



# ACCF Industry Advisory Forum Implementation Science

July 17, 2025

## **Summary Report**

Enclosed are the following:

- Executive Summary
- Meeting Agenda
- Participant List
- Participant Survey Results

## Executive Summary

**Opening Remarks:** The American College of Cardiology's (ACC) July 2025 Industry Advisory Forum (IAF) convened in Washington, DC, bringing together representatives from 29 industry partners, ACC leadership, and implementation science experts. The meeting focused on translating evidence-based cardiovascular innovations into routine clinical practice through implementation science.



Work Group Chair and ACC Past President **Edward Fry, MD, MACC**, emphasized the importance of **implementation science as the final link between research and real-world application**. He reflected on past IAF themes such as diversity and cardiovascular disease in women and discussed the role of advocacy in driving legislative change. Current ACC President, **Christopher Kramer, MD, FACC**, provided updates on ACC's strategic plan, focusing on care delivery, actionable knowledge, sustainability, and member engagement. He noted that **the College is actively working to modernize clinical guidelines and competency frameworks to better support real-time**

**decision-making and implementation**, ensuring that evidence-based care is not only developed, but also delivered effectively and equitably.

**Advocacy Update:** ACC Vice President of [Advocacy](#) **Nick Morse, MBA**, provided an update on the College's health policy efforts, emphasizing the importance of aligning policy with patient-centered care and innovation. He highlighted the timeline and potential impact of the "One Big Beautiful Bill Act," and noted the **need for additional legislative activity this year to address pressing issues, including expiring telehealth flexibilities**. Morse also noted the importance of working with states to assess near-term changes to the Medicaid program, as well as the need for long-term Medicare reform. He summarized initial impressions of the key issues presented by the proposed rules for the 2026 Medicare Physician Fee Schedule and Hospital Outpatient Prospective Payment System. Specifically noting that proposed changes could lead to payment restructuring that may reduce reimbursement for certain services and could create financial strain on providers and health systems, particularly those already operating under tight margins.

Morse stressed the need for **continued collaboration between ACC, industry, and policymakers to ensure that any reforms support both innovation and sustainability**. He encouraged stakeholders to remain engaged in advocacy efforts to protect and advance high-quality, equitable patient care.

**Keynote Speaker: Larry Allen, MD, FACC**, Division Head for Cardiology at the University of Colorado School of Medicine, delivered the keynote address, offering a compelling and practical exploration of implementation science in cardiovascular care. **He defined implementation science as the study of methods to promote the systematic uptake of research findings and evidence-based practices into routine clinical care – essentially, the “last mile” of innovation that ensures discoveries translate into real-world impact.**

Allen emphasized that while the field of cardiology has made tremendous strides in generating evidence, the challenge remains in closing the gap between what we know and what we do. He outlined several key strategies for effective implementation:

- **Use of registries and clinical decision support tools** to guide therapy
- **Patient engagement and shared decision-making** to move from compliance to empowerment
- **System-level interventions** that align incentives and workflows
- **Leveraging AI and digital tools** to enhance efficiency and personalize care



Allen also cautioned that while AI holds great promise, it must be implemented thoughtfully to avoid reinforcing existing biases. He urged stakeholders to invest in the infrastructure, training, and partnerships needed to make evidence-based care the norm rather than the exception.

**Implementation Science at ACC: Ankeet Bhatt, MD, MBA, ScM, FACC**, a key leader in ACC’s implementation science efforts, framed implementation science as a structured, iterative process that requires alignment across patients, providers, systems and policy to ensure that evidence-based therapies are adopted and sustained in real-world care.



