director, Heart Failure & Cardiac Transplantation, Ascension St. Vincent Cardiovascular Research Institute
9:05 am – 9:30 am	<b>ACC Update + Q&amp;A</b> Cathleen Biga, MSN, FACC, ACC President
9:30 am – 9:45 am	<b>ACC Advocacy Update + Q&amp;A</b> Nick Morse, MBA, ACC Vice President Advocacy
9:45 am – 9:55 am	<b>75<sup>th</sup> Anniversary Update + Q&amp;A</b> Dipti Itchhaporia, MD, MACC, ACC Past President, 75 <sup>th</sup> Anniversary Work Group Chair; Director, Hoag Heart & Vascular Institute
9:55 am – 10:10 am	<b>White House Initiative on Women's Health Research</b> Carolyn M. Mazure, PhD
10:10 am – 10:20 am	<b>BREAK</b>
10:20 am – 11:20 am	<b>Heart Disease in Women – Historic Review and Current State of Affairs</b> Mary Norine Walsh, MD, MACC  <b>ACC's CVD in Women Committee</b> Leslie Cho, MD, FACC; Director, Women's Cardiovascular Center, Cleveland Clinic  <b>Defining the Problem – Gender Disparities in Treatment - Panel Discussion</b> Moderated by Mary Norine Walsh, MD, MACC Panelists: <ul style="list-style-type: none"> <li>Aortic Stenosis – Wayne Batchelor, MD, MHS, MBA, FACC; Director, Interventional Heart Program, Inova Health System</li> </ul>

	<ul style="list-style-type: none"> <li>Atrial Fibrillation – Andrea Russo, MD, FACC; Director, Electrophysiology and Arrhythmia Services, Cooper University Health Care</li> <li>Heart Failure - Selma Mohammad, MBBS, FACC; Advanced Heart Failure &amp; Transplant Cardiologist, CHI Health Clinic Heart Institute</li> <li>Hypertension - Natalie Bello, MD, MPH, FACC; Director of Hypertension Research, Smidt Heart Institute, Cedars-Sinai</li> </ul>
11:20 am – 12:00 pm	<b>Small Group Discussions and Report Out</b> <ul style="list-style-type: none"> <li>What are the biggest opportunities and challenges that industry and health systems face in assuring equitable access to care in women?</li> <li>Are there other key insights you have identified that are important for addressing differential treatment and outcomes for women with CVD?</li> <li>Are there other organizations doing work to improve outcomes for CVD in women that would help to enhance the impact of ACC's strategy?</li> </ul>
12:00 pm – 1:00 pm	<b>GROUP PICTURE &amp; LUNCH (60 minutes)</b>
1:00 pm – 2:00 pm	<b>Health Equity Strategy – ACC's Approach to Addressing CVD in Women</b> Biykem Bozkurt, MD, PhD, FACC; ACC Health Equity Task Force Member; Assoc. Director, Cardiovascular Research Institute, Baylor College of Medicine  <b>Gender Disparities in Care: What Can We Do About It? - Panel Discussion</b> Moderated by Ty Gluckman, MD, FACC, Medical Director of the Center for Cardiovascular Analytics, Research, and Data Science (CARDS), Providence Heart Institute  <b>Panelists:</b> <ul style="list-style-type: none"> <li>Addressing gender disparities in AI - Demilade A. Adedinsowo, MD, MPH, FACC; Assistant Professor of Medicine, Mayo Clinic College of Medicine and Science</li> <li>Precision medicine for women with CVD – Michael Honigberg, MD, FACC; Cardiologist-investigator, Massachusetts General Hospital</li> <li>Evidence generation – Erica Spatz, MD, MHS, FACC; Director, Preventive Cardiovascular Health Program, Yale Heart and Vascular Center</li> <li>Evidence dissemination efforts – Candice Silversides, MD, FACC; Clinician Investigator, Toronto General Hospital Research Institute</li> </ul>
2:00 pm – 2:45 pm	<b>Small Group Discussions and Report Out</b> <ul style="list-style-type: none"> <li>How does CVD in women fit into your organization's overarching health equity strategy?</li> <li>What data is most critical to advancing more equitable prevention and treatment of CVD in women?</li> <li>What types of implementation programs would be most effective to help drive real change for CVD in women over the next 5 years?</li> </ul>
2:45 pm – 3:00 pm	<b>WRAP-UP AND ADJOURNMENT</b>





# Follow us on Social Media!

**@ACCinTouch**  
**#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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# ACC STRATEGIC PLAN (2024-2028)

## 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

# Health Equity and Access Are Global Issues

- National Strategy
- Focus of our Assembly of International Governors
  - Resulting in meetings with Secretaries and Ministers of Health – globally
- Role of SDoH
- Development and Implementation of Sub-Specialty Clinics



# Health Equity in Action

# Access and Care Delivery

“The main goals of effective care delivery are to improve patient outcomes, enhance the quality of care, and increase patient satisfaction. This is achieved through **coordinated** efforts, where each **team member contributes their expertise** to develop and implement a **comprehensive, patient-centered treatment plan**. This approach is particularly beneficial in cardiology, given the **complex nature of cardiac diseases** and the need for a **multifaceted treatment strategy** that addresses medical, lifestyle, and psychosocial aspects of patient care”



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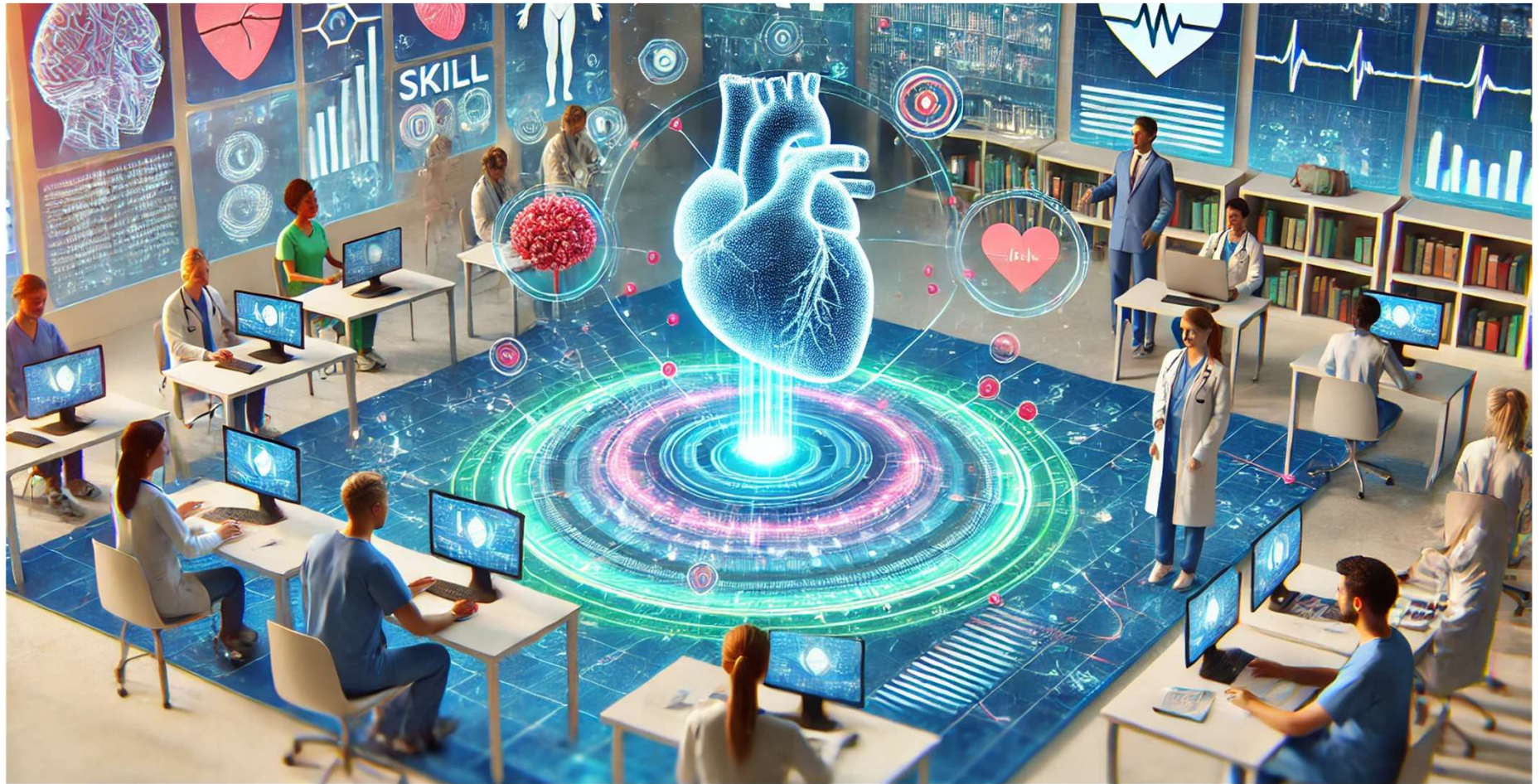
# Educational Assessment

- **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)



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# AI and CV Care Delivery

## ***Improve Cardiovascular Outcomes***

Utilizing hybrid-care,  
remote patient  
monitoring, and AI-  
driven care

## ***Empower the AI-enabled Clinician***

Address information  
overload & minimize  
administrative  
burden in support of  
wellbeing

## ***Enhance Patient Engagement***

Leverage digital health  
tools to empower  
patients to monitor  
their health

**Promoting digital transformation to drive high quality, accessible care at a lower cost for all**



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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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# Partner Societies



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

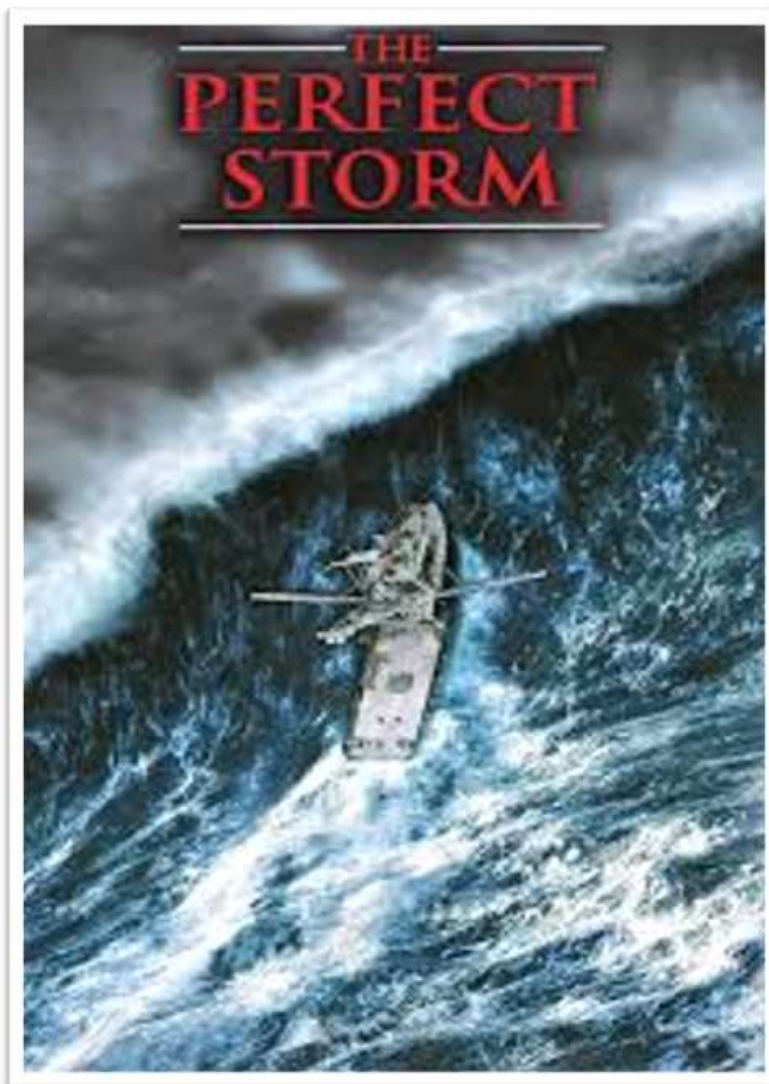


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A Perfect  
Storm is  
Upon Us

We Need  
Care  
transformation



- Workforce crisis:  
MD's, RN's, CVT's
- 11K people >65 y/o daily
- Health care inflation
- Medicare insolvent in 2026?
- Declining life-expectancy
- Lack of HealthEquity
- Unsustainable FFS mode
- Silo'ed delivery system



# Bottom Line: We MUST Redesign Care Delivery



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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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# New in ACC/AHA Clinical Guidelines (2024)

## Perioperative

**CENTRAL ILLUSTRATION: 2024 Perioperative Cardiovascular Management for Noncardiac Surgery Guideline-at-a-Glance**

**Major Changes in Perioperative Cardiovascular Management for Noncardiac Surgery**

**Preoperative**

**Risk Assessment**  
Use a systemic approach to periop risk assessment  
Highly selective use of stress testing

**Medications**  
Discontinue SGLT2i 3-4 days before surgery  
Stop OAC

**Intraoperative/Postoperative**

**Monitor and Follow-up**  
Consider intraop cardiac imaging (TEE or FoCUS) in hemodynamically unstable patients  
Consider postop surveillance for MINS in patients at elevated risk  
Manage newly diagnosed AF and ensure close follow-up  
Resume OAC postop\*

Bhave SD, et al. JACC. 2024;10.1016/j.jacc.2024.08.018.

## Lower Extremity PAD

**CENTRAL ILLUSTRATION: 2024 ACC/AHA/Multisociety PAD Guideline**

**Talk to your patients about Peripheral Artery Disease (PAD) Health Risks & Disparities**

**10 to 12 Million** people in the U.S. over age 40 have PAD

**Who may be more impacted by PAD?**

**1 in 5** Hispanic & non-Hispanic White adults have a lifetime risk of PAD  
**1 in 3** Black adults have a lifetime risk of PAD  
**About 77%** higher risk of amputation vs. revascularization for Black patients when compared to White patients

Think about **contributors to health disparities** that put your patient at risk:

- Race & Ethnicity
- Geography
- Structural Racism & Implicit Bias
- Social Determinants of Health

**Does your patient have these PAD risk amplifiers?**

Diabetes, Smoking, Older Age, Depression

**What can you do?** Ask your patients if they have any difficulty walking or leg symptoms.

For more information, visit [ACC.org/Diversity](https://www.acc.org/Diversity) and [CardioSmart.org/DiscussionGuidePAD](https://www.acc.org/CardioSmart.org/DiscussionGuidePAD)

Bates KJ, et al. J Am Coll Cardiol. 2024;83(24):2605-2609.

## Hypertrophic Cardiomyopathy

**CENTRAL ILLUSTRATION: 2024 AHA/ACC/Multisociety HCM Guideline**

**Encouraging exercise for HCM patients**

Recent evidence demonstrates benefits outweigh risks in many patients with appropriate assessment.

\*Recreational exercise is for leisure, without competition.  
†Vigorous = 6 METs intensity for at least an hour per week.  
‡Competitive sports involve training to compete against others.

Coylewright CT, et al. J Am Coll Cardiol. 2024;83(23):2406-2410.



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Visit [ACC.org/Guidelines](https://www.acc.org/Guidelines) for the latest guidelines and resources.



# Guideline Resources

## What are SGLT2 inhibitors?

**SGLT2 inhibitors** are a type of medication. They are now recommended for many people with:

- Heart failure
- Kidney disease
- Dropping narrowed or blocked arteries (coronary artery disease)
- Diabetes (beyond controlling blood sugar, but to prevent heart issues too)

Some examples, with more being studied, includes:

- canagliflozin (Invokana)
- empagliflozin (Jardiance)
- dapagliflozin (Farxiga)

### How they help

Taking an SGLT2 inhibitor + Other heart medicines you take = Can help many people:

- Feel better by easing symptoms
- Have a better quality of life
- Stay out of the hospital
- Avoid delays

### Things to keep in mind

- Be sure to tell your other doctors you are taking an SGLT2 inhibitor for your heart.
- Let your doctor know if you are:
  - Not eating or drinking due to illness or a test
  - Having surgery
  - Worried about cost
- Know that other medications – diuretics (water pills) and diabetes medicines – may need to be adjusted.

Ask about to wait. Examples: Delays, Yeast, Urinary, Low blood pressure.

Visit [CardioSmart.org](https://www.cardiosmart.org) to learn more. @ACCinTouch @CardioSmart

## Peripheral Artery Disease (PAD)

**PAD** occurs when arteries in the leg become narrowed or clogged, causing less blood flow.

### Signs and symptoms

These can include:

- Legs hurt or feel heavy when walking, but get better with rest
- Leg pain or cramping in the calf, buttock, hip or thigh
- Can't walk as fast or as far as before
- Wounds don't heal

While leg pain is common, 4 out of 10 people with PAD don't have leg symptoms.

### Find out if you have it

Ask for an ABI or ankle brachial index test. It can help tell if there's less blood flowing in your legs.

PAD can run in families, so know your history.