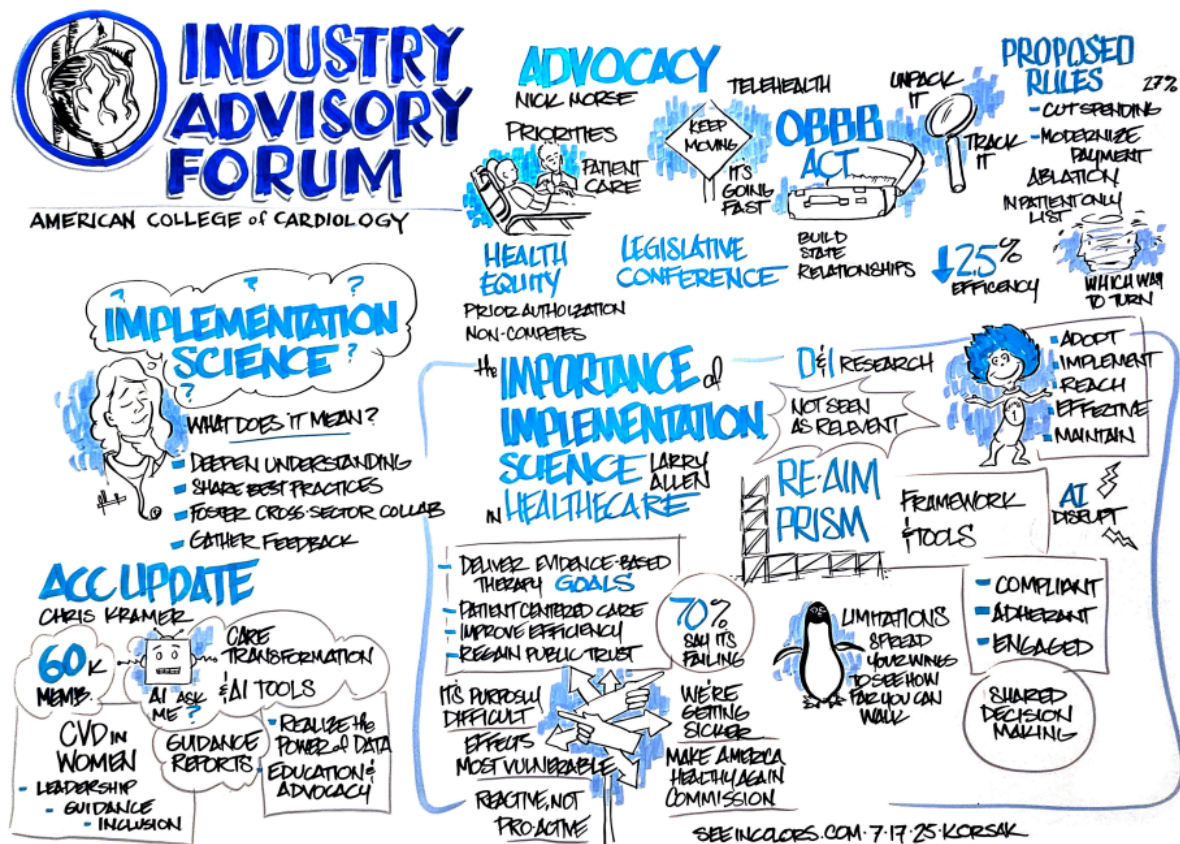
Bhatt introduced the **RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance)** as a guiding model for **ACC’s work** to ensure the design of programs that are scalable, measurable, and adaptable to diverse clinical settings. He provided the following two examples of recent ACC implementation efforts:

1. **TRANSFORM Programs** – These programs focused on improving the uptake of guideline-directed medical therapy (GDMT) in conditions such as post-acute coronary syndrome and heart failure. The goal was to determine factors that can support and transform care decisions

through the comparison of remote care extenders, specialized teams, discharge and follow-up protocols, provider and patient education, and/or real-time data dashboards.

2. **Driving Urgency in LDL Screening** - This large-scale project involved > 4,000 primary care physicians and cardiology practices in the US and focused on increasing LDL cholesterol screening through an EHR-integrated awareness and messaging campaign targeted at activating providers. Success in this program has come from embedding clinically relevant messages into clinical workflows and using data to identify and close care gaps.

Throughout his presentation, **Bhatt emphasized the importance of local engagement, noting that even the best-designed interventions must be tailored to the operational realities of each health system**, acknowledging the challenges of scalability, particularly in large, complex organizations. To address this challenge, he stressed the need for a balance of higher touch, targeted programs with lower touch, wider-reaching programs, in addition to ongoing feedback loops to refine and sustain implementation efforts.



**Panel Discussion #1:** IAF work group member, **Ty Gluckman, MD, FACC**, moderated a panel featuring experts from diverse institutions who shared real-world perspectives on implementing evidence-based cardiovascular care. Each panelist shared insights from their unique implementation experiences:

**Thomas Lewandowski, MD, FACC**, discussed his work with the ACC's **SMARTCare** initiative, a chapter-based quality improvement program launched in 2014 aimed at reducing health care costs

by providing tools to help clinicians and patients better discuss and communicate about care options. He emphasized:

- The importance of **clinician engagement** and **data transparency** in driving behavior change.
- Lessons learned about the need for **simple, actionable tools** that integrate into existing workflows.
- The value of **peer-to-peer learning** and local champions in sustaining momentum.

**Olivia Gilbert, MD, MSc, FACC**, focused on **messaging-based implementation strategies**, drawing from her work on ACC's vaccine campaigns and LDL screening initiatives. She highlighted:

- The effectiveness of **targeted, timely communication** to both patients and providers.
- The need to **tailor messaging** to different populations and care settings.
- Challenges in scaling messaging campaigns across large systems with varying infrastructure.



**Megan Coylewright, MD, FACC**, immediate-past [CardioSmart](#) Editor-in-Chief, brought a **patient-centered lens**, sharing examples from her work on tricuspid valve interventions. She emphasized:

- The importance of **co-designing implementation strategies with patients**, not just for them.
- How **shared decision-making** can improve uptake and adherence to therapies.
- The need to **compensate for and value patient input** as part of the implementation process.

**Bhatt** rejoined the panel to add reflections on the **Transform and Driving Urgency initiatives**, reinforcing the importance of:

- **System-level alignment** and **real-time feedback loops**.
- The challenge of **scaling pilots** across diverse health systems.
- The need for **flexible frameworks** that can adapt to local contexts while maintaining fidelity to evidence-based practices.

The panel collectively underscored that successful implementation requires more than good science, but also **engagement, flexibility and infrastructure** to support change at scale.

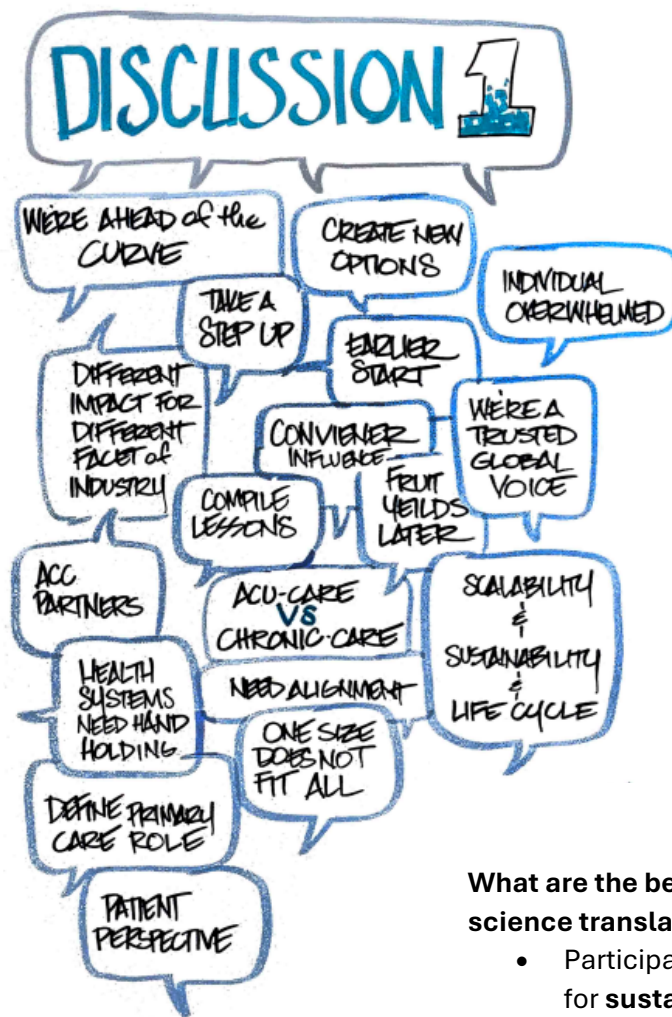


### Small Group Discussion Session #1:

What is your feedback on ACC's approach to implementation science? How could we improve?

Participants expressed appreciation for ACC's leadership in this space, but noted opportunities for improvement:

- ACC's approach is seen as progressive, but **there's a need for clearer differentiation between quality improvement and implementation science.**
- Several participants suggested ACC could improve by **offering more real-time, transparent data to clinicians**, especially regarding how well they are meeting guideline-based care.
- There was a call for **greater patient engagement**, including translating guidelines into patient-friendly formats and incorporating shared decision-making tools.
- Some noted that while ACC has strong tools, **dissemination and usability at the point of care remain challenging.**



How does your organization approach implementation science to improve adoption of guidelines and new treatments? How is program success evaluated and what are the primary challenges?

- Organizations reported using dashboards, clinical decision support and care pathways to drive adoption.
- **Success is often measured through process metrics**, such as screening rates or therapy initiation, but long-term outcomes are harder to track.
- **Key challenges include clinician and patient inertia, competing priorities, and limited funding** for sustained implementation.
- Some organizations identified the need to engage earlier in the process to improve uptake and equity.

What are the best ways to ensure implementation science translates into clinical practice at scale?

- Participants emphasized the need for **sustainable funding models** and alignment with value-based care incentives.

- Clinical inertia and guideline overload were cited as major barriers—especially when multiple comorbidities are involved.
- **AI was seen as a promising tool** to prioritize care, simplify guidelines, and support primary care providers with bite-sized, actionable insights.
- There was **strong support for flexible, locally adaptable models** and proof-of-concept pilots that can be scaled once successful.

What role should industry and ACC play in supporting implementation science within health systems or practices? Where do you see the greatest opportunity for collaboration?

- ACC was widely seen as a **trusted convener** with the ability to align stakeholders and define shared goals.
- Participants said **ACC should take the lead in setting standards** in implementation frameworks.
- Industry participants expressed **willingness to collaborate** – even across competitors – if there is a clear, shared value proposition.

- Opportunities for collaboration include **co-developing implementation frameworks**, support for **best practice sharing** from Centers of Excellence for smaller systems and engaging rural and under-resourced systems.
- Participants emphasized the importance of **early engagement** with industry leadership and realistic, scalable proposals that align with available resources.



**What types of data or evidence would help accelerate adoption of new therapies or care models in your setting?**

- There was a strong call for **utilization of existing data to provide a longitudinal, real-world perspective** of patient care and outcomes across registries, care settings and device data (e.g. wearables, implantables).
- Participants want data that is **accessible and actionable** for all stakeholders, including clinicians, administrators, payers and patients.
- **Patient-reported outcomes, disparities data, and comparative system performance** were identified as high-value metrics.
- Several participants noted that **transparency and trust in data sources** (e.g. ACC vs. EMR vendors) is critical for adoption.



**Innovation & Partnerships in Implementation:**

ACC's Chief Innovation Officer, **Ami Bhatt, MD, FACC**, emphasized **AI's potential to be a powerful enabler of implementation science**, particularly in helping clinicians and health systems translate complex guidelines into real-time, actionable insights. However, Bhatt also cautioned that **successful AI integration requires thoughtful design to avoid bias, ensure transparency, and maintain trust among clinicians and patients**. She encouraged attendees to think boldly about how technology and partnerships can transform cardiovascular care delivery at scale, setting the stage for the panel on innovations and partnerships.