### What you can do to help prevent PAD

- Don't smoke or get help to quit
- Control your blood pressure, cholesterol and diabetes
- Get to or maintain a healthy weight
- Stay active and exercise daily
- Check your feet for cuts or sores that don't heal or skin color changes

For more information, visit [CardioSmart.org/PAD](https://www.cardiosmart.org/PAD) @ACCinTouch @CardioSmart

## Perioperative Guideline JACC Interactive Tool: A Stepwise Approach to Preoperative Cardiac Assessment

Use this tool to assess patients with cardiovascular risk factors, diseases, or symptoms who are scheduled for noncardiac surgery.

Abbreviations | FAQ | [X](#) [f](#) [@](#) [v](#) [t](#)

### Modify Selections

Noncardiac surgery evaluation

### Does the patient scheduled for noncardiac surgery have cardiovascular risk factors<sup>1</sup>, disease, or symptoms?

Yes

No

JACC Journals | Guidelines and Clinical Documents | Guideline Hubs | Hypertrophic Cardiomyopathy Guideline Hub

### JACC Interactive Tool: Genetic Testing and Family Screening for Patients with Hypertrophic Cardiomyopathy

Use this tool for guidance on cascade testing and surveillance based on results of genetic testing for a patient with hypertrophic cardiomyopathy. See Section 6.8. Genetics and Family Screening in the 2024 Hypertrophic Cardiomyopathy Guideline for additional information.

# ACC ADVOCACY: CHAMPIONING PATIENT ACCESS TO CARE

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



# Advocacy and Our Partners

- Patients, Professional Societies, Industry
- Professional Fee Schedule
- Telehealth PHE
- Site Neutrality
- HHS – RFK
- CMS – Oz (taking CPT coding on?)
- Changes w FDA

# Historical Impacts of “Tiny” Cuts

		Office							Hospital (Pro)							
	CPT	Description	1999	2005	2010	2015	Jun-15	2016	2017	1999	2005	2010	2015	Jun-15	2016	2017
Stress																
	93015 / 16&18		\$ 124.99	\$ 121.47	\$ 97.87	\$ 80.88	\$ 81.28	\$ 80.99	\$ 81.39	\$ 52.47	\$ 43.08	\$ 41.41	\$ 38.72	\$ 38.92	\$ 38.77	\$ 39.17
Echo																
	93307	Echo Plain	\$ 227.19	\$ 231.14	\$ 163.06	\$ 138.05	\$ 138.74	\$ 138.62	\$ 138.29	\$ 69.19	\$ 52.64	\$ 50.73	\$ 47.52	\$ 47.75	\$ 47.58	\$ 47.60
	93306	Echo/Dopplr/CF	\$ -	\$ -	\$ 251.96	\$ 241.02	\$ 242.23	\$ 242.70	\$ 243.54		\$ -	\$ 72.58	\$ 66.39	\$ 66.72	\$ 67.06	\$ 67.46
	93307	Echo	\$ 227.19	\$ 231.14	\$ -					\$ 69.19	\$ 52.64	\$ -				
	93320	Doppler	\$ 103.22	\$ 102.16	\$ -					\$ 29.35	\$ 21.80	\$ -				
	93325	Color Flow	\$ 129.13	\$ 141.43	\$ -					\$ 4.31	\$ 4.69	\$ -				
		Total	\$ 459.54	\$ 474.73	\$ 251.96	\$ 241.02	\$ 242.23	\$ 242.70	\$ 243.54	\$ 102.85	\$ 79.13	\$ 72.58	\$ 66.39	\$ 66.72	\$ 67.06	\$ 67.46

2005- \$474.73

2009 – DRA - \$290.00

2010 (the beginning of the end) \$251.96 –

2018 - \$224.09 - \$220.54 - \$220.28 - \$219.08 - \$209.53 - \$208.77 - \$204.83 –

2025 - \$199.10





# Site Neutrality

- From 2021 to 2022, **Medicare spending increased by 5.9 percent**, from \$689 billion in 2021 to \$944 billion in 2022, reaching 21 percent of total National Health Expenditures.
- The **Bipartisan Budget Act of 2015 established site-neutral payments** under Medicare for services received at off-campus HOPDs. However, this bill included a grandfathering provision that exempted existing off-campus HOPDs from site neutrality and did not apply to on-campus HOPDs, where many outpatient services are delivered. Hospitals exempted - \$45 off campus - \$150 on campus
- **Section 603:** Off-campus provider-based departments (PBDs) that began billing under OPPS on or after Nov. 2, 2015
- **CMS expanded the site-neutral policy** in 2019 to include clinic visits occurring at all off-campus HOPDs.
- \$30 billion over 10 years



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# Site of Service Reimbursement Differences

While we expect this to normalize, we have been waiting a long time now – and it won't change in 2024 – but when it does will we be ready?

CPT	APC	Description	2024	
			MPFS	OPPS
78452	5593	Nuclear Stress	\$ 370.84	\$ 1,373.22
93005	5733	EKG	\$ 6.69	\$ 59.15
93017	5722	Treadmill	\$ 39.11	\$ 303.55
93306	5524	Echo	\$ 133.27	\$ 533.51
93350	5524	Stress Echo	\$ 121.79	\$ 533.51
93351	5524	Stress Echo - Complete	\$ 156.43	\$ 533.51
93880	5523	Carotid U/S	\$ 157.63	\$ 236.97

Medicare pays approximately **\$6,500** for the placement of a coronary stent as an outpatient in a free-standing ambulatory care facility and **\$10,600** for the same procedure performed in a hospital.

\*Based on  
2024 Locale 19

# Transforming Episode Accountability Model

## Mandatory Model: 2026-2030

The Transforming Episode Accountability Model (TEAM) will support people with Medicare undergoing certain surgical procedures by promoting better care coordination, seamless transitions between providers, and successful recovery.

**Included procedures:** lower extremity joint replacement, surgical hip femur fracture treatment, spinal fusion, coronary artery bypass graft, and major bowel procedure.

TABLE X.A.-07: LIST OF MANDATORY CBSAs SELECTED FOR PARTICIPATION IN TEAM	
STATE	OMB CBSA 2023 Code Metropolitan or Micropolitan Statistical Area Title
AL-GA	29300 LaGrange, GA-AL
GA	10500 Albany, GA
GA	19140 Dalton, GA
GA	20060 Douglas, GA
GA	27700 Jesup, GA
GA	40660 Rome, GA
GA	42340 Savannah, GA
GA	45580 Thomaston, GA
GA	45740 Toccoa, GA
GA-AL	29300 LaGrange, GA-AL



## Episode Components

Participating acute care hospitals will be responsible for overseeing a patient's care from hospital admission or outpatient procedure through 30 days after the individual leaves the hospital, including **coordination and communication** between providers across all care settings and with the patient and family. An episode includes:

- ▶ Inpatient hospital services
- ▶ Physician services: specialists and primary care
- ▶ Outpatient therapy services
- ▶ Skilled nursing facilities
- ▶ Home health services
- ▶ Clinical laboratory services
- ▶ Durable medical equipment
- ▶ Medications (Part B drugs and biologicals)
- ▶ Hospice

Participants will connect the patient to a **primary care provider** after they leave the hospital to support continued recovery and positive long-term health outcomes.



## Model Goals



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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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# Physician Alignment

- Academia
- Independent
- Employed
- Private Equity
- Multi-state MSO's
- Unionization

Figure 6: Cardiology Program Ownership Trend (Survey Participants)

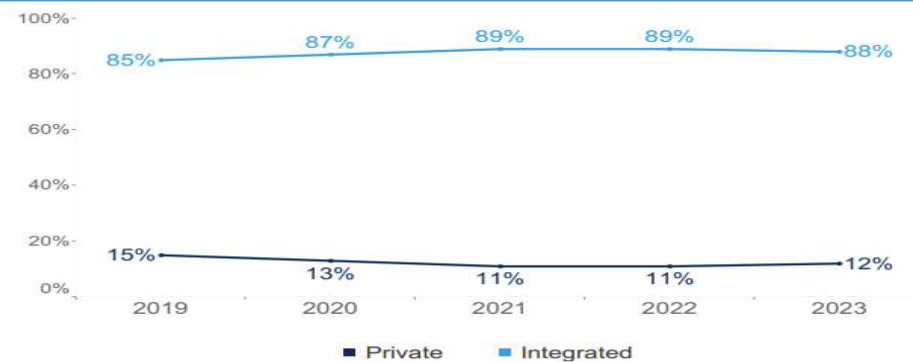
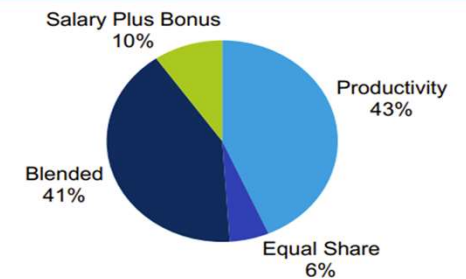


Figure 6: Cardiology Programs by Compensation Model



Figure 4: Survey Cardiology Programs by Compensation Model



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# Workforce Crisis: Nursing

**Headwinds and tailwinds** — state of the nursing profession includes COVID-19 impact

commitment.  
courage.  
compassion.

## Declining workforce

**510K**

**RN shortfall by 2030**  
(expected to grow due to COVID pandemic)

South and West regions of the US expected to have hire shortages.

The annual growth in RN jobs projection has grown from

**175,000**

pre-pandemic to

**200,000**

per year through 2026.



The RN recruitment difficulty index has grown to

**81 days**

with OR and ICU nurses being the highest at

**93 and 91 respectively.**

However, med surg does not fall far behind at

**76 days.**

**21% of nurses**

have indicated they would transfer to non-patient care roles after the pandemic.

**10% of nurses**

are reporting plans to leave the profession after the pandemic.

**22% of nurses**

are reporting they will retire soon after the pandemic.

**RN vacancy rate has grown to 10% nationally.**



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## Clinical practice opportunities

Emerging literature regarding the growing gap for transition to practice **8% of nursing graduates** are prepared for entry level practice, dropping from **23% in 2015.**

Emerging nursing literature demonstrates **poor EHR usability** leads to **increased burnout, decreased job satisfaction and intention to leave.**

RN burnout has grown as a result of the pandemic to

**94% of nurses**

reporting some level of burnout.



**National annual turnover 2020**  
(with COVID impact)

**18.7%**

with the Southeast, North Central and South Central regions of the US having turnover at

**19.2 -24.9%**

(These are the regions Ascension practices within.)

## Changing landscape

COVID pandemic has increased the **gap in transition to practice** and

knowledge for new graduate nurses. First year turnover has grown to **30% nationally.**

Increasing **experience-complexity gap**

demonstrated through shift in CMI.

Call from the AACN, AONL, RWJ foundation and nurses have a **population health responsibility** regardless of their education level or their work assignment.



**Changing economic landscape**  
decreased interest in nursing support roles.

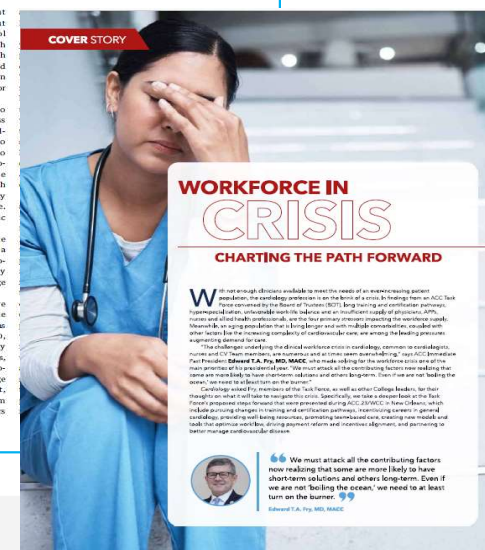
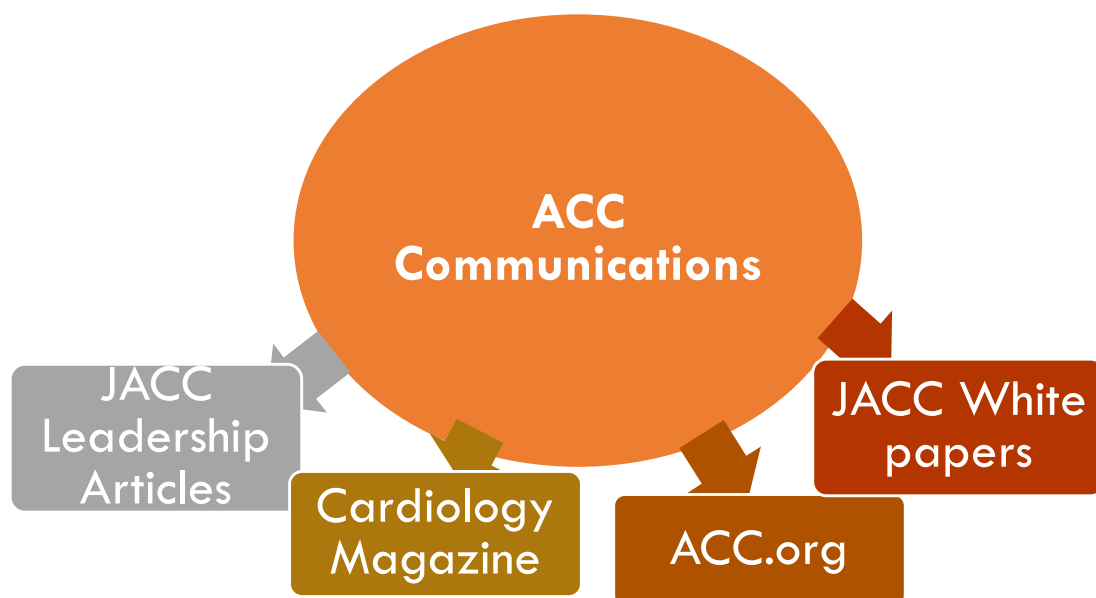


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# Leveraging Insights to Continue to Communicate Efforts and Impact

## Targeting Opportunities Across ALL Communications





Closed Date	Target Name	Target Location	Acquirer Name	Deal Value (\$ mm)
Jan-24	National Cardiovascular Partners	TX	Undisclosed	Undisclosed
Oct-23	Ventricle Health	NC	RA Capital Management; Waterline Ventures	Undisclosed
Oct-23	Clearwater Cardiovascular Consultants	FL	Cardiovascular Logistics (Lee Equity)	Undisclosed
Sep-23	Practice of Ivor L. Geft, M.D.	CA	MDVIP	Undisclosed
Sep-23	Southeast Houston Cardiology	TX	CLS Health	Undisclosed
Sep-23	Daytona Heart Group	FL	Cardiovascular Associates of America (Webster Equity)	Undisclosed
Sep-23	The Cardiovascular Center of Florida	FL	Cardiovascular Associates of America (Webster Equity)	Undisclosed
Sep-23	Central Florida Cardiology Group	FL	QOROS (Chicago Pacific Founders)	Undisclosed
Jul-23	Pivotal Healthcare Partners	FL	SCA Health (Optum)	Undisclosed
Jul-23	Cardiovascular Associates	FL	Cardiovascular Associates of America (Webster Equity)	Undisclosed
Jun-23	Bay Area Cardiology Associates	FL	Cardiovascular Associates of America (Webster Equity)	Undisclosed
Jun-23	James River Cardiology	VA	RC Capital	Undisclosed
Jun-23	Shore Heart Group	NJ	Cardiovascular Associates of America (Webster Equity)	Undisclosed
May-23	Advanced Heart Group	IL	Heart & Vascular Partners (Assured Healthcare Partners)	Undisclosed

May-23	Memorial Katy Cardiology Associates	TX	US Heart & Vascular (Ares Management; Rubicon Founders)	Undisclosed
May-23	US Heart and Vascular (Ares Management)	Multiple	Rubicon Founders	Undisclosed
May-23	Colorado Springs Cardiology	CO	Heart & Vascular Partners (Assured Healthcare Partners)	Undisclosed
May-23	Dallas Heart & Vascular	TX	Heart & Vascular Partners (Assured Healthcare Partners)	Undisclosed
Apr-23	Novocardia (Deerfield)	Multiple	Cardiovascular Associates of America (Webster Equity)	Undisclosed
Apr-23	CardiaStream	TX	CHRISTUS Health	Undisclosed
Apr-23	HeartPlace	TX	US Heart and Vascular (Ares Management)	Undisclosed
Apr-23	First Coast Cardiovascular Institute	FL	Cardiovascular Logistics (Lee Equity)	Undisclosed
Apr-23	Heartland Cardiology	KS	US Heart and Vascular (Ares Management)	Undisclosed
Apr-23	The Cardiac and Vascular Institute	FL	Cardiovascular Associates of America (Webster Equity)	Undisclosed
Feb-23	St. John's Vein Center	FL	Pivotal Healthcare Partners (Ashlar Capital)	Undisclosed
Feb-23	Orion Medical	TX	US Heart and Vascular (Ares Management)	Undisclosed
Feb-23	Mountain View Clinic	AR	Mena Regional Health System	Undisclosed
Feb-23	Cardiovascular Institute Of Central Florida	FL	Cardiovascular Associates of America (Webster Equity)	Undisclosed
Jan-23	Cardiovascular Institute Of The South	LA	Lee Equity Partners	Undisclosed



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- Internal Medicine  
Cardiology Program
- Young Scholars
- Emerging Faculty
- 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

# Building Leaders



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# ACC.25

MARCH 29 - 31, 2025 · CHICAGO

TRANSFORMING  
CARDIOVASCULAR  
CARE FOR ALL



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# 75 ANNIVERSARY

**SAVE THE DATE**

FRIDAY, MARCH 28, 2025  
FIELD MUSEUM  
CHICAGO, IL  
6:30 PM



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75  
ANNIVERSARY

# Advocacy Update December 2024

Nick Morse, MBA

Division Vice President, Advocacy  
American College of Cardiology





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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



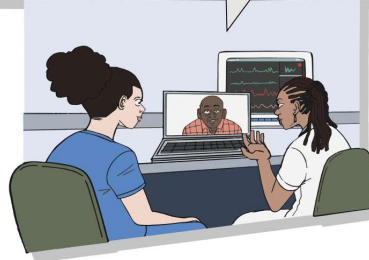
## Support Clinicians in Providing Equitable Value-Based Care

- 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).