**Roxana Mehran, MD, FACC** – Mount Sinai Health System and ACC Vice President/President-Elect

- Mehran emphasized the importance of **equity and access** in implementation science, particularly for women and underserved populations.
- She called for **greater integration of real-world data** and **patient-reported outcomes** into implementation strategies to ensure relevance and inclusivity.
- Mehran also highlighted the need for **multidisciplinary collaboration**, noting that successful implementation requires aligning clinical, operational and community perspectives.
- Regarding data and metrics, she requested an **objective way to measure adherence** to understand if and how outcomes are related to the implementation.



**David Fidler** – ConnectiveRx

- Fidler focused on **streamlining access to therapies through digital tools that reduce administrative burden**, such as electronic prior authorization and co-pay assistance.
- He emphasized the importance of **timing and personalization in clinician and patient messaging**, noting that well-timed nudges can significantly improve adherence and speed to therapy.
- Fidler described one of the challenges with large data assets is the tendency to treat it like a “golden egg”, many just sit on it. Instead, he suggested a proactive approach to **understanding what data is needed, how to measure it, how to use it and derive insights from it**. These data-driven insights are valuable in identifying gaps in the patient treatment journey and how to intervene effectively.

**Jacqueline Shreibati, MD, FACC** – Google

- Shreibati shared insights on how **big tech can support scalable implementation**, particularly through AI-powered tools that assist with clinical decision-making.
- She stressed the importance of **transparency and bias mitigation in AI development**, especially when tools are deployed across diverse populations.



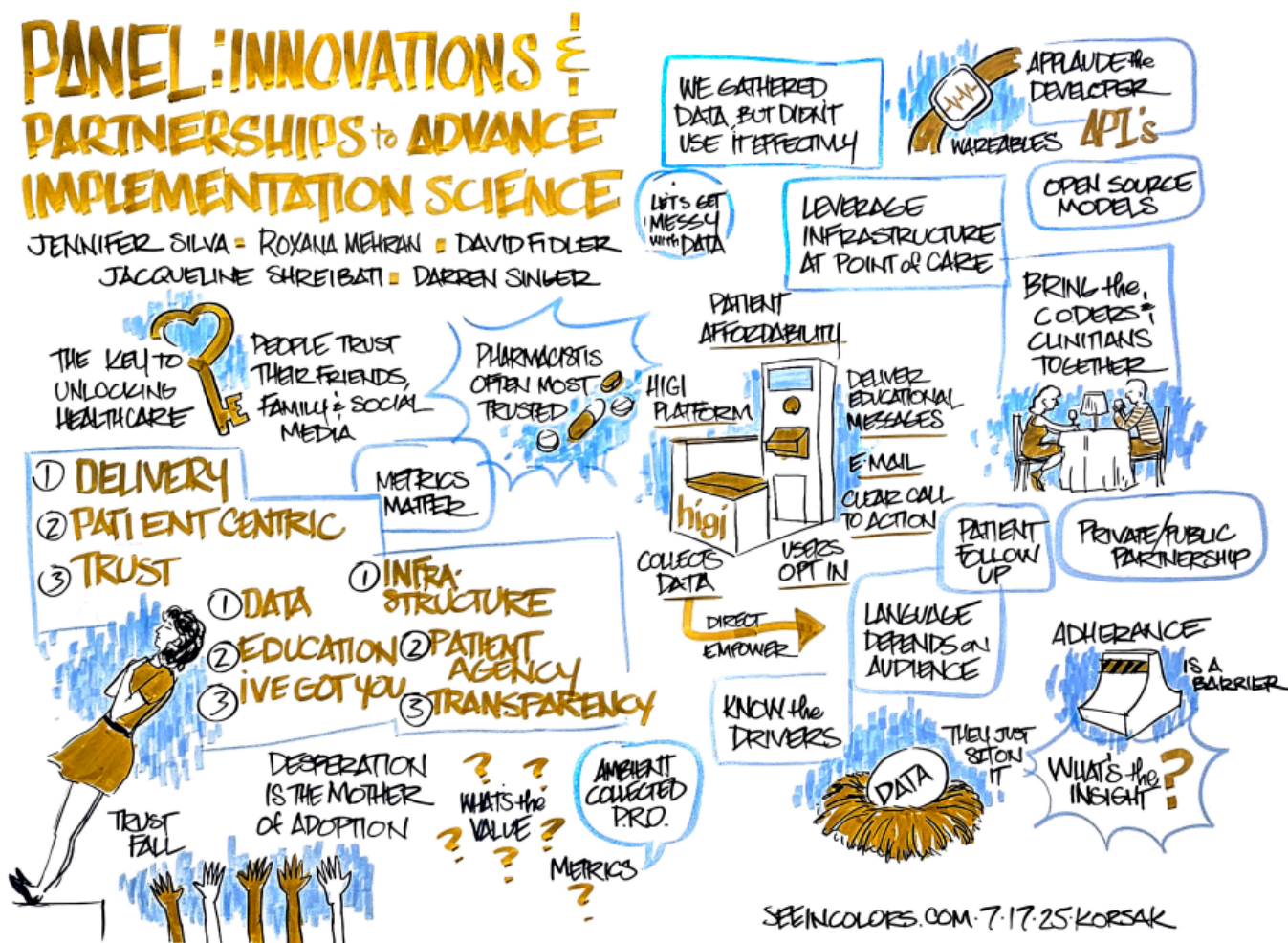
- She advocated for **open collaboration between technology developers and clinical leaders** to ensure that digital solutions are both clinically meaningful and ethically sound.
- Shreibati also called for **more emphasis on consumer health satisfaction metrics**, like Net Promoter Scores (NPS) and scalable, ambienly collected patient-reported outcomes (e.g. step count, quality of life) to better measure patient experience and outcomes in healthcare.

## Darren Singer – high

- Singer discussed the role of utilizing innovative technologies in **retail health and community-based engagement to reach patients where they are.**
- He highlighted how high's network of health screening stations can support **preventive screening, education, and biometric data collection**, particularly in underserved areas as seen in [ACC's Caring Hearts](#) initiative
- He also emphasized the opportunity to **integrate consumer health data** into broader implementation strategies to improve early detection and care coordination.



The panel collectively underscored that **innovation in implementation science must be inclusive, data-informed, and co-developed with the end users**—clinicians, patients, and systems. They encouraged ACC to continue serving as a bridge between sectors to foster scalable, sustainable change.



### **Small Group Discussion Session #2:**

In the final small group discussion following the panel, three questions were addressed:

#### **What would an ideal collaboration between ACC, health systems, and industry look like to advance implementation science?**

- Participants envisioned ACC as a **neutral convener** that can bring together diverse stakeholders to align on shared goals and define scalable models.
- Ideal collaborations would include **proof-of-concept projects** that are large enough to demonstrate value, but manageable in scope.
- There was strong support for focusing either on a **specific disease area** (e.g., heart failure) or a **methodological approach** (e.g., shared decision-making) to create replicable models.
- Participants emphasized the need to **identify the right stakeholders** within health systems – whether clinical, operational or executive – to ensure buy-in and sustainability.



#### **What support or infrastructure is needed to sustain implementation efforts beyond pilot programs or trials?**

- Sustained efforts require **dedicated funding, local champions, and standardized methodologies** that can be adapted across systems.
- Participants called for **multidisciplinary collaboration**, including administrators, payers, and community organizations.
- There was interest in developing a **repository of implementation science projects** to share lessons learned and avoid duplication.
- Education and training for the **next generation of clinicians and researchers** in implementation science was seen as essential for long-term success.

What types of data or evidence would help accelerate adoption of new therapies or care models in your setting?

- Participants highlighted the need for **longitudinal, real-world data** that can track patient outcomes across registries and care settings.
- There was a strong desire for **data transparency**, especially around system-level performance and disparities in care.
- **Patient-reported outcomes, wearable data, and digital biomarkers** were seen as valuable but underutilized.
- Several participants noted that **ease of access and interpretation** is just as important as the data itself. They note that clinicians and patients **need tools that translate insights into action**.



The forum concluded with the request for additional feedback from ACC's industry participants as to how the IAF can be improved and encouraged participants to continue sharing ideas for future topics as well as implementation collaborations. The forum notes and summary will be disseminated internally to inform future programmatic strategy at ACC.

ACC would like to thank all the IAF participants and Mark Korsak from [See in Colors](https://www.seeincolors.com) for the graphic depictions of the conversation throughout the day.



**Wednesday, July 16, 2025**  
**IAF Welcome Reception (optional) 5 - 6:30pm EST**  
**KEA, Heart House, Washington, DC**

**Thursday, July 17, 2025**  
**IAF Meeting 9am – 3pm EST**  
**Kennedy Ballroom, Fairmont Hotel, Washington, DC**

<b>8:00 am – 9:00 am</b>	<b>BREAKFAST, TAKE SEATS &amp; SETTLE IN</b>
<b>9:00 am – 9:05 am</b>	<b>Welcome to IAF, opening remarks &amp; introduction</b> Edward Fry, MD, MACC – IAF Work Group Chair, ACC Past President
<b>9:05 am – 9:20 am</b>	<b>ACC update</b> Christopher Kramer, MD, FACC - ACC President
<b>9:20 am – 9:25 am</b>	<b>Q&amp;A</b>
<b>9:25 am – 9:40 am</b>	<b>ACC advocacy</b> Nick Morse, MBA, ACC Vice President Advocacy
<b>9:40 am – 9:45 am</b>	<b>Q&amp;A</b>
<b>9:45 am – 10:15 am</b>	<b>Keynote – The importance of implementation science in healthcare</b> Larry Allen, MD, FACC, Kenneth Poirier Endowed Chair and division head for cardiology at the University of Colorado School of Medicine
<b>10:15 am – 10:20 am</b>	<b>Q&amp;A</b>
<b>10:20 am – 10:30 am</b>	<b>BREAK</b>
<b>10:30 am – 11:30 am</b>	<p><b>Implementation science at ACC</b> Ankeet Bhatt, MD, MBA, ScM, FACC- Kaiser Permanente Division of Research</p> <p><b>Panel: Best practice perspectives on implementation science</b> Moderator: Ty Gluckman, MD, FACC - Providence Heart Institute</p> <p><b>Panelists:</b></p> <ul style="list-style-type: none"> <li>• <b>Thomas Lewandowski, MD, FACC</b> – University of Florida - SMARTCare ACC chapter based quality improvement</li> <li>• <b>Ankeet Bhatt, MD, MBA, ScM, FACC</b> - Kaiser Permanente Division of Research - ACC's Transform programs</li> <li>• <b>Olivia Gilbert, MD, MSc, FACC</b> – Wake Forest University School of Medicine, ACC Science and Quality Committee – Messaging based implementation</li> <li>• <b>Megan Coylewright, MD, FACC</b> – Essentia Health - Patient-centered clinical trial design</li> </ul>