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# 2025 OPPS/ASC Final Rule

- OPPS: Ablation codes NOT added to ASC CPL
- Some Cardiac CT codes temporarily moved to higher APC
- Finalized proposal to separately pay for any diagnostic radiopharmaceutical with a per-day cost greater than \$630.



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# 2025 PFS Final Rule

- 2025 PFS conversion factor is \$32.3465, reduced 2.83%
- G2211 Update: CMS will allow payment for the evaluation and management (E/M) visit complexity add-on code when the base E/M code is reported on the same day by the same practitioner as an annual wellness visit, vaccine administration or any Medicare Part B preventative service is performed.
- ASCVD Risk Assessment and Management G Codes: CMS finalized a proposal to create coding and payment for ASCVD risk assessment and risk management services.
- Jan. 1, 2025, telehealth originating site rules will limit patient location to rural and underserved areas – legislation required to extend flexibilities.
- Two-way real-time audio-only communication can be used in some circumstances
- Through 2025: practitioners can use practice address when providing telehealth services from home; virtual direct supervision of CV rehab.



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# Lame Duck Wish List

- Current government funding expires December 20
- Elimination of 2025 PFS cut
  - *Medicare Patient Access and Practice Stabilization Act of 2024* (H.R. 10073)
- Telehealth flexibility extension, including at-home CV rehab
  - *Telehealth Modernization Act* (H.R. 7623)
- Prior authorization reform
  - *Improving Seniors' Timely Access to Care Act* (H.R. 8702/S. 4532)
- Increase AED access
- No horrific offsets



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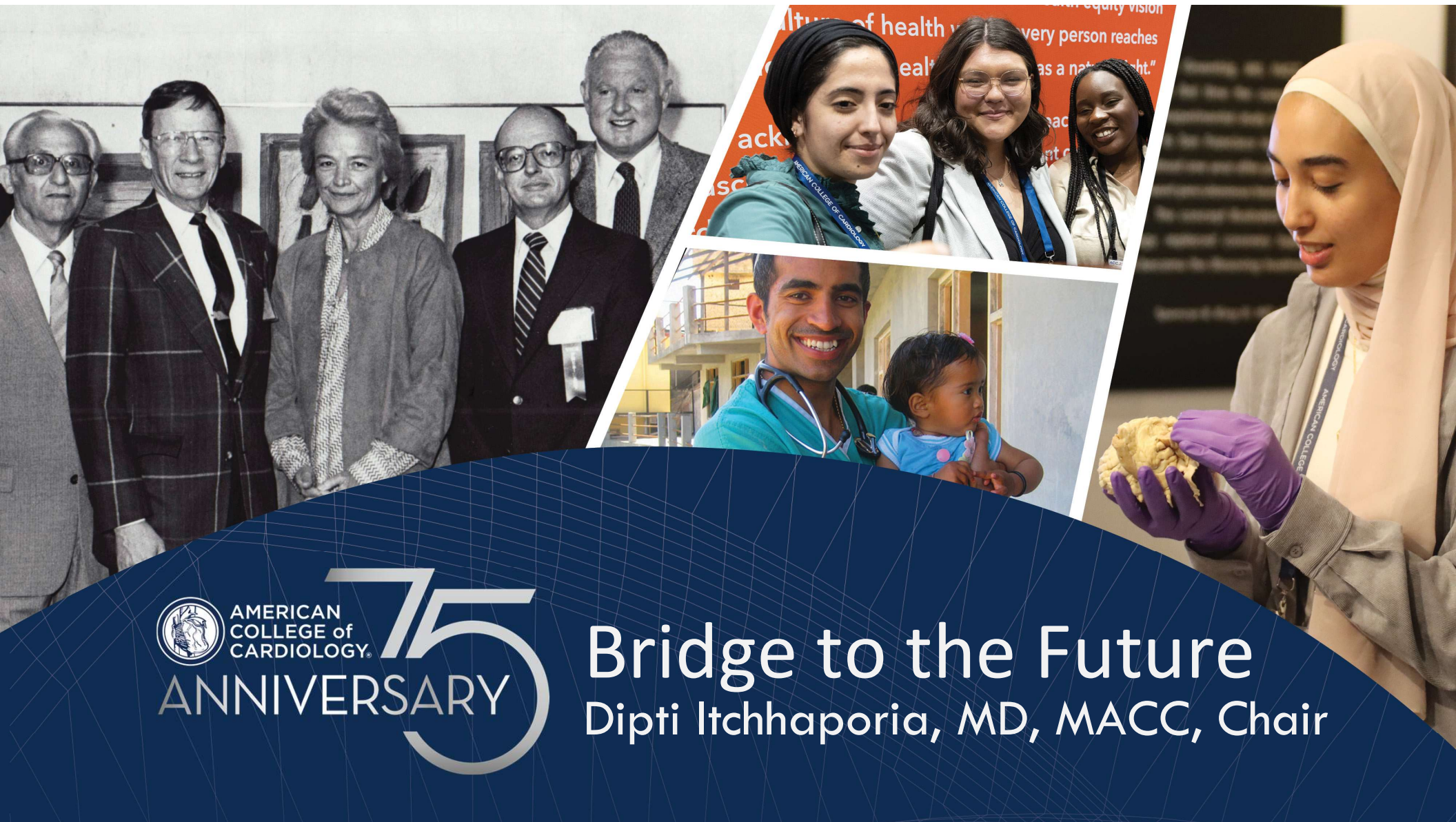
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# What to Watch for in 2025



- New administration – nominations, confirmations, new priorities
  - HHS, CMS, FDA, CDC, NIH
- New Congress – leaders, chairs, members, staff
- What are the key issues?
  - Reversing/undoing rulemaking
  - Appropriations
  - Tax cuts extension – and offsets
  - Permanent telehealth flexibilities
  - Long-term Medicare/reforms/changes
  - Site neutral payment
  - PAD
  - Claims data
  - Gold carding
  - AED access



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# Bridge to the Future

Dipti Itchhaporia, MD, MACC, Chair





**THEME: Celebrating the Past. Building a Bridge to the Future**

# BRIDGE TO THE FUTURE



**BOLD AIM** - A world in which cardiovascular disease is no longer the #1 killer globally.

## Core Objective #1

Drastically reimagine how cardiology care is delivered to at-risk communities in the United States through strong implementation of a **Health Equity** strategy.

## Core Objective #2

Tangibly **diversify the cardiovascular workforce** so that by the ACC 100th anniversary, cardiovascular professionals are fully representative of the patients they serve across all key demographics.

## Core Objective #3

**Leverage technology to improve global cardiovascular care** and create a world where science, knowledge, and innovation optimize patient care and outcomes worldwide, especially in low- and middle-income countries.



# Build on and expand existing strategic programs

## Core Objective #1 Health Equity Programs

- Health Equity Education and Training
- Caring Hearts Community Initiative
- Diversity in Clinical Trial Resource Center
- Rural Cardiovascular Health Initiative
- Health Equity Focused Activities at ACC.xx

## Core Objective #2 Workforce Diversification Programs

- Young Scholars & Internal Medicine
- Clinical Trial Research (CTR) & REACH
- Member Leadership Development Programs and Awards
- International Leadership Development Programs
- Fellowship Research Awards

## Core Objective #3 Global & Innovative Programs

- Global Heart Attack Treatment Initiative (GHATT)
- Research Support in LMI Countries
- NCD Academy
- Chapter Section Grants

# Thank You To Our Industry Supporters

## Core Objective #1 Health Equity Programs

- Health Equity Education and Training
- Caring Hearts Community Initiative
- Diversity in Clinical Trial Resource Center
- Rural Cardiovascular Health Initiative
- Health Equity Focused Activities at ACC.xx

## Core Objective #2 Workforce Inclusivity Pathway Programs

- Young Scholars & Internal Medicine
- Clinical Trial Research (CTR) & REACH
- Member Leadership Development Programs and Awards
- International Leadership Development Programs
- Fellowship Research Awards

## Core Objective #3 Global & Innovative Programs

- Global Heart Attack Treatment Initiative (GHATT)
- Research Support in LMI Countries
- NCD Academy
- Chapter Section Grants



# YOUR IMPACT

With the support of our friends and partners, we can expand our strategic programs that were designed to help us achieve our goals. From research support in low – and middle-income regions to workforce inclusivity pathway programs and community initiatives, the ACC Foundation is funding programs that are making an impact on the cardiovascular workforce of the future and our patients.

**Your Support  
Impacts Scientific  
Advancement**





“ACC’s **Clinical Trials Research (CTR)** program helped me to enhance my skills in research design, including the consideration of new analytical methods and ways to encourage representative research representation.

*I was also able to leverage the experience of the other learners and the CTR leaders to expand my mentorship network and work on my career development.”*

— Jill Steiner, MD, MS, FACC



# Your Support Holds Power





*"This [SJL program] has launched my career over these two years. It's opened doors to sponsorship, mentorship and built a community of belonging for me.*

***I have learned the power of philanthropy and advocacy from Sandy.***

*"It's been a life-changing experience and helped me discover my journey to what's next."*

*— Modele Ogunniyi, MD, MPH, FACC*



# Your Support Builds a Workforce for the Future





# Your Support Impacts Global Heart Health





Thanks to ACC Members, Chapters, Member  
Sections, Institutions & Partners

We Are 45% To Our 1,000 Seat Goal!



**GOAL!**





# **Health System Participation**

**Atrium Sanger Heart and Vascular Institute  
Northwell**

**UVA Heart and Vascular Center**

**Mayo Clinic Rochester**

**Cleveland Clinic**

**Mount Sinai**

**WashU Medicine**

**Brown University Health Cardiovascular Institute**

# THANK YOU



Together we will transform the future of  
cardiovascular health for all

**AstraZeneca**

**Bayer**

**Cytokinetics**

**Johnson & Johnson**

**Novartis**

**Viatis**



# SEE YOU IN CHICAGO!

## SAVE THE DATE

FRIDAY, MARCH 28, 2025

FIELD MUSEUM

CHICAGO, IL

6:30 PM

750+ Global Members, Corporate  
Partners, & Other Supporters



# White House Initiative on Women's Health Research

Carolyn M. Mazure, PhD

# Heart Disease in Women – Historic Review and Current State of Affairs

Mary Norine Walsh, MD, MACC

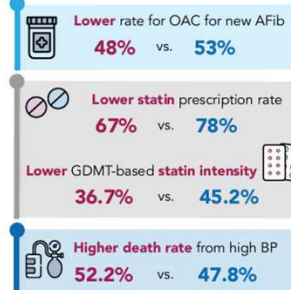
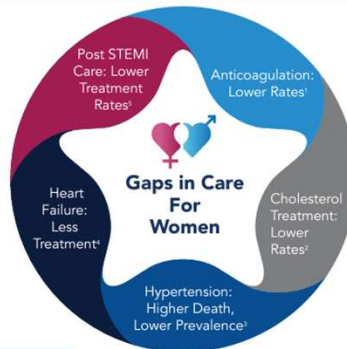
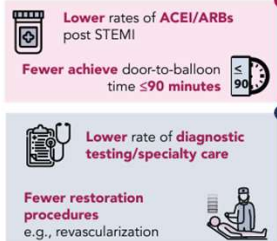


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# THE HEART OF WOMEN'S HEALTH

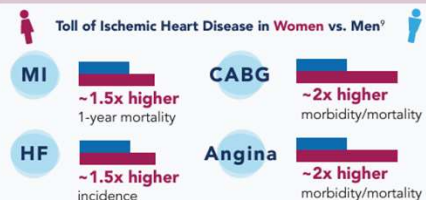
Women, compared with men, are **less likely to receive GDMT or appropriate intensification of therapy**



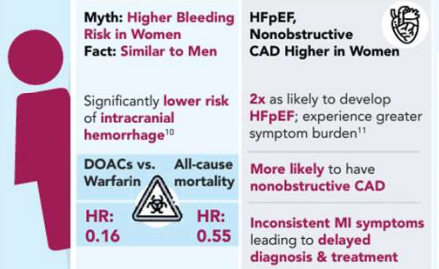
## The Impact of Gaps in Care



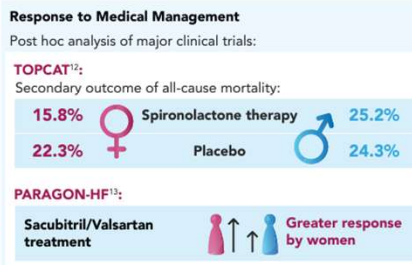
## THE IMPACT OF GAPS IN CARE



## Sex-Based Differences



## SEX-BASED DIFFERENCES



## Call to Action



Addressing the disparities in delivery of care and cardiovascular outcomes for women requires a renewed commitment to recognizing the issue and prescribing GDMT and other evidence-based treatment.

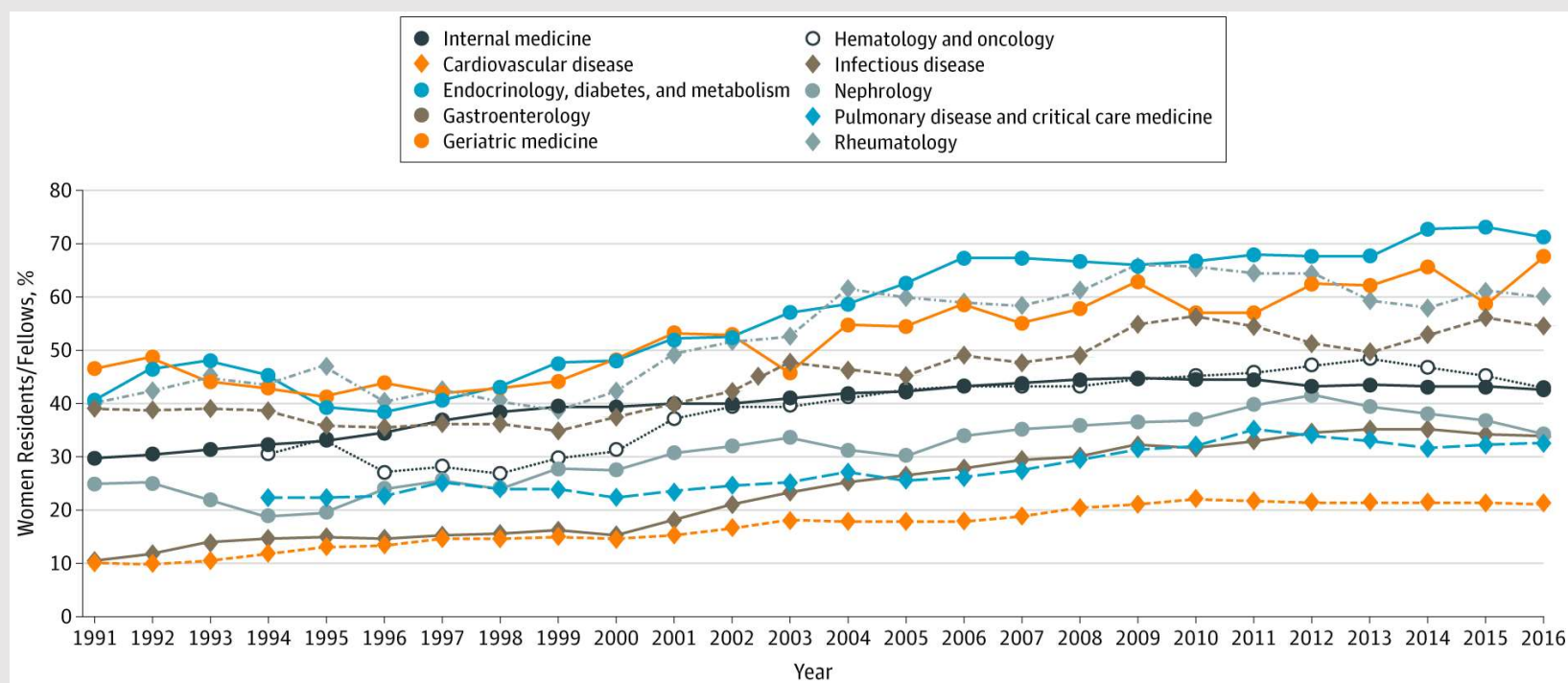


# Most Women with Cardiovascular Disease are Cared for by Male Cardiologists



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# Changes in the Percentage of Women Internal Medicine Residents and Subspecialty Fellows Between 1991 and 2016



Stone AT, Carlson KM, Douglas PS, Morris KL, Walsh MN. Assessment of Subspecialty Choices of Men and Women in Internal Medicine From 1991 to 2016.

JAMA Intern Med. Published online September 23, 2019. doi:10.1001/jamainternmed.2019.3833



**Minnow Walsh, MD, MACC**

@MinnowWalsh



Graduate Medical Education, 2023-2024

[jamanetwork.com/journals/jama/...](https://jamanetwork.com/journals/jama/...) ✓

Good news [#Cardiology](#)! This year we are up to 29% women fellows! 16% in EP and 13% in interventional. This is progress! [#ACCWIC](#) [@ACCinTouch](#) [@WomenAs1](#) [#Ilooklikeacardiologist](#) [#TheFaceofCardiology](#)

Type or Degree and Specialty and Subspecialty for 2023-2024	
	2023-2024
No. of programs	13 489
No. of residents	
Total	158 031
PGY-1	39 700
PGY-1 residents without prior GME	36 172
Location of medical school or type of degree, No. (%)	
US MD	92 340 (58.4)
International	37 109 (23.5)
DO	28 480 (18.0)
Canada <sup>a</sup>	102 (0.1)
Specialties, No. (%)	
Programs	5792 (42.9)
Residents	130 393 (82.5)
Subspecialties, No. (%)	
Programs	7697 (57.1)
Residents	27 638 (17.5)

Abbreviations: ACGME, Accreditation Council for Graduate Medical Education; DO, Doctor of Osteopathy; PGY-1, postgraduate year 1, the first year of education beyond medical school for which GME is accredited; US MD, US degree of medicine.

<sup>a</sup> Excluded from international row because graduates of Canadian medical schools are not considered international medical graduates. Canadian medical schools are accredited by the Liaison Committee on Medical Education as are US degree-granting medical schools in the US.

Graduate Medical Education, 2023-2024

From [jamanetwork.com](https://jamanetwork.com)

5:47 PM · Nov 25, 2024 from Indianapolis, IN · **16.2K** Views



UNIVERSITY OF  
FLORIDA

College of Medicine  
Division of Cardiovascular Medicine

Marian C. Limacher, M.D.  
Associate Professor of Medicine  
(904) 376-1611 x6324

1600 Archer Road  
PO Box 100277  
Gainesville, FL 32610-0277

July 18, 1994

Dear Colleague:

Thank you for agreeing to participate in the Ad Hoc Committee on Women in Cardiology. The first order of business is to determine whether a meeting for women should be conducted at the Annual Scientific Sessions in March, 1995. The Scientific Sessions Program is nearly finalized and we will need to move rapidly if a women's meeting is added to the program.

I am enclosing the evaluations from the first luncheon panel held in 1993 which utilized a discussion format with a different topic at each table. Some of the comments highlight topics that might be addressed at the 1995 or future sessions. Please give some thought as to possible topics, speakers and venues for a meeting in 1995 that we can review during our conference call on Wednesday, July 20, 2:00PM Eastern Standard Time. Because of the limited planning time available, not all members of the Committee are able to participate in a conference call before August, I will be contacting individuals not participating in the call to learn their views and update them on the content of the call. Any future meetings will certainly be planned at a convenient time to all members.

Thank you again for your participation. I look forward to working with you.

Sincerely,

MCLmo / sce

Marian C. Limacher, M.D.  
Associate Professor of Medicine

MCL:ac

Enclosures



# AMERICAN COLLEGE OF CARDIOLOGY WOMEN IN CARDIOLOGY

## 30 YEARS OF WOMEN EMPOWERMENT



1998-2002

ACCWIC became a standing committee led by Dr. Marian Limacher, MD, MACC



2005-2009

Section Chair  
Dr. Athena Poppas,  
MD, MACC



2013-2016

Section Chair  
Sandra J. Lewis,  
MD, FACC



2019-2022

Section Chair  
Dr. Toniya Singh,  
MBBS, FACC



1994

ACC Women in Cardiology (ACCWIC) started as an ACC AdHoc Committee led by Dr. Marian Limacher with members including Drs. Pamela Douglas, Kim A. Eagle, Janice B Schwartz, Mary N. Walsh, Wendy J. Wolf, and Janet S. Wright



2002-2005

ACC WIC became the first ACC Section in 2004 with Dr. Mary Norine (Minnow) Walsh, MD, MACC as the first ACCWIC Section Chair



2009-2013

Section Chair  
Dr. Carole Warnes,  
MD, MACC



2016-2019

Section Chair  
Dr. Claire Duvernoy,  
MD, FACC




2022-present

Section Chair  
Dr. Gina Lundberg,  
MD, FACC

ACC Member Sections provide specialized, topic-focused communities where members can connect with peers that share their interests, gain leadership experience and make an impact on the College — and cardiology.

**Join an ACC Member Section**

Join an ACC Member Section in ACC's renewal portal – login required. 

Academic Cardiology Member Section

ACC Global Hub

Adult Congenital and Pediatric Cardiology Member Section

Advanced Career Professionals Member Section

Cardiac Surgery Team Member Section

Cardio-Oncology Member Section

Cardiovascular Management Member Section

Cardiovascular Team Member Section

Critical Care Cardiology Member Section

Early Career Professionals Member Section

Electrophysiology Member Section

Federal Cardiology Member Section

Fellows in Training Member Section

Geriatric Cardiology Member Section

Health Care Innovation Member Section

Heart Failure and Transplant Member Section

Imaging Member Section

Interventional Member Section

Medical Residents Member Community

Medical Students Member Community

Prevention of Cardiovascular Disease Member Section

Program Directors and Graduate Medical Educators Member Section

Reproductive Health & Cardio-Obstetrics Member Section

Sports and Exercise Cardiology Member Section

Vascular Disease Member Section

Women in Cardiology Member Section

# Women In Cardiology Member Section

The Women in Cardiology Section of the ACC offers women cardiologists opportunities to strengthen their professional support system and skills through networking events, professional development and mentoring programs. In addition, membership and active involvement in the Section provides a training ground for developing leadership skills and understanding the governance structure and avenues to leadership within the College.

## **Section Mission**

The mission of the Women in Cardiology Section of the ACC is:

- To enhance the careers of women cardiologists through the creation of professional development, mentoring and networking programs and through the promotion of leadership opportunities within the ACC.
- To enhance the appeal of cardiology for women residents by recommending changes in training programs and by promoting effective, efficient and diverse career opportunities.
- To encourage young women in high school, college and medical school to pursue a career in cardiology through the creation of mentoring programs and preceptorships.
- To advocate for the parity of women cardiovascular physicians, in particular, equity in salary and leadership advancement within the physician workforce.



# Women in Cardiology and Cardiovascular Disease in Women are not Synonymous



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## CARDIOVASCULAR PERSPECTIVE

# Cardio-Obstetrics

## Team-Based Care to Improve Maternal Outcomes

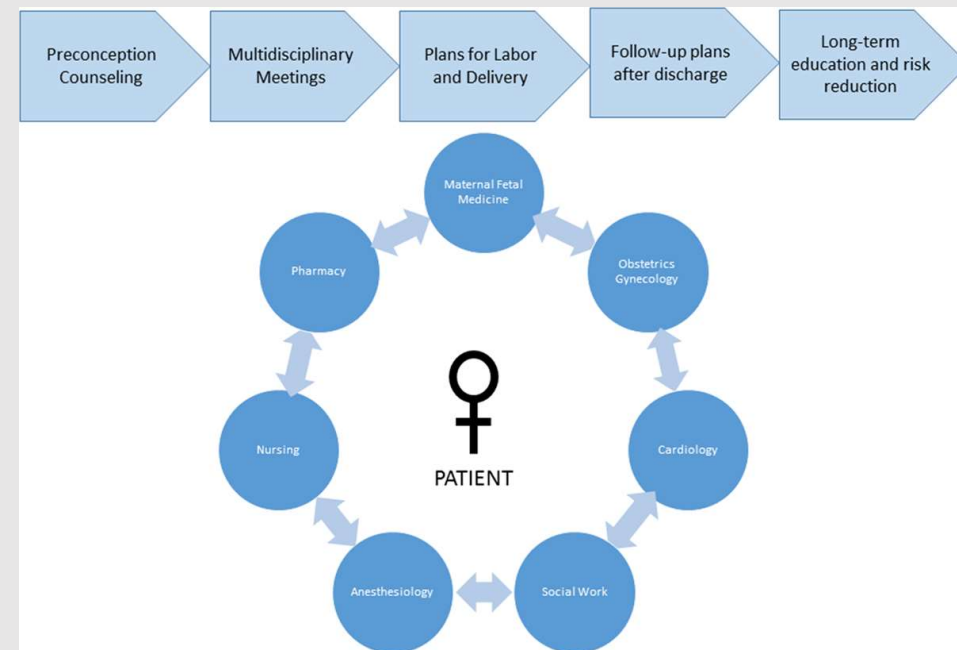
### MATERNAL MORTALITY

Despite global improvements in maternal mortality, the rate of pregnancy-related deaths in the United States has been rising.<sup>1</sup> Pregnant women in the United States have a higher risk of death than in any other industrialized country. The reasons for this are complex. Black women have a 3 to 4× higher risk of maternal mortality than white women,<sup>2</sup> underscoring alarming trends in the racial-ethnic disparities in this country. Insufficient access to care, socioeconomic inequalities, and variable quality of care all require attention. Additionally, maternal demographics and risk factors have changed over time. At the time of pregnancy, women are older and have more chronic medical conditions, such as obesity, hypertension, and diabetes mellitus.<sup>1</sup> Cardiovascular disease is now a leading cause of maternal death and severe morbidity.<sup>2</sup>

State-wide maternal mortality review committees have shed light on cardiovascular-related maternal deaths. In Illinois, Briller et al<sup>3</sup> found that of 140 maternal deaths from 2002 to 2011, more than a fifth (22%) were related to cardiovascular disease. The most common causes were related to acquired cardiovascular disease (97.1%), including cardiomyopathy (27.9%), stroke (22.9%), hypertensive disorders (12.9%), arrhythmias (10.7%), and coronary disease (9.3%). Relatively fewer deaths were related to congenital heart disease (2.9%). In California, nearly a quarter (24.9%) of the pregnancy-related deaths from 2002 to 2006 were attributed to cardiovascular disease, and two-thirds of these deaths were related to cardiomyopathy.<sup>4</sup>

Maternal deaths were deemed to be potentially preventable in approximately a quarter of the cases reviewed by these 2 state committees.<sup>3,4</sup> Preventability was assessed by whether specific and feasible actions could have been implemented to lead to a nonfatal outcome, such as evaluating the cause of severe shortness of breath in a postpartum woman.<sup>4</sup> The complex problems facing high-risk obstetric populations require a team-based approach including cardiology, maternal-fetal medicine, obstetrics, anesthesiology, and nursing.

Melinda B. Davis, MD  
Mary Norine Walsh, MD



Davis MB, Walsh MN. Cardio-Obstetrics.  
Circ Cardiovasc Qual Outcomes. 2019  
Feb;12(2):e005417.

Reproductive Health & Cardio-Obstetrics  
Member Section

Section Announcements

+ About Us

Activities and Resources



Use the Hashtag #ACCRepOB  
and Follow @ACCinTouch to Join  
the Conversation!

## Welcome to ACC's Reproductive Health & Cardio-Obstetrics Member Section!

We are so excited to announce the College has created the new Reproductive Health and Cardio-Obstetrics Member Section. Cardio-Obstetrics is a tremendous area of burgeoning growth in cardiology as it relates to clinical care, research, advocacy and interdisciplinary collaboration.

Through this Section, we hope to transform cardiovascular care and health in women worldwide and provide a grounding point for those with such shared interests in this field.

The creation of this Section addresses the needs and gaps in care in all domains including clinical care, education, training/mentorship, research, engagement and public policy.

The Mission of this Section is to provide members with knowledge in a structured and organized approach on the cardiovascular care of patients surrounding all aspects of pregnancy and reproductive health; create actionable and accessible knowledge for members of the College; enhance the training of FITs by encouraging incorporation of these topics into their didactic curriculum; and lead advocacy efforts to improve care and accessibility to care for our patients. This Mission aligns with our goal to advance the value and equity of cardiovascular care for patients' health during and around pregnancy and across the reproductive years.



**Natalie Ann Bello, MD, FACC**  
*Chair*

### Join Us – Free in 2024

Join the Reproductive Health &  
Cardio-Obstetrics Section

Questions? [Contact ACC Member Care.](#)

## ACC resources

- **The ACC Cardiovascular Disease in Women Committee and Cardio-Obstetrics Work Group have:**
  - published numerous scientific publications;
  - developed a virtual “Cardio-Obstetrics Essentials” course in conjunction with the College’s Lifelong Learning Oversight Committee that was offered this fall for the third time;
  - supported a cardio-obstetrics journal club;
  - hosted multiple educational webinars;
  - and collaborated with ACC state chapters and/or partner medical societies such as the American College of Obstetricians and Gynecologists, the Society for Cardiovascular Angiography and Interventions, and the American Heart Association to create educational content as well as to provide a clinical community and opportunity for engagement of interested clinicians.



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**Advancing Heart Care Worldwide**



# Cardiovascular Disease in Women Committee

Leslie Cho, MD, FACC

Professor of Medicine, CCLCM

Section Head, Preventive Cardiology and Rehabilitation

Director, Women's Cardiovascular Disease Center



♀ **vs.** ♂

## Fundamental difference

- Vascular biology
- Valvular heart disease
- Unique risk factors
- Presentation

# Vasculopathy of Women with CAD: Coronary Structure and Function vs. Men

- **Structural**

- **Macro/ Microvessels**
  - Smaller size
  - Increased stiffness (fibrosis, remodeling)
  - More diffuse disease
  - Erosion > Rupture
  - Microemboli, rarefaction (drop out), disarray

- **Functional**

- **Macro / Microvessels**
  - Endothelial dysfunction
  - Smooth muscle dysfunction (raynaud's migraines, CAS)
  - Inflammation
    - Plasma makers
    - Vasculitis (SLE)

**Women**

**Men**

---

**Aging Cardiomyopathy**

---

Preservation of cardiac weight

Reduction in cardiac weight (1 g/yr)

Preservation of myocyte number

Reduction in myocyte number (64 million/yr)

Preservation of myocyte volume

Increase in myocyte cell volume

Constant mononucleate/binucleate myocytes ratio

Decreased mononucleate/binucleate myocytes ratio

Low apoptotic index

Apoptotic index 3-fold higher than women

*Increased apoptotic rate*

*Decreased apoptotic rate*

JACC 2010;55:1057-65



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# Participation Prevalence Ratio

	PPR
Acute Coronary Syndrome	0.6
Atrial Fibrillation	0.8
Coronary Artery Disease	0.6
Congestive Heart Failure	0.5
Hypertension	0.9
Pulmonary Hypertension	1.4

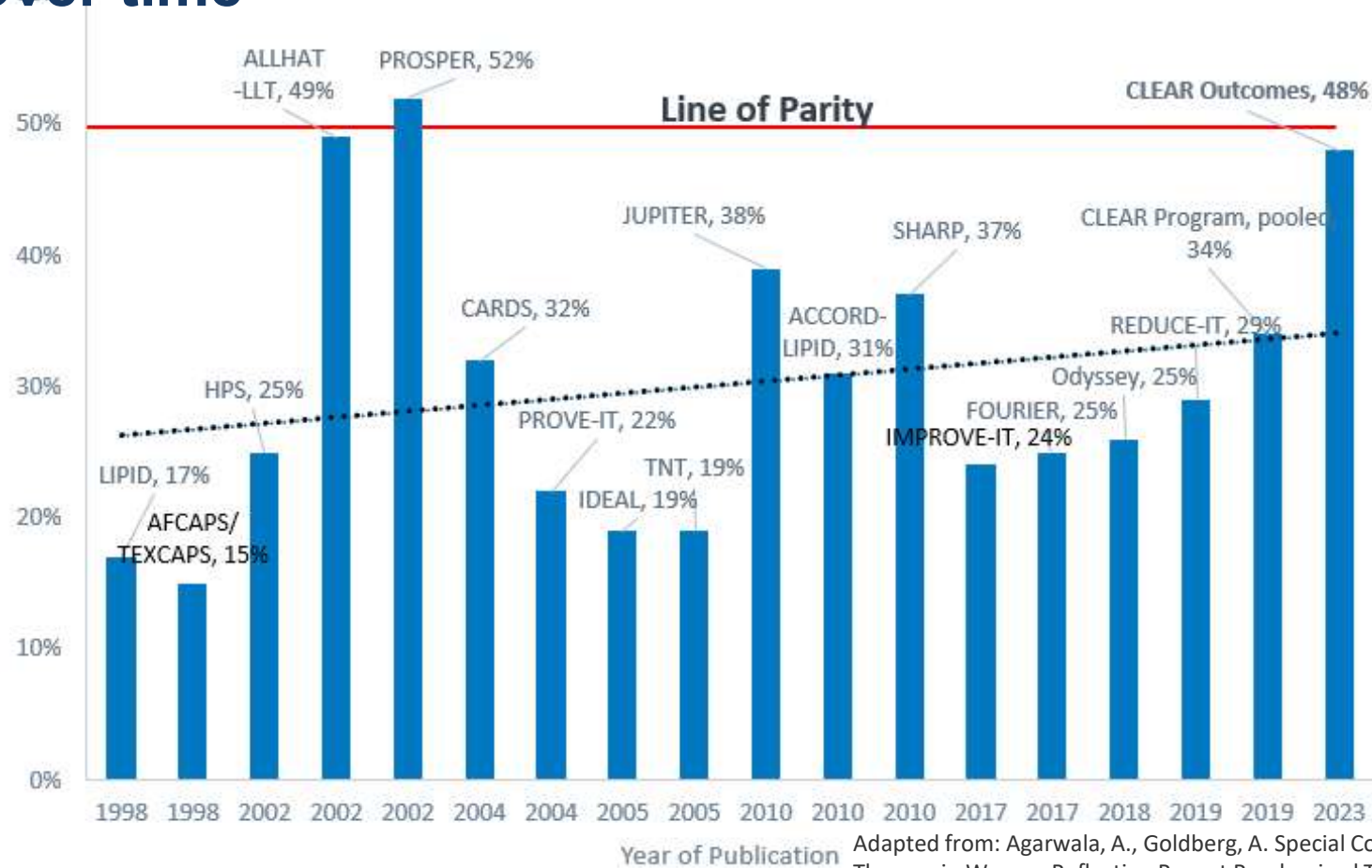


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Cho L et al., JACC 2021;78:737-51

# Inclusion of women in lipid-lowering cardiovascular outcomes trials over time



Adapted from: Agarwala, A., Goldberg, A. Special Considerations for Lipid-Lowering Therapy in Women Reflecting Recent Randomized Trials. *Curr Atheroscler Rep* **23**, 42 (2021).