11:30 am – 12:15 pm	<p><b>Small Group Discussions and Report Out</b></p> <p>All tables:</p> <ol style="list-style-type: none"> <li>1. What is your feedback on ACC’s approach to implementation science? How could we improve?</li> </ol> <p>Odd tables:</p> <ol style="list-style-type: none"> <li>2. How does your organization approach implementation science to improve adoption of the guidelines and new treatments? How is program success evaluated and what are the primary challenges?</li> <li>3. What are the best ways to ensure implementation science translates into clinical practice at scale?</li> </ol> <p>Even tables:</p> <ol style="list-style-type: none"> <li>4. What role should industry and ACC play in supporting implementation science within health systems or practices? Where do you see the greatest opportunity for collaboration between industry and ACC on Implementation Science to improve patient outcomes?</li> <li>5. What types of data or evidence would help accelerate adoption of new therapies or care models in your setting?</li> </ol>
12:15 pm – 1:15 pm	<b>Group Picture &amp; LUNCH</b>
1:15 pm – 2:15 pm	<p><b>Innovations in implementation science</b> Ami Bhatt, MD, FACC- ACC Chief Innovation Officer</p> <p><b>Panel: Innovations and partnerships to advance implementation science</b> Moderator: Ami Bhatt, MD, FACC <b>Panelists:</b></p> <ul style="list-style-type: none"> <li>• <b>Roxana Mehran, MD, FACC</b>, Mount Sinai Health System and ACC Vice President/President-Elect – Institutional collaboration</li> <li>• <b>David Fidler</b>, VP of Product at ConnectiveRx - Direct to patient education &amp; clinician messaging</li> <li>• <b>Jacqueline Shreibati, MD, FACC</b>, Head of Clinical Platforms &amp; Devices at Google – Big tech perspective</li> <li>• <b>Darren Singer</b>, VP, Network Alliances &amp; Partnerships at high – Consumer engagement in retail settings</li> </ul>
2:15 pm – 3:00 pm	<p><b>Small Group Discussions and Report Out</b></p> <p>Odd Tables:</p> <ol style="list-style-type: none"> <li>1. How can we better integrate digital tools, AI, or real-world data into implementation strategies?</li> <li>2. What are examples of successful partnerships (with tech, retail, or life sciences) that have advanced implementation in your experience?</li> </ol> <p>Even Tables:</p> <ol style="list-style-type: none"> <li>3. What would an ideal collaboration between ACC, health systems, and industry look like to advance implementation science?</li> <li>4. What support or infrastructure is needed to sustain implementation efforts beyond pilot programs or trials?</li> </ol>
3:00 pm – 3:15 pm	<b>WRAP-UP AND ADJOURNMENT</b>

## List of Participants –July 17, 2025

### ACC Leadership

**Edward T. Fry, MD, MACC (IAF Chair)**

Past President, American College of Cardiology  
Chair, Ascension Cardiovascular Service Line

**Christopher Kramer, MD, FACC**

President, American College of Cardiology

**Richard Kovacs, MD, MACC**

Past President, Chief Medical Officer, American College of Cardiology

**Roxana Mehran, MD, FACC**

Vice President, American College of Cardiology

**Mary Norine Walsh, MD, MACC (Immediate Past IAF Chair)**

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

### ACC Industry Advisory Forum Work Group

**Paul N. Casale, MD, MPH, MACC**

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

**Paul L. Douglass, MD, MACC**

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

**Ty Gluckman, MD, FACC**

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

**Modele Ogunniyi, MD, FACC**

Professor of Medicine  
Emory University/Grady Health System

**Jennifer Silva, MD, FACC**

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

### ACC Members & Faculty

**Larry Allen, MD, FACC**

Kenneth Poirier Endowed Chair and Division Head for Cardiology at the University of Colorado School of Medicine

**Wayne Batchelor, MD, FACC**

President of Medical Service Line  
Inova Health System

**Ami Bhatt, MD, FACC**

Chief Innovation Officer  
American College of Cardiology

**Ankeet Bhatt, MD, MBA, ScM, FACC**

Research Scientist/Cardiologist  
Kaiser Permanente Division of Research

**Megan Coylewright, MD, FACC**

Research Structural Interventional Cardiologist  
Essentia Health

**David Fidler**

VP of Product  
ConnectiveRX

**Olivia Gilbert, MD, MSc, FACC**

Advanced Heart Failure and Transplant Cardiologist  
Wake Forest University School of Medicine