# Important Lessons

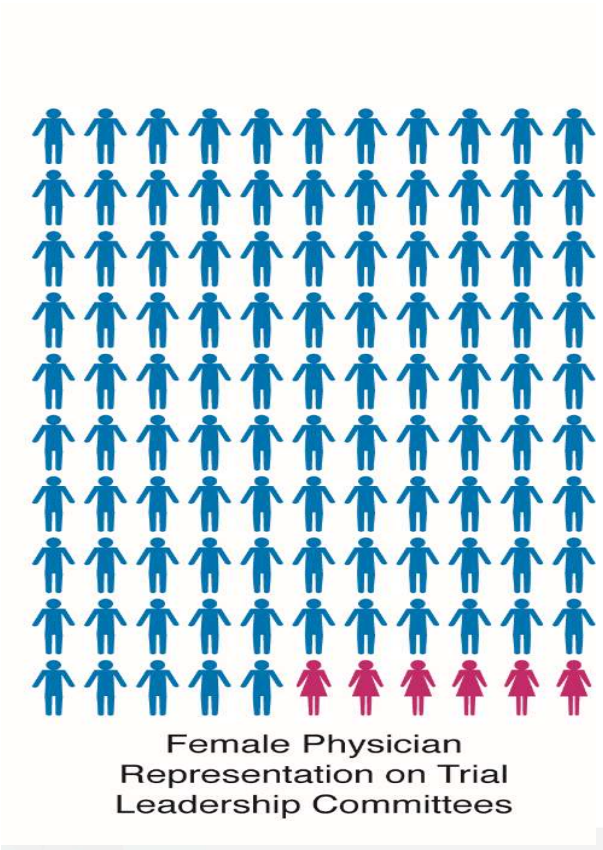
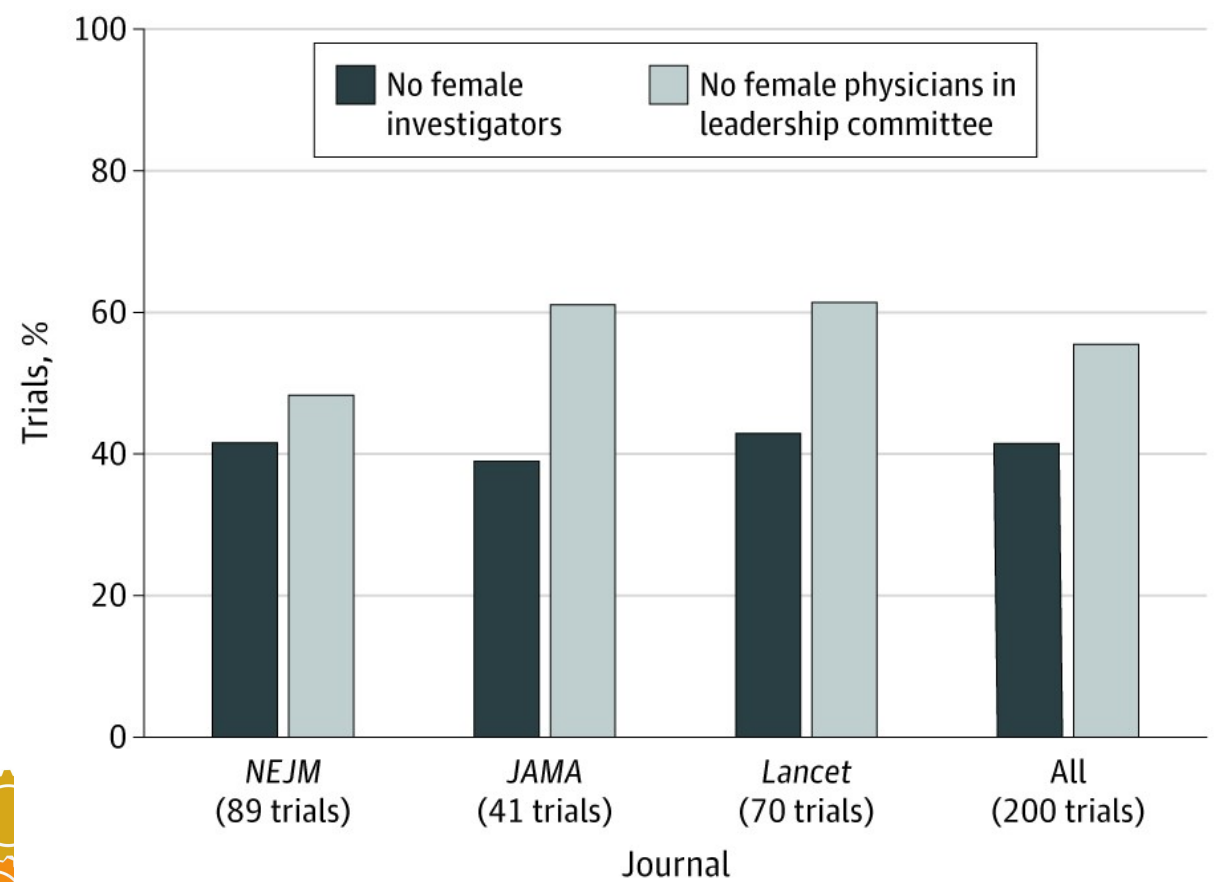
- Strong market demand
- Provides answers to gaps in care

# Barriers to Enrollment

- Lack of Access/ Differential Care
- Lack of awareness and trust
- Logistical barriers
- Ageism / Women of Childbearing age



# Lack of Diversity in Trial Leadership



# CVD in Women Committee Goals

- Foster the development of scientific investigation for those with and at risk for cardiovascular diseases wherein sex-specific differences exist or are suspected.
- Promote the development and publication of guidelines, scientific statements and white papers dealing with sex-specific differences in cardiovascular health and disease.
- Advocate for legislation determined to be beneficial for women with cardiovascular disease.
- Serve as a contact point and clearing house for all requests external to ACC involving endorsements or affiliations regarding cardiovascular disease in women.
- Form affiliations with other professional societies and patient advocacy groups with parallel interests regarding women's cardiovascular health.



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# CVD in Women Committee Activities

- Scientific publications dealing with sex-specific differences in cardiovascular health and disease.
- Educational sessions at ACC Annual Meetings
- Women are Not Little Men Podcast Series
- Advocated to PCORI for gender cardiac issues
- Partnered with Endocrine Society, American Association of Clinical Endocrinology, and ACOG

# CVD in Women Committee Publications

## 2015-2016

Emergence of Nonobstructive Coronary Artery Disease: A Woman's Problem and Need for Change in Definition on Angiography (JACC)

Women, Hypertension, and the Systolic Blood Pressure Intervention Trial (AJM)

Noninvasive Imaging to Evaluate Women With Stable Ischemic Heart Disease (JACC Imaging)

## 2017-2018

Ischemia and No Obstructive Coronary Artery Disease (INOCA): Developing Evidence-Based Therapies and Research Agenda for the Next Decade (Circulation)

Quality and Equitable Health Care Gaps for Women: Attributions to Sex Differences in Cardiovascular Medicine (JACC)

Hypertension Across a Woman's Life Cycle (JACC)



# CVD in Women Committee Publications

## 2019 - 2020

Sex Differences in Cardiovascular Disease and Cognitive Impairment: Another Health Disparity for Women? (JAHA)

Sex and Race/Ethnicity Differences in Atrial Fibrillation (JACC)

Heart failure with preserved ejection fraction: Similarities and differences between women and men (IJC)

Migraine Headache: An Under-Appreciated Risk Factor for Cardiovascular Disease in Women (JAHA)

Summary of Updated Recommendations for Primary Prevention of Cardiovascular Disease in Women (JACC)

## 2021

Maternal Stroke: A Call for Action (JAHA)

Does Patient-Physician Gender Concordance Influence Patient Perceptions or Outcomes? (JACC)

CVD in Pregnancy: JACC Focus Seminar (5 papers) (JACC)

Increasing Participation of Women in Cardiovascular Trials (JACC)

Cardiac Surgery in Women in the Current Era: What Are the Gaps in Care? (Circulation)

Socioeconomic Determinants of Health and Cardiovascular Outcomes in Women (JACC)

# CVD in Women Committee Publications

2022

Ischemia and no obstructive coronary arteries in patients with stable ischemic heart disease (IJC)

Evaluation and management of blood lipids through a woman's life cycle (AJPC)

Cardiovascular Complications of Pregnancy-Associated COVID-19 Infections (JACC)

The Utilization and Interpretation of Cardiac Biomarkers During Pregnancy (JACC)

Eliminating Disparities in Cardiovascular Disease for Black Women (JACC)

Ischemic Heart Disease in Young Women (JACC)

2023

Rethinking Menopausal Hormone Therapy: For Whom, What, When, and How Long? (Circulation)

Chronic rheumatologic disorders and cardiovascular disease risk in women (AHJ)

Cancer Treatment-Related Cardiovascular Toxicity in Gynecologic Malignancies (JACC Cardio-Oncology)

Sex Differences in Thoracic Aortic Disease and Dissection (JACC)



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# CVD in Women Committee Publications

2024

Recommendations for the Management of High-Risk Cardiac Delivery (JACC Advances)

Cardiovascular Disease in Hispanic Women (JACC)

The Role of Psychosocial Stress on Cardiovascular Disease in Women (JACC)


# What is it going to take to fix this problem?



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# It takes a Village

**Patients**

**Physicians**

**Industry**

**Regulators**

**Insurance**



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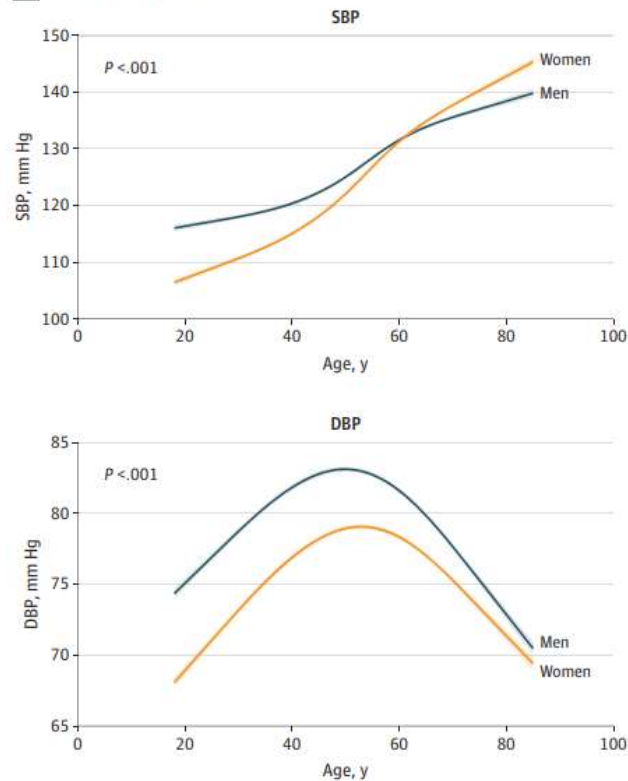
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# Panel 1 – Defining the Problem

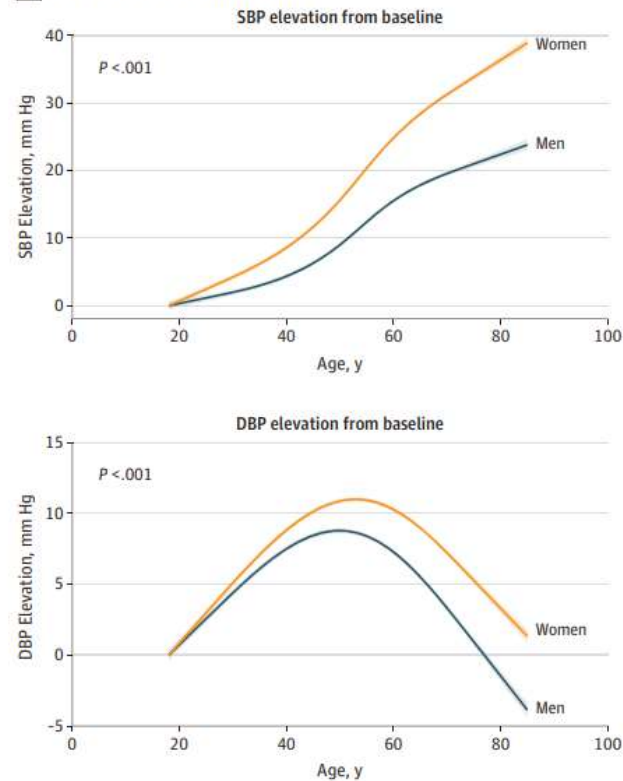
- Aortic Stenosis – **Wayne Batchelor, MD, MHS, MBA, FACC**; Director, Interventional Heart Program, Inova Health System
- Atrial Fibrillation – **Andrea Russo, MD, FACC**; Director, Electrophysiology and Arrhythmia Services, Cooper University Health Care
- Heart Failure - **Selma Mohammad, MBBS, FACC**; Advanced Heart Failure & Transplant Cardiologist, CHI Health Clinic Heart Institute
- Hypertension - **Natalie Bello, MD, MPH, FACC**; Director of Hypertension Research, Smidt Heart Institute, Cedars-Sinai

# Sex-Specific Trajectories of BP

**A** Life course trajectories



**B** Elevation in BP levels from baseline

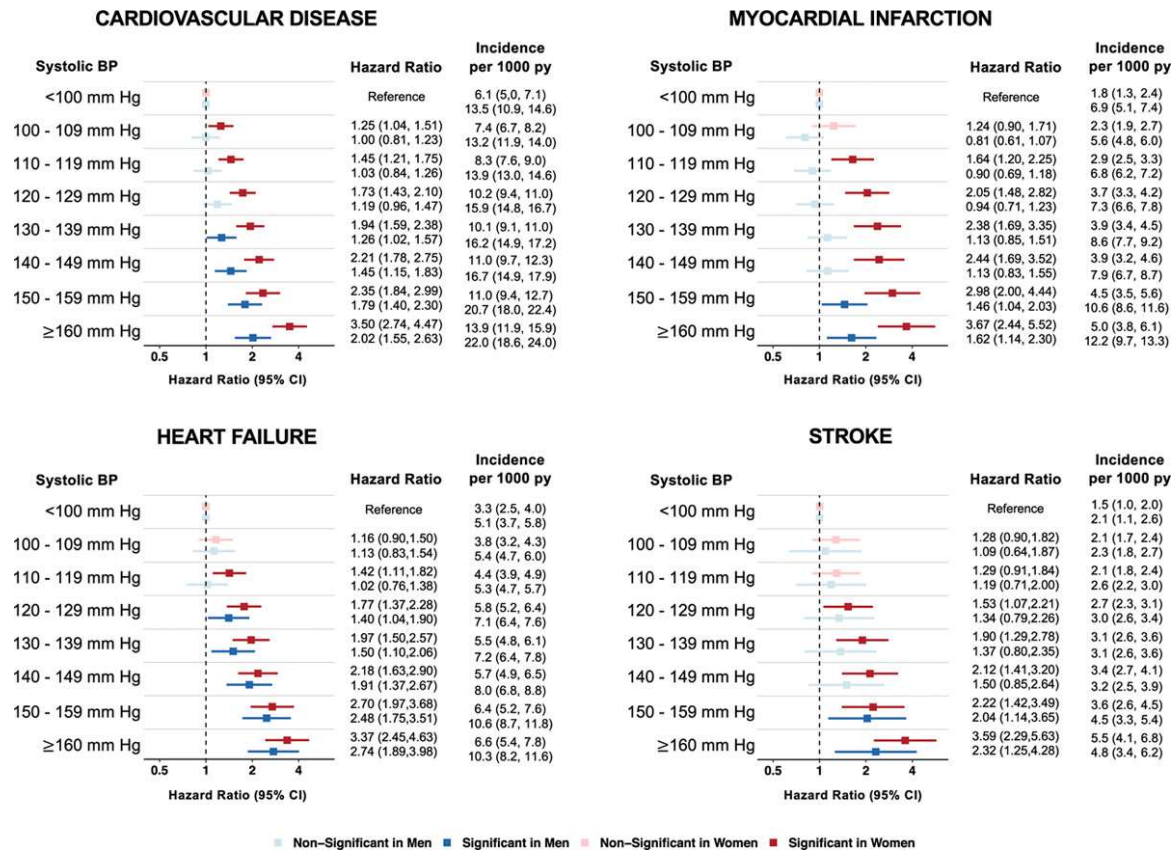


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Ji et al. *JAMA*. 2020

# Interactions between Sex & BP on CVD Risk



Ji et al. *Circ.* 2021



# Discussion 1

1. What are the biggest opportunities and challenges that industry and health systems face in assuring equitable access to care in women?
2. Are there other key insights you have identified that are important for addressing differential treatment and outcomes for women with CVD?
3. Are there other organizations doing work to improve outcomes for CVD in women that would help to enhance the impact of ACC's strategy?

# The ACC Thanks You For Your Partnership!



Boehringer  
Ingelheim



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# Health Equity Strategy – ACC's Approach to Addressing CVD in Women

Biykem Bozkurt, MD, PhD, FACC

ACC Health Equity Task Force Member; Senior Dean of Faculty, Chain  
Chair in Cardiology, Professor of Medicine, Baylor College of Medicine

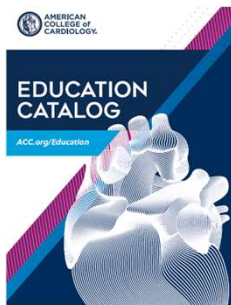
# Five Strategic Initiatives Prioritized for 2024-2028

## Build and Execute the Health Equity Plan

### Social Determinants of Health



## Assess and Optimize All Aspects of College's Broad Educational Portfolio to Prepare and Position ACC for the Future



### GLOBAL EDUCATIONAL OPPORTUNITIES

ACC offers clinicians from around the globe an array of educational opportunities to stay at the top of the field of cardiovascular medicine. Through our online and in-person offerings, you can learn about the latest advances in cardiovascular medicine, their applications in clinical practice, and evidence-based treatment strategies across a variety of topics.

For the most up-to-date information, visit [ACC.org/GlobalHub](https://ACC.org/GlobalHub).

## Establish a Pathway for Maintaining Continuous Cardiovascular Clinical Competence\*



## Make Clinical Guidance Usable at the Point of Care



Verizon 6:15 PM

Estimator Clinicians Patients About

ASCVD Risk Estimator\*

10-Year ASCVD Risk	Lifetime ASCVD Risk
19.4% calculated risk	69% calculated risk
3.6% risk with optimal risk factors**	5% risk with optimal risk factors

Recommendation Based On Calcul. ➔

## Create a Best Practices Framework for Care Delivery, Pathways, and Implementation for Health Systems in Conjunction with MedAxiom





# ACC HEALTH EQUITY STRATEGY



## VISION

Achieve a culture of health where every person reaches their full cardiovascular health potential as a natural right.

## GOALS

### CREATE A CULTURE OF HEALTH EQUITY IN CARDIOVASCULAR MEDICINE

### PRIORITIZE HEALTH EQUITY IN ALL ACC ACTIVITIES

### ELIMINATE DISPARITIES BY ENSURING EQUITABLE CARDIOVASCULAR CARE FOR ALL

## STRATEGIES

- Execute change management to create a mindset that health equity is an essential component of quality cardiovascular care
- Commit to cardiovascular health equity principles and develop policies for action
- Support and pursue partnerships with organizations committed to addressing health equity

- Embed health equity in educational curriculum and programming and guidelines development
- Provide clinical programs and guidance to identify and evaluate disparities and social determinants of health
- Integrate health equity into compliance requirements

- Provide actionable data and tools that empower cardiovascular professionals to address health disparities and social determinants of health
- Partner with public health and community stakeholders to ensure availability of resources for optimal patient care that eliminates disparities
- Drive innovation to address health equity

STATE-OF-THE-ART REVIEW

## Achieving Equitable Cardiovascular Care for All

ACC Board of Trustees Health Equity Task Force Action Plan

Paul L. Douglass, MD,<sup>1</sup> Dipti Ichhaporia, MD,<sup>2</sup> Biykem Bozkurt, MD,<sup>3</sup> Robert O. Roswell, MD,<sup>4</sup> Akshay Khandelwal, MD,<sup>5</sup> Quinn Capers IV, MD,<sup>6</sup> Kathryn Berlicher, MD,<sup>7</sup> Modele O. Ogunniyi, MD, MPH,<sup>8,9</sup> Alison L. Bailey, MD,<sup>10</sup> Phillip D. Levy, MD, MPH,<sup>11</sup> Aubrey J. Grant, MD,<sup>12</sup> Jack Tocco, PhD, MPH,<sup>13</sup> Angela Natcheva,<sup>14</sup> Akua G. Asare, MD,<sup>15</sup> Ami B. Bhatt, MD,<sup>16</sup> Jennifer H. Mieres, MD,<sup>17</sup> Maghee F. Disch, MSN,<sup>18</sup> Melvin R. Echols, MD<sup>19</sup>

### ABSTRACT

Advancements in cardiovascular (CV) disease management are notable, yet health inequities prevail, associated with increased morbidity and mortality noted among non-Hispanic African Americans in the United States. The 2002 Institute of Medicine Report revealed ongoing racial and ethnic health care disparities, spearheading a deeper understanding of the social determinants of health and systemic racism to develop strategies for CV health equity (HE). This article outlines the strategic HE approach of the American College of Cardiology, comprising 6 strategic equity domains: workforce pathway inclusivity, health care, data, science, and tools, education and training, membership, partnership, and collaboration; advocacy and policy; and clinical trial diversity. The American College of Cardiology's Health Equity Task Force champions the improvement of patients' lived experiences, population health, and clinician well-being while reducing health care costs—the Quadruple Aim of Health Equity. Thus, we examine multifaceted HE interventions and provide evidence for scalable real-world interventions to promote equitable CV care. (JACC Adv 2024;3:101050) © 2024 The Authors. Published by Elsevier on behalf of the American College of Cardiology Foundation. This is an open access article under the CC-BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

From the <sup>1</sup>Chair, ACC BOT Health Equity Taskforce, Wellstar Health System, Morehouse School of Medicine, Atlanta, Georgia, USA; <sup>2</sup>Chair of Cardiovascular Health, Hoag Memorial Hospital Presbyterian, Newport Beach, California, USA; <sup>3</sup>Winters Center for Heart Failure, Cardiovascular Research Institute, Baylor College of Medicine, Houston, Texas, USA; <sup>4</sup>Department of Science Education and Cardiology, Ronald and Barbara Zucker School of Medicine at Hofstra/Northwell, New York, New York, USA; <sup>5</sup>System Chair, Department of Cardiovascular Medicine, Allegheny Health Network, Pittsburgh, Pennsylvania, USA; <sup>6</sup>Chair of Medicine, Howard University, Washington, DC, USA; <sup>7</sup>University of Pittsburgh Medical Center, Heart and Vascular Institute, Pittsburgh, Pennsylvania, USA; <sup>8</sup>Division of Cardiology, Department of Medicine, Emory University School of Medicine, Atlanta, Georgia, USA; <sup>9</sup>Division of Cardiology, Department of Medicine, Grady Health System, Atlanta, Georgia, USA; <sup>10</sup>Center for Heart, Lung and Vascular Health at Parkridge, Parkridge Health System, Chattanooga, Tennessee, USA; <sup>11</sup>Department of Emergency Medicine, Wayne State University, Detroit, Michigan, USA; <sup>12</sup>Division of Cardiology, Department of Medicine, MedStar Heart and Vascular Institute, Washington, DC, USA; <sup>13</sup>Department of Community and Population Health, Northwell Health, Brooklyn, New York, USA; <sup>14</sup>Division of Diversity Equity and Inclusion, American College of Cardiology, Washington, DC, USA; <sup>15</sup>American College of Cardiology, Harvard Medical School, Boston, Massachusetts, USA; <sup>16</sup>Department of Cardiology, Zucker School of Medicine at Hofstra/Northwell, Brooklyn, New York, USA; and the <sup>17</sup>Chief Diversity, Equity and Inclusion Officer at American College of Cardiology, Morehouse School of Medicine, Atlanta, Georgia, USA.

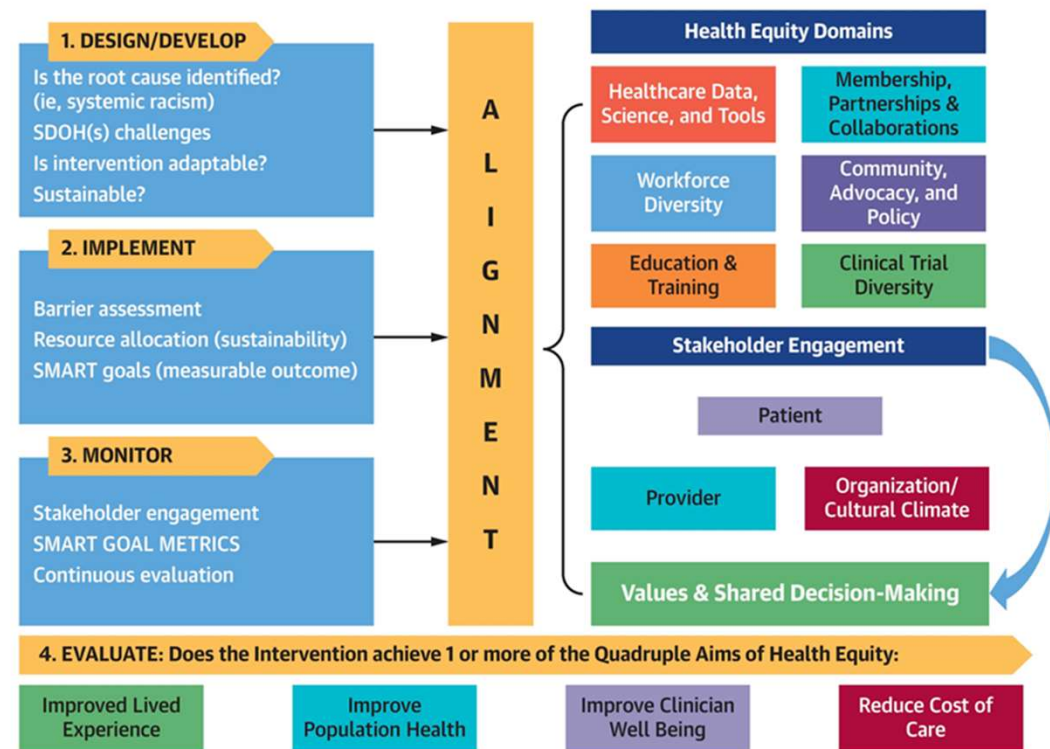
The authors attest they are in compliance with human studies committees and animal welfare regulations of the authors' institutions and Food and Drug Administration guidelines, including patient consent where appropriate. For more information, visit the [ACCA](http://www.acca.org) website.

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ISSN 2772-963X

<https://doi.org/10.1016/j.jacadv.2024.101050>

## CENTRAL ILLUSTRATION: The ACC Health Equity Framework for Intervention and Scaling



Douglass PL, et al. JACC Adv. 2024;3(7):101050.

<https://www.jacc.org/doi/10.1016/j.jacadv.2024.101050>



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## HE Domains

### Healthcare Data, Science and Tools

- Webinars
- Companion Guides
- HE Heat Map
- HE Dashboard

### Membership, Partnerships and Collaborations

- Member Sections
- ACC Chapters
- HE Committee
- D&I Committee
- External Partnerships (AAIP, AMA, AAMC)

### Workforce Inclusivity Pathway

- Young Scholars
- IM Cardiology
- Pediatric Cardiology
- Community Demonstration Projects

### Community, Advocacy and Policy

- Rural CV Health
- RCHI
- CHW Program
- ACC.XX Community Health Event
- ACC Chapter Collaborations
- Legislative Efforts

### Education and Training

- CHW Modules
- Program Content
- Implicit Bias Training
- ACC.xx HE Hub
- JACC Publications

### Clinical Trial Diversity

- Clinical Trials Research (CTR)
- “REACH” Cohort
- CTR Research Proposal Competition
- CTR Alumni Network
- Research Fellowship Awards



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# Highlighted Activities

- Clinical Trials Research Program
- CVD in Women and Cardio OB Member Groups
- Education and Training
  - Live courses
  - Webinars
- CardioSmart
- JACC Publications
- NCDR Data





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# CLINICAL TRIALS RESEARCH: UPPING YOUR GAME

APPLY NOW



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CLINICAL RESEARCH



## What are **CLINICAL STUDIES**?

Clinical studies test whether a new  
**medicine, device, procedure or vaccine:**

- ✓ Is safe
- ✓ Works

They also:

- ✓ **Compare** new vs. current treatments
- ✓ Discover ways to **prevent** and **detect** diseases

YOU'LL FIND THEM AT



Hospitals



Universities



Clinics



Cardiology offices

### ASK ABOUT CLINICAL STUDIES

As a volunteer in a study, you could help researchers  
explore new medical approaches and advance heart care.

Talk about  
**CONCERNS**

Learn about  
**BENEFITS**

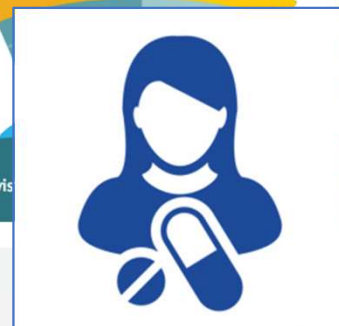
- Risks of **NEW THERAPY**
- Possible **SIDE EFFECTS**
- Amount of **TIME OR TRAVEL** needed

Get access to  
**LATEST TREATMENTS**

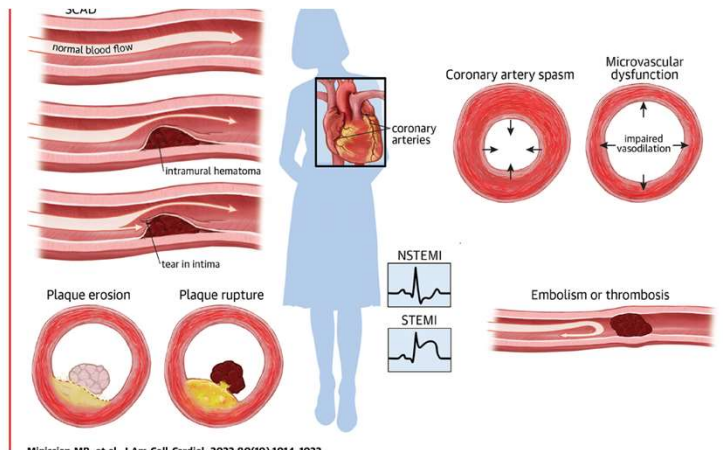
Receive **CLOSER MONITORING**

**IMPROVE CARE** for yourself and others

**FIND OUT MORE** about your disease



# ACC CVD in Women Committee



## Recognizing the Heterogeneity of Black Women

### Health Care Systems

- Diversify the health care workforce
- Reframe health care delivery
- Enhance clinical trial representation
- Provide multidisciplinary, culturally tailored team-based care
- Partner with communities
- Enhance international research and public health collaborations

### Clinicians

- Mitigate bias and discrimination
- Address psychosocial challenges
- Educate patients

### Systemic Barriers



### Professional Societies

- Accountable health care leadership
- Standardize race/ethnicity terminology
- Advocate for policy changes
- Develop health equity guidelines and health equity curriculum
- Disseminate peer-reviewed evidence on health equity
- Incorporate health equity focus into continuing medical education programs

### Government Agencies

- Consider health impact in all policies
- Incentivize/reimburse equitable health care
- Prioritize research training.