**Thomas Lewandowski, MD, FACC**

Associate Clinical Professor  
University of Florida

**Jacqueline Shreibati, MD, FACC**

Head of Clinical Platforms & Devices  
Google

## ACC Members & Faculty (cont.)

### **Darren Singer**

Vice President of Network Alliances and Partnerships  
Higi

## Industry Advisory Forum Members

### **Abbott**

#### **Elizabeth Bennett**

CardioMEMS Brand Manager

### **Carole Bruner**

Head of Professional Relations & Education

### **Alnylam**

#### **Colleen Moffitt, PharmD, MS**

US Medical Director

### **Jason Exter, PharmD**

Senior Medical Director

### **Amgen**

#### **Laney Jones, PharmD, MPH**

Implementation Science Medical Director

### **Lisa Head, PharmD**

Executive Director

### **AstraZeneca**

#### **Michael Ward, MS**

Director, US Alliance Development

### **Bayer**

#### **Tamara Windau-Melmer, MPH**

Director of Advocacy Relations

### **Boehringer Ingelheim**

#### **Jason Lecocq**

Executive Director, Medical Affairs-Cardiology Renal  
Metabolism

### **Boston Scientific Corporation**

#### **Stephen Bennett Ruble, PhD**

Senior Fellow

### **Brett Burton, PhD**

Senior Group Manager- Scientific Affairs-Interventional  
Cardiology

### **BridgeBio**

#### **Kristen Binaso, RPh**

Senior Director, Professional Society Engagements and  
Educational Partnerships

### **Bristol Myers Squibb**

#### **Cecilia Marta**

VP, Head of US Medical Immunology, Cardiovascular &  
Established Brands

### **Narinder Bhalla, MD**

Senior Vice President

### **Bristol Myers Squibb/Pfizer Alliance**

#### **Carol Austin, MD, MSc (Pfizer)**

Medical Director

### **Falguni Patel, PharmD (BMS)**

Director, Thrombosis-Eliquis, US Medical Lead

### **Bristol Myers Squibb/Johnson & Johnson Alliance**

#### **Kristie Yadro, RDN, PharmD (BMS)**

Head of CV Professional Societies and Associations

### **Shawn Mittelstadt, MBA (J&J)**

National Policy & Advocacy Director

### **Cleerly Health**

#### **Vidhya Kumar**

Senior Director, Scientific Strategy and Development

### **Jacob Lloyd**

Project Manager

#### **CVRx**

##### **Bonnie Handke**

SVP, Patient Access, Reimbursement & Healthcare Economics

##### **Paul Verrasto**

Chief Marketing and Strategy Officer

#### **Cytokinetics**

##### **Colleen Healy, MA**

Director, Professional Society Relations

##### **James Tislow, PharmD**

Head of Medical Affairs Research

#### **Eli Lilly**

##### **Kate Thomas, MA**

Senior Director, Advocacy and Professional Relations

##### **Alana Washington, PharmD, MBA**

Senior Director, Cardiometabolic Health Global Medical Affairs

#### **Esperion Therapeutics**

##### **Ray Mastriani, PharmD, MBA, JD**

Senior Director

##### **Heather Powell, PharmD**

Head of Medical Affairs

#### **iRhythm**

##### **Vijaya Henry, MS, RPh**

Director, HEOR

#### **Jazz Pharmaceuticals**

##### **Jessa Alexander, PhD**

Senior Director, Global Medical Affairs

##### **Nika Bejou, PharmD, MBA**

Associate Medical Director

#### **Johnson & Johnson**

##### **Poushali Mukherjea, PhD**

Global Medical Head, CV

#### **Kardigan**

#### **Merck**

##### **Andra Stevenson, PhD**

Global Senior Director

##### **Patrick Campbell, PharmD, PhD**

Senior Director, Healthcare Quality Improvement

#### **Mineralys Therapeutics**

##### **Tiffany Burt**

Senior Vice President, Medical Affairs

#### **NewAmsterdam Pharma**

##### **Jen Kammerer, PharmD, MMI**

Director, Health Economics & Outcomes Research

##### **Nancy Ortiz, PharmD**

Executive Director, Medical Strategy & Evidence Generation

#### **Novartis**

##### **David Kwon, MD, PhD**

Senior Medical Director, US Medical Affairs

##### **Tony Lozama, PhD**

Medical Director

#### **Novo Nordisk**

##### **Alex Flannery, PharmD, PhD**

Scientific Director, Cardiovascular-Renal

#### **Regeneron Pharmaceuticals**

##### **Aaron Kithcart, MD, PhD**

Medical Director

##### **Amanda Seeff-Charny**

Executive Director, Patient Advocacy

#### **Sanofi**

##### **Susan Manganello, RN, BSN**

Lead, Public Affairs & Patient Safety, Vaccines, US

### Terumo Health Outcomes

**Dan Halvorsen**

Director, Digital Integration & Development Partnerships

### Zoll

**Bernard Komoroski**

VP, Product Marketing & Communications

**Wayne Simon**

Director of Professional Relations and Medical Education

### ACC Staff

**Katherine Doermann Byrd**

Team Leader, Patient Voice & Real-World Implementation

**Andreea Candela, MBA, MA**

Marketing & Communications

**Sarah Culhane, RDCS**

Director, Corporate Partnerships & Business Strategy

**Katie Day**

Manager, Global Corporate Partnerships

**Joyce Donnellan**

Vice President, Education

**Megan Drewiske**

Associate Director, Business Operations & Strategy

**Cathleen Gates**

Chief Executive Officer

**Lisa Hix, JD**

Executive Vice President  
General Counsel

**Neal Kovach, MBA**

Chief Commercial Officer, Global Innovation & Clinical Transformation

**Burton McFarland**

Team Leader, Data Science Implementation

**Hillary Miller**

Team Leader, Data Science, Clinical Registrations and Accreditation

**Nick Morse, MBA**

Division Vice President, Advocacy & Government Affairs

**Brendan Mullen**

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**Chris Owens**

Instructional Design

**Jess Salas**

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**Sarah N. Sears, MA, CAE**

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Senior Director, Corporate Partnerships & Business Strategy