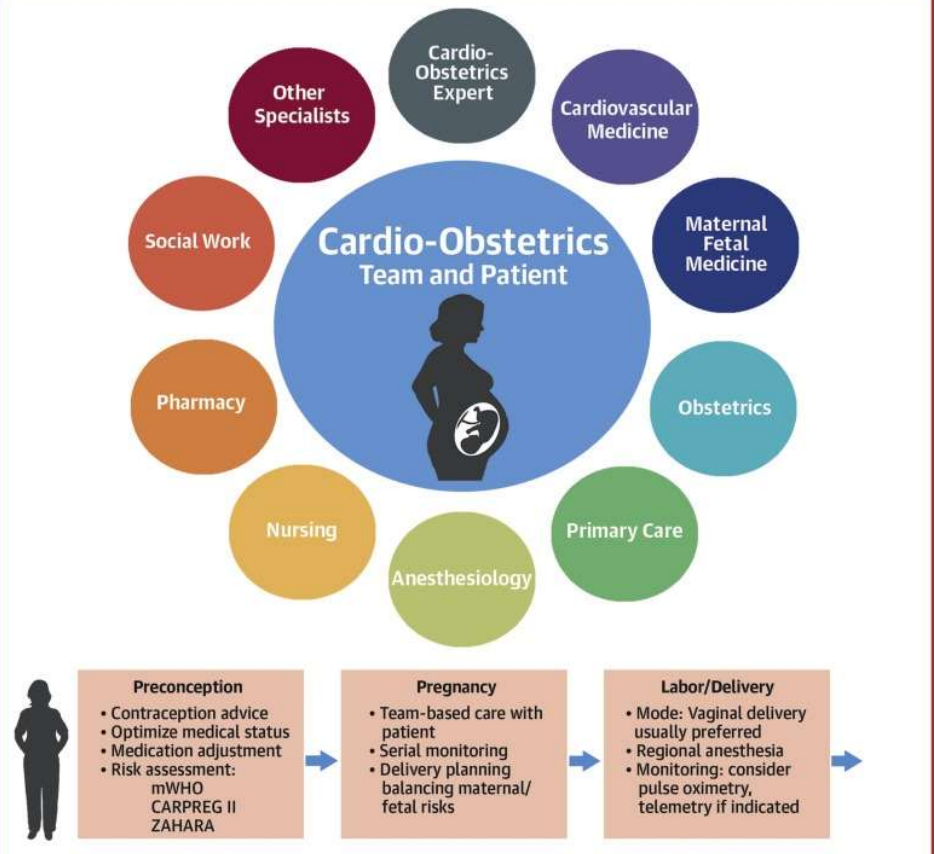


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# ACC Cardio-Obstetrics Work Group

**CENTRAL ILLUSTRATION: The Cardio-Obstetrics Model of Care**



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# Women and Heart Disease

**WOMEN AND HEART DISEASE** CardioSmart  
American College of Cardiology

**BE YOUR OWN HEART HERO**

**HEART DISEASE**  
Causa más muertes en mujeres que el cáncer, incluyendo el cáncer de mama.

**KNOW YOUR RISKS**  
At early heart risk, talk about what increases the chance you will have heart disease or a stroke:  
Smoking, inactivity, diabetes, high blood pressure, high cholesterol, and certain lifestyle choices.

**WOMEN AND HEART DISEASE** CardioSmart  
American College of Cardiology

**SEA LA HEROÍNA DE SU CORAZÓN**

**LA ENFERMEDAD CARDÍACA**  
CAUSA MÁS MUERTES EN MUJERES QUE EL CÁNCER, INCLUYENDO EL CÁNCER DE MAMA.

**CONOZCA SUS RIESGOS**  
En cada visita médica, hable sobre lo que aumenta su probabilidad de tener enfermedad cardíaca o de derrame cerebral.  
Fumar, inactividad física, diabetes, presión alta, colesterol elevado y acumulación de calcio en sus arterias pueden afectar su corazón.  
Otros factores como raza (Hispanica, Raza Negra o Afroamericana) también están asociados con un riesgo más alto.

**¡DEFIENDA SU SALUD!**  
• HAGASE CHEQUEOS cada año  
• NO IGNORE sus síntomas  
• HAGA PREGUNTAS sobre la salud de su corazón

**PROBLEMAS QUE AFECTAN A LAS MUJERES**  
• Problemas de salud durante el embarazo (presión alta o hipertensión gestacional/pre-eclampsia, diabetes gestacional, parto prematuro)  
• Múltiples quistes ováricos (síndrome de ovario poliquístico)  
• Cáncer de mama  
• Contraceptivo oral si fuma  
• Enfermedades inflamatorias (lupus o artritis reumatoide) más común en mujeres

Las mujeres que han servido en el EJÉRCITO tienen MAYORES TASAS de enfermedad cardíaca que las civiles.

**WOMEN AND HEART DISEASE** CardioSmart  
American College of Cardiology

**HEALTH PROBLEMS DURING PREGNANCY**  
can signal trouble for your heart.

Women are at greater risk of having heart disease or a stroke if they had the following:

- HIGH BLOOD PRESSURE WITH PREGNANCY, PRE-ECLAMPSIA OR HYPERTENSIA
- GESTATIONAL DIABETES
- PRETERM BIRTH (DELIVERY BEFORE 37 WEEKS OF PREGNANCY)

**WHAT YOU CAN DO**  
Make sure your primary care doctor knows if you had these pregnancy problems.  
Know your risk for heart disease now, well into age.  
Adopt healthy habits: exercise daily, eat a heart healthy diet, maintain a healthy weight.

For more information, visit [CardioSmart.org/Women](http://CardioSmart.org/Women) at @CardioSmart

**WOMEN AND HEART DISEASE** CardioSmart  
American College of Cardiology

**Thinking of getting pregnant?**  
Certain heart conditions can increase your chance (risk) of serious problems. If you have one of these conditions, it's important to talk with your heart doctor before becoming pregnant.

Some conditions that can cause serious health problems for you and your baby:

- Coronary heart disease - a build-up in the heart that can cause heart attacks
- Valvular disease - a heart valve isn't working properly or is too tight or regurgitant
- Heart transplant
- Heart rhythm problems
- Heart failure or heart damage
- Heart attack

**Start the conversation**  
Talk to your doctor about your heart health before you get pregnant. Your doctor can help you understand your risk and what you can do to stay healthy.

For more information, visit [CardioSmart.org/Women](http://CardioSmart.org/Women) at @CardioSmart

**WOMEN AND HEART DISEASE** CardioSmart  
American College of Cardiology

**SALUD CARDÍACA DESPUÉS DEL EMBARAZO**  
Su salud es importante para usted y su bebé. Manténgase alerta si nota estos síntomas de enfermedad cardíaca luego de tener su bebé.

**RECONOZCA LOS SIGNOS**  
• Faltar de aliento  
• Cambios en su ritmo cardíaco  
• Faltar de peso  
• Dolor de pecho  
• Presión alta  
• Edema (hinchazón)  
• Cambios en su ritmo cardíaco  
• Dolor de pecho

**LO QUE PUEDE HACER**  
Si se presenta cualquiera de estos síntomas:  
• Llame a su médico  
• Llame a su médico pronto

**CAUSAS DE ENFERMEDAD CARDÍACA DESPUÉS DEL PARTO O JUSTO DESPUÉS DEL PARTO**  
• Presión alta  
• Pre-eclampsia  
• Presión alta postparto  
• Presión alta crónica

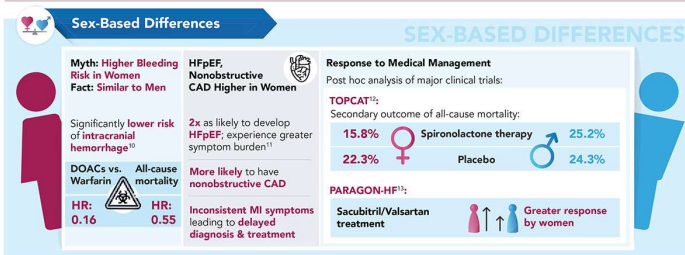
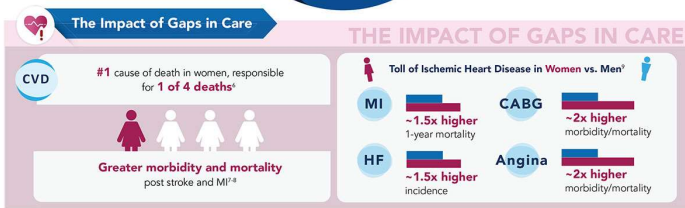
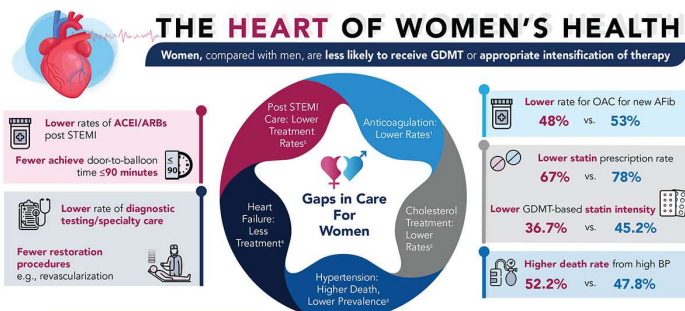
La enfermedad cardíaca es la principal causa de muerte en mujeres (después de cáncer) en los Estados Unidos.

Un diagnóstico que viene por la semana y "suena extraño" es el pulmón "pulmón de algodón".

For more information, visit [CardioSmart.org/Women](http://CardioSmart.org/Women) at @CardioSmart

**CardioSmart.org/Women**





**Call to Action** Addressing the disparities in delivery of care and cardiovascular outcomes for women requires a renewed commitment to recognizing the issue and prescribing GDMT and other evidence-based treatment.

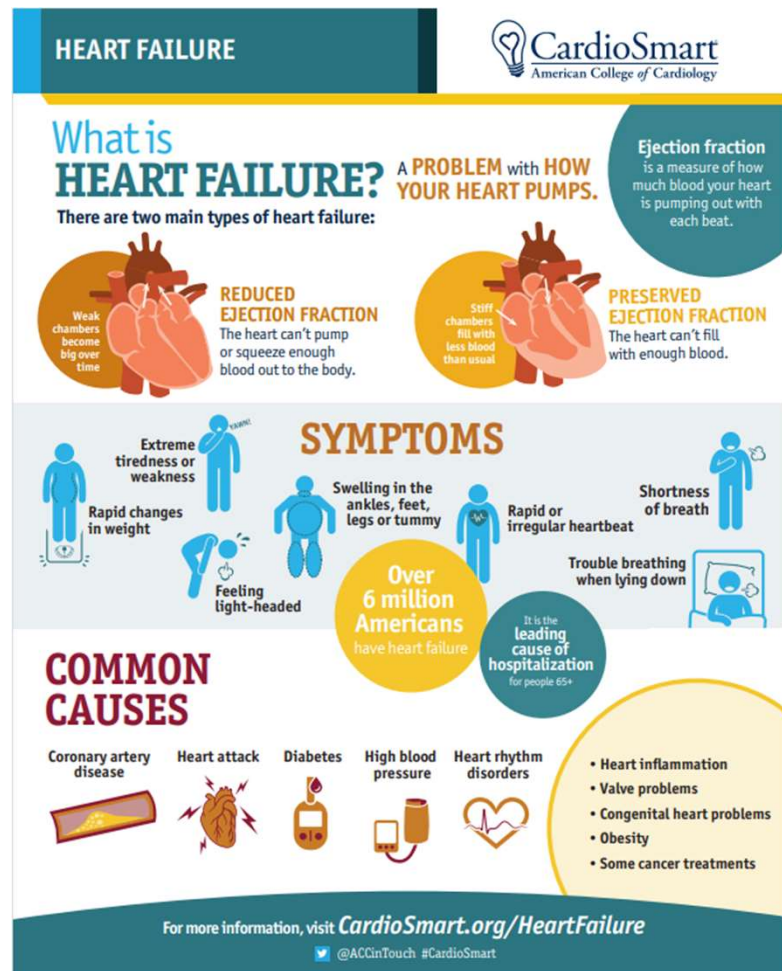
**Abbreviations:** AFib: Atrial fibrillation | CABG: Coronary artery bypass grafting | CAD: Coronary artery disease | CHD: Coronary heart disease | DOAC: Direct oral anticoagulant | HF: Heart Failure | HFpEF: Heart failure with preserved ejection fraction | HTN: Hypertension | ICH: Intracerebral hemorrhage | IHD: Ischemic heart disease | MI: Myocardial infarction

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1. Turakhia MP. Presented at: HRS2019, May 10, 2019, San Francisco, CA. 2. Nanna MG, et al. Circ Cardiovasc Qual Outcomes 2019 Aug;12(8):e005562. 3. Benjamin EJ, et al. Circulation 2019 Mar;139(10):e48-e58. 4. Bakst R, et al. Methodist Debakey Cardiovasc J 2017;13(4):216-223. 5. Bangalore S, et al. Am J Med 2012;125(10):1000-1009. 6. Vran J, et al. Circulation 2020;141(1):39-49. 7. Woodward M, et al. J Environ Res Public Health 2019 Apr;16(7):1165. 8. Gheorghi C, et al. Med Insights Cardiol 2016;10:1-10. 9. Sanghvi M and Guha M. Curr Atheroscler Rep 2015 Jun;17(6):511. 10. Lee SW, et al. J Am Coll Cardiol 2018 Jul;72(27):271-282. 11. Garcia M, et al. Circ Res 2016;118(8):1273-93. 12. Pitt B, et al. N Engl J Med 2014;370(15):1383-92. 13. Solomon SD, et al. N Engl J Med 2019;381:1609-1620.

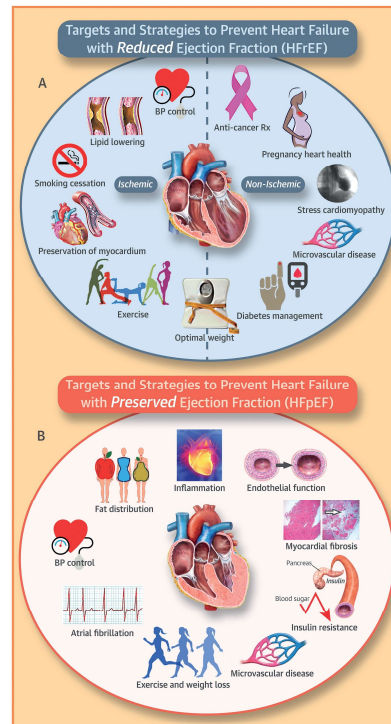
**Educational Grant Support Provided by:** Amarin, AstraZeneca, Bristol-Myers Squibb and Pfizer Alliance, and Novartis Pharmaceuticals Corporation

August 2020 Geriatrics 33



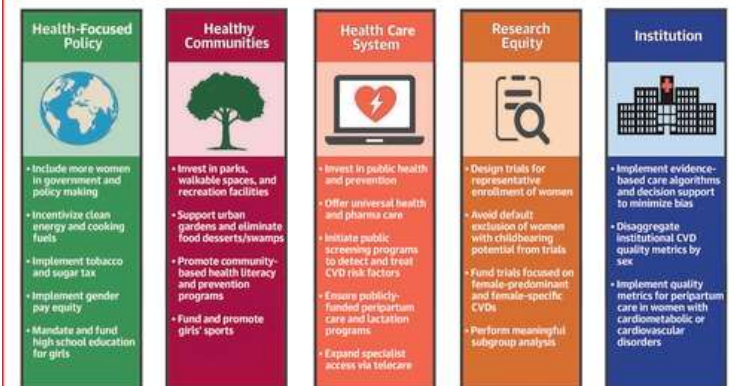
# JACC Journals

## CENTRAL ILLUSTRATION: Targets and Strategies to Prevent HFrEF and HFpEF in Women



Daubert, M.A. et al. J Am Coll Cardiol HF. 2019;7(3):181-91.

## CENTRAL ILLUSTRATION: Multilevel Strategies to Decrease the Incidence and Improve Outcomes of Cardiovascular Disease in Women



Vervoort D, et al. J Am Coll Cardiol. 2024;83(25):2690-2707.



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# ACC's Additional Strategies CVD in Women

## Awareness and Education:

- Raising awareness about the fact that CVD is the leading cause of death among women. Includes educating both women and healthcare professionals

## Tailored Risk Assessment:

- Promote the use of risk models that consider the specific CV risks women face. Pregnancy-related conditions (e.g., gestational diabetes, preeclampsia) and menopause-related changes can significantly influence CVD risk in women.

## Advocacy for Gender-Specific Research:

- Support more gender-specific cardiovascular research to better understand the biological, social, and behavioral factors that contribute to heart disease in women.

## Clinical Guidelines:

- Lead updated clinical guidelines that address CVD in women.

## Prevention and Lifestyle Interventions:

- Encourage preventive measures specific to women, including lifestyle modifications such as diet, exercise, and smoking cessation.

## Support for Diverse Populations

- Acknowledge that women from different racial and ethnic backgrounds may experience CVD differently. Advocate for a more inclusive approach in diagnosing and treating heart disease, particularly in underrepresented populations.
- Ensure that women receive equitable and effective care to reduce the burden of CVD



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# Health Equity and ACC Quality Solutions

Ty Gluckman, MD, FACC



NCDR and ACC Accreditation Services are part of the effort focused on taking action to address health disparities...

- 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

...and can play a role in supporting Advocacy efforts to inform policy

***A specific challenge that ACC Chapter Leadership can help solve for NCDR and Accreditation Services***



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# NCDR 2024-2028 STRATEGIC PLAN

**Mission:** To improve patient care & heart health for all through trusted, real-world evidence.

**Vision:** A world where NCDR advances patient care, outcomes, & value through science, knowledge & innovation.

## 1. Enhance Relevance & Experience



1.1. Demonstrate ROI & NCDR's Value through Data & Programs



1.2. Enhance Insights & Time to Insights



1.3. Ease the Participation Effort



1.4. Build a Culture of CV Quality & Clinician Agency/Engagement



1.5. Understand Market & Customer Needs

## 2. Support the Delivery of High-Quality, High-Value, Equitable Care



2.1. Deliver Value-Focused QI Offerings (e.g., Campaigns, Tools, Education, Reimbursement)



2.2. Support Health Equity Initiatives for Customers (Industry, Hospitals, Payers)



2.3. Enhance the View of Patient-Centered Care & Delivery

## 3. Ensure Growth & Sustainability



3.1. Provide New Registry Offerings (e.g., ASCs, Non-Procedural)



3.2. Harness NCDR Data Beyond the "Core" Offering to Support Sustainability & Growth



3.3. Leverage Data Science & Expand the Research & Analytics Portfolio

## 4. Optimize Tech & Operations



4.1. Optimize Tech Infrastructure, Performance, & Data Quality



4.2. Improve Efficiency, Consistency, & Flexibility of Operations



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Approved by NCDR Oversight Committee 1/22/2024

# NCDR 2024-2028 STRATEGIC PLAN

## GOAL 2. SUPPORT THE DELIVERY OF HIGH-QUALITY, HIGH-VALUE, EQUITABLE CARE

### STRATEGIES & INITIATIVES

#### **2.1. Deliver Value-Focused QI Offerings (e.g., Campaigns, Tools, Education, Reimbursement)**

- 2.1.1. Evolve Quality Summit to be the Dominant CV Quality Event as a Part of ACC's Educational Portfolio
- 2.1.2. Enhance Online Learning Experience, Education Access, and Resources to Improve Participant QI and Registry Knowledge
- 2.1.3. Build Opportunities to Enhance Collaboration to Foster Stronger Participant Engagement within the NCDR Community
- 2.1.4. Deliver Meaningful Quality-Focused Resources & Campaigns (e.g., Clinicians, Payers, Hospitals, ASCs, Systems)

#### **2.2. Support Health Equity Initiatives for Customers (Industry, Facilities, Payers)**

- 2.2.1. Deliver Data-Driven Insights to Facilities/Health Systems to Support Improvements in Equitable Care Delivery
- 2.2.2. Align Data Insights to Regulatory Requirements (Payers, States, etc.)
- 2.2.3. Identify Implementation-Ready Facilities / Populations to Support External Equitable Care Programs
- 2.2.4. Support Diversification Efforts to Facilitate Clinical Discovery for Medical Device & Pharma
- 2.2.5. Share Health Equity Insights from NCDR Data Publicly

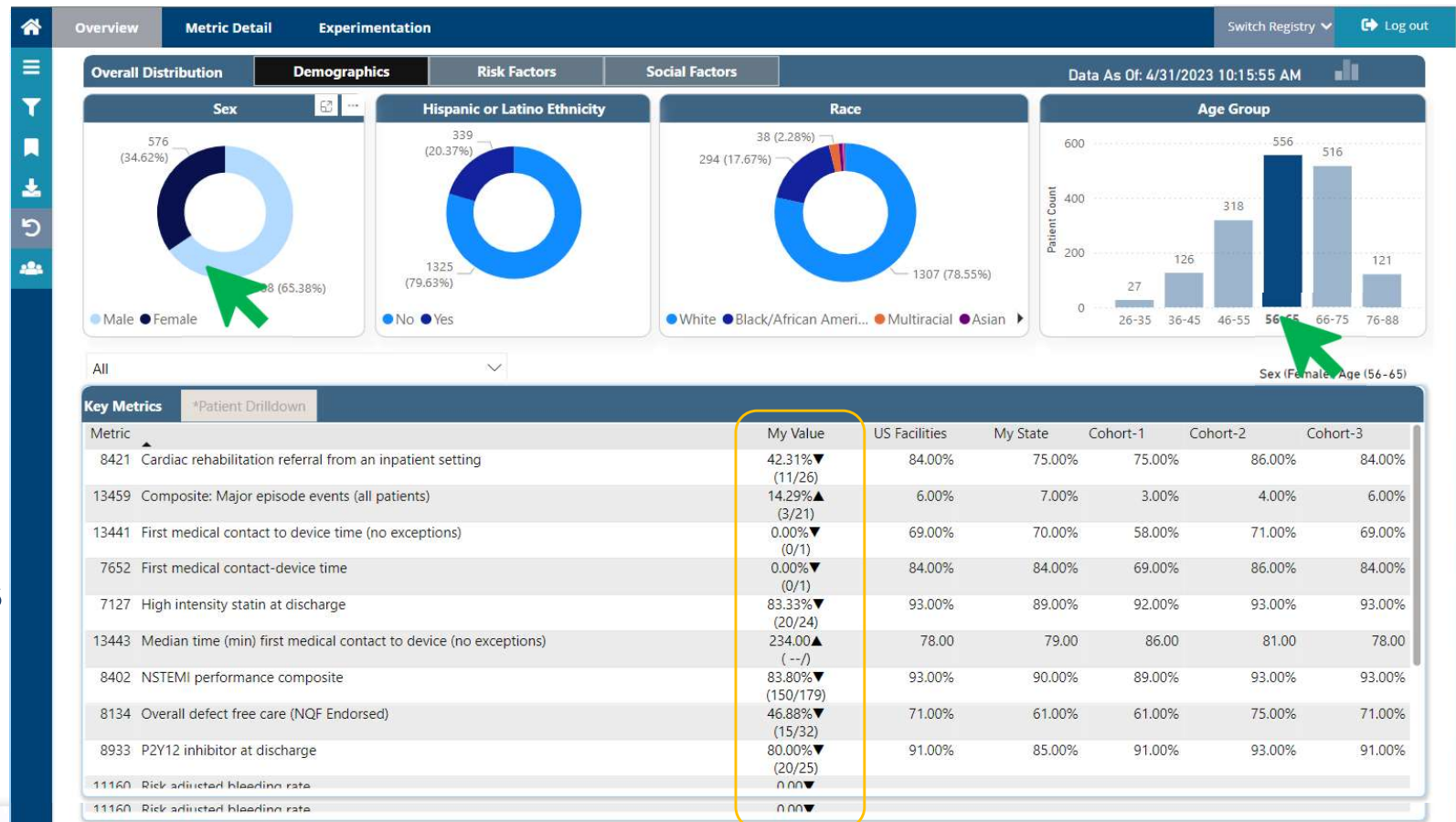
#### **2.3. Enhance the View of Patient-Centered Care & Delivery**

- 2.3.1. Develop a Patient-Centered View / Scorecard for Data (e.g., Quality, Safety)
- 2.3.2. Align NCDR Patient-Centered View with External Policy Requirements & Partner with Advocacy to Shape Adoption
- 2.3.3. Enhance Depth & Breadth of NCDR Data Through Partnerships & Sources

# NCDR Year 1 Strategic Update on HE – Phase 1(a)

Initial focus is on leveraging existing data in NCDR registries:

## Patient Demographics

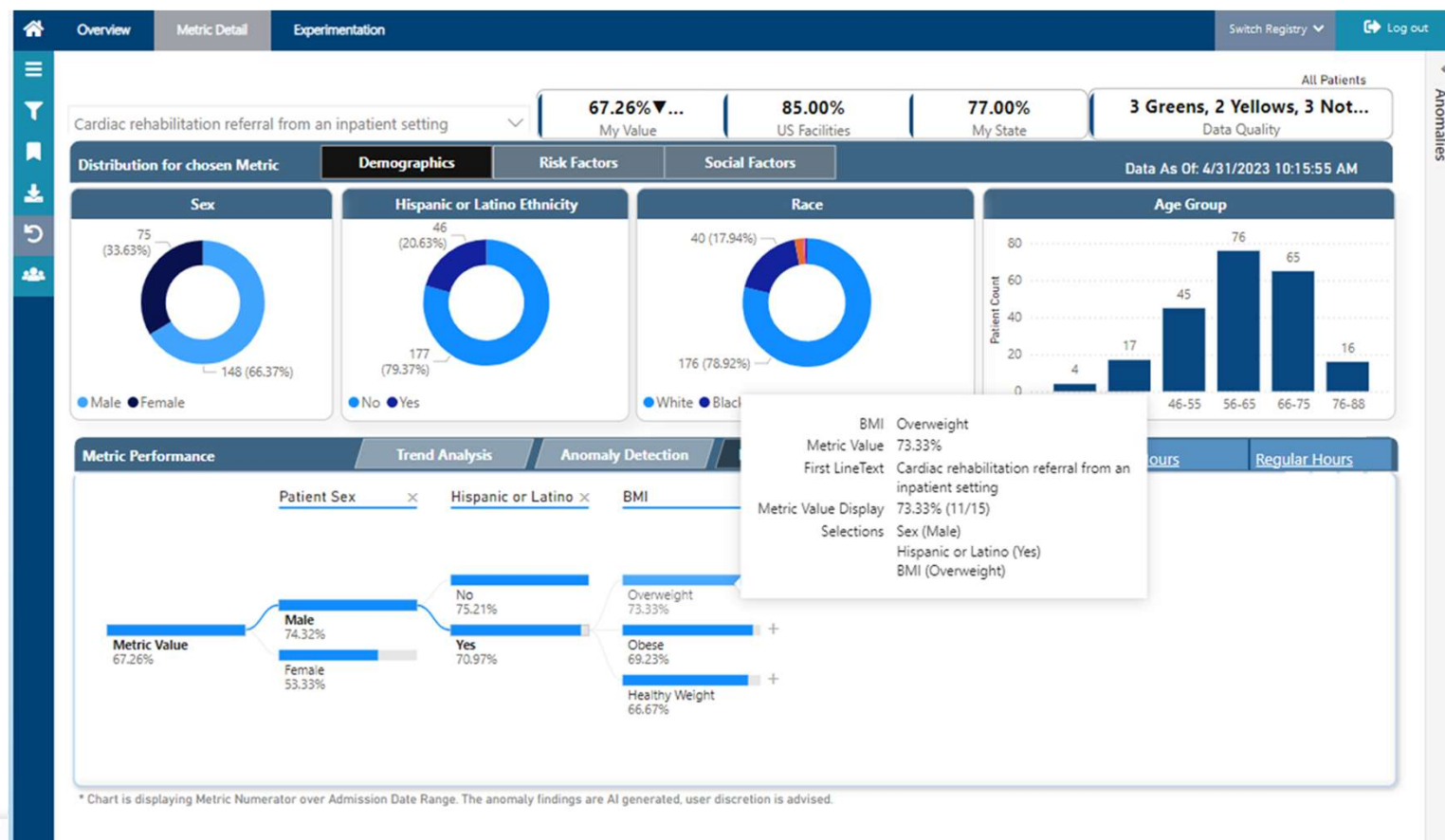


Prototype Only – Not for Distribution – NCDR Optimization Platform



# NCDR Year 1 Strategic Update on HE – Phase 1(a)

And by leveraging existing data in NCDR registries, further delineate patient-centric care pathways

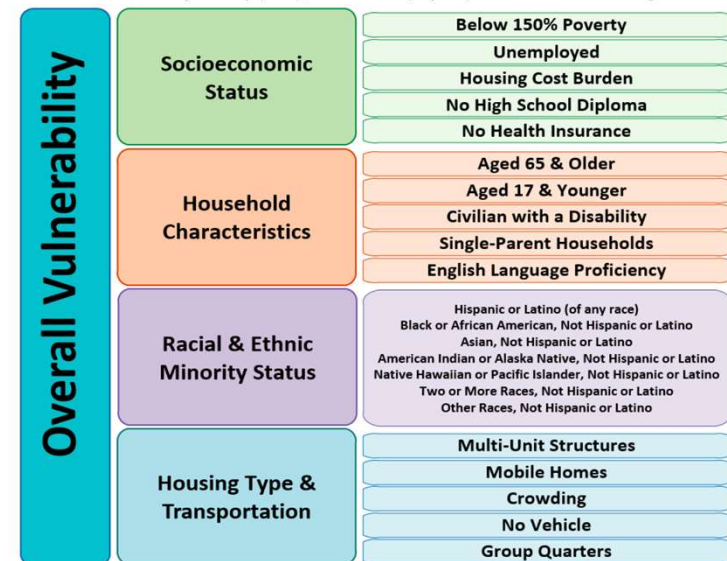


# Phase 2 efforts will focus on aligning NCDR with ACC HE analytic efforts using external available data sources

## Methods

### Variables Used

American Community Survey (ACS), 2016-2020 (5-year) data for the following estimates:



## Social vulnerability index components

Tract Population: 5,763

Social Vulnerability : 83.01

Index Components (Low to High Risk)

Socioeconomic	75.00
Household Composition	71.18
Minority	51.12
Housing + Transportation	90.80

## Outcomes

Percent of Population

Coronary Heart Disease	7.80
Stroke	4.00
CKD	3.50
Life Expectancy (at birth)	76

## Risk Factors

Percent of Population

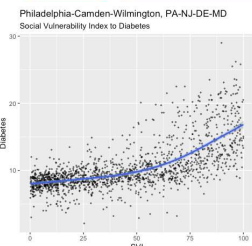
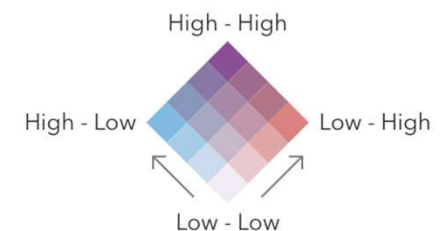
Obesity	26.80
Diabetes	12.10
High BP	33.30
High Cholesterol	34.40
Smoking	23.70
No Insurance	14.60

Sources: CDC, NCHS

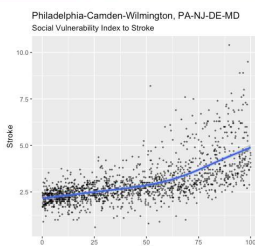
## Social vulnerability vs. CHD prevalence

Tract metrics

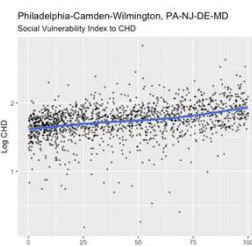
Relationship



Diabetes



Stroke



CHD



# ACC Advocacy Priorities

- Bolster the Clinician Workforce Now and for the Future
- Establish Sustainable Medicare Payment Practices
- Support Clinicians in Providing Equitable Value-Based Care
- Champion Access to Care for All
- Foster Care Transformation and Optimization

## NCDR & Accredited Services Alignment Tracking Scorecard



### Federal Policy

CMS – Transition to MVPs; APMs e.g., BPCI-A  
AHRQ – Annual Health Disparities Report



### Commercial Payer

Utilization of NCDR data e.g., BCBSA, Elevance



### State Policy

50 states + 2 territories X  
legislative & regulatory changes



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# ACC Accreditation Services works directly with CV teams to provide heart care information to local communities

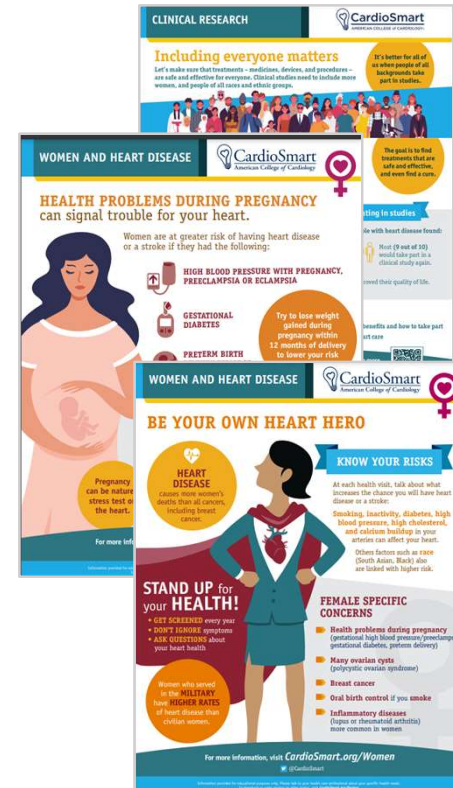
*Built around the Early Heart Attack Care awareness & activation program...*



*...ACC field staff work with CV care teams nation-wide to bring vital CV care information into many local communities...*



*...and this program is being adapted to new CV topic as well as for specific populations as part of ACC's efforts to address CV health disparities*



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## Panel 2 – Gender Disparities in Care: What Can We Do About it?

- Addressing gender disparities in AI - **Demilade A. Adedinsewo, MD, MPH, FACC**; Assistant Professor of Medicine, Mayo Clinic College of Medicine and Science
- Precision medicine for women with CVD – **Michael Honigberg, MD, FACC**; Cardiologist-investigator, Massachusetts General Hospital
- Evidence generation – **Erica Spatz, MD, MHS, FACC**; Director, Preventive Cardiovascular Health Program, Yale Heart and Vascular Center
- Evidence dissemination efforts – **Candice Silversides, MD, FACC**; Clinician Investigator, Toronto General Hospital Research Institute



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## Discussion 2

1. How does CVD in women fit into your organization's overarching health equity strategy?
2. What data is most critical to advancing more equitable prevention and treatment of CVD in women?
3. What types of implementation programs would be most effective to help drive real change for CVD in women over the next 5 years?

# The ACC Thanks You For Your Partnership!



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Ingelheim



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# Thank You to our IAF Work Group Members

Mary Norine Walsh, MD, MACC- CHAIR

Paul Casale, MD, MACC

Paul Douglass, MD, MACC

Ty Gluckman, MD, FACC

Jennifer Silva, MD, FACC

*Thank You*

# Welcoming New IAF Chair- Edward Fry, MD, MACC