**Miriam Surdin, MPA, CAE**

Associate Director, Chapter Affairs

**Fran Thorpe**

Team Leader, NCDR Research, Clinical Registries and Accreditation

**Lear Zaborowski, MBA**

Senior Director, Corporate Partnerships & Business Strategy

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

Answered: 18 Skipped: 0

4.4★  
average rating



	DID NOT MEET EXPECTATIONS	(NO LABEL)	MET EXPECTATIONS	(NO LABEL)	EXCEEDED EXPECTATIONS	TOTAL	WEIGHTED AVERAGE
☆	0.00%	0.00%	11.11%	33.33%	55.56%		
	0	0	2	6	10	18	4.44

#	ADDITIONAL COMMENTS	DATE
1	Great program	7/31/2025 11:32 AM
2	The conference was designed in a way that successfully provided frameworks for discussion and the opportunity for collaborative discussion around those frameworks.	7/25/2025 3:14 PM
3	The meeting was fantastic! Robust discussion and excellent takeaways.	7/25/2025 1:48 PM
4	It was my first time, but your presenters inside and outside of ACC were really great and informative. Your subject topics were timely and relevant, which isn't true of a lot of Forums I attend. The marriage of ACC's clinical focus and your larger business focus was also impressive.	7/24/2025 9:10 AM
5	Meeting was organized well, had great content from ACC leadership, wide range of partners who were highly engaged in the topics.	7/21/2025 10:33 AM
6	Excellent topic. ACC's leadership is sorely needed	7/20/2025 10:27 AM
7	Great education re "what" implementation science is	7/18/2025 11:40 AM
8	Great information shared	7/18/2025 7:42 AM
9	I learned a lot from the panelists and enjoyed hearing from those with unique background, e.g. Higi, Google, etc!	7/17/2025 8:11 PM

## Q2 What was your key takeaway from the July IAF Meeting?

Answered: 18    Skipped: 0

#	RESPONSES	DATE
1	We are in uncharted waters in both the cardiology/healthcare community as well as the industry side.	7/31/2025 11:32 AM
2	There is a great need for the advancement of implementation science in healthcare, but this need is not widely understood. The physicians that presented, while successful in their implementation work, relied on their own learnings, assumptions and experiences, rather than a standardized framework for their success. The healthcare market furnishes many unique challenges and would greatly benefit from guidance in implementations science. The question I am left to ponder, after this conference, is will the healthcare market be willing to try/adopt such guidance?	7/25/2025 3:14 PM
3	The need to consider implementation science at every stage	7/25/2025 1:48 PM
4	There appeared to be broad consensus that the ACC is well-equipped to be a great convener of industry partners to help facilitate implementation initiatives. There was also uniform agreement at my table that there would be tremendous benefit to having additional IAF meetings focused on implementation.	7/24/2025 11:28 PM
5	That ACC is pushing things forward clinically as well as technically and has the focus and talent/support/membership to make a real impact.	7/24/2025 9:10 AM
6	Implementation science requires a collaborative approach with all stakeholders engaged.	7/21/2025 10:29 PM
7	Implementation Science is a tried & true method of improving the provision of & quality of patient care.	7/21/2025 4:54 PM
8	Not sure yet...how would this implementation science approach differ from the AHA model via GWTG? I think there needs to be some type of rapid model...or snapshot program that give you a 3 month result..in my opinion, that is what will get Industry's interest...if you can show a quick jump to adoption. Consider offering a "shark tank" competition for centers to propose these quick models and give them small grants to execute	7/21/2025 3:06 PM
9	Collaboration is key. Leveraging infrastructure to reach practitioners and patients to drive health actions is key, but complex to build and a challenge based on funding and buy-in. Focus on the THING, and how best to implement and measure how the THING is delivered to the target audience, measure the THING to establish best practices and scalability.	7/21/2025 10:33 AM
10	Implementation Science is recognized as a absolute necessary step to bridge the research to practice gap but still needs to become a mandatory step for new drug development programs	7/20/2025 10:27 AM
11	Importance of anticipating implementation challenges early on while new treatments come on board	7/18/2025 2:28 PM
12	No "one" takeaway - lots to consider though, especially the best way for me to disseminate the discussion back to my broader organization	7/18/2025 11:40 AM
13	The importance of collaboration between industry, ACC and HCPs.	7/18/2025 10:44 AM
14	Implementation science is essential to improvement of US healthcare	7/18/2025 7:42 AM
15	We need to fund and create IS projects that live beyond the initial grant funding.	7/18/2025 7:32 AM
16	ACC is well-positioned to serve as a convener/collaborator for IS. Industry should consider incorporating HS into clinical trials.	7/17/2025 8:11 PM
17	There is a big need to implement more robust strategies that can fill the know-do gap. Will require a lot of RCTs and partnerships.	7/17/2025 5:52 PM
18	We need to prioritize which "things" we want to accomplish and there may be times when doing the right thing is at odds with industry's interests.	7/17/2025 5:32 PM

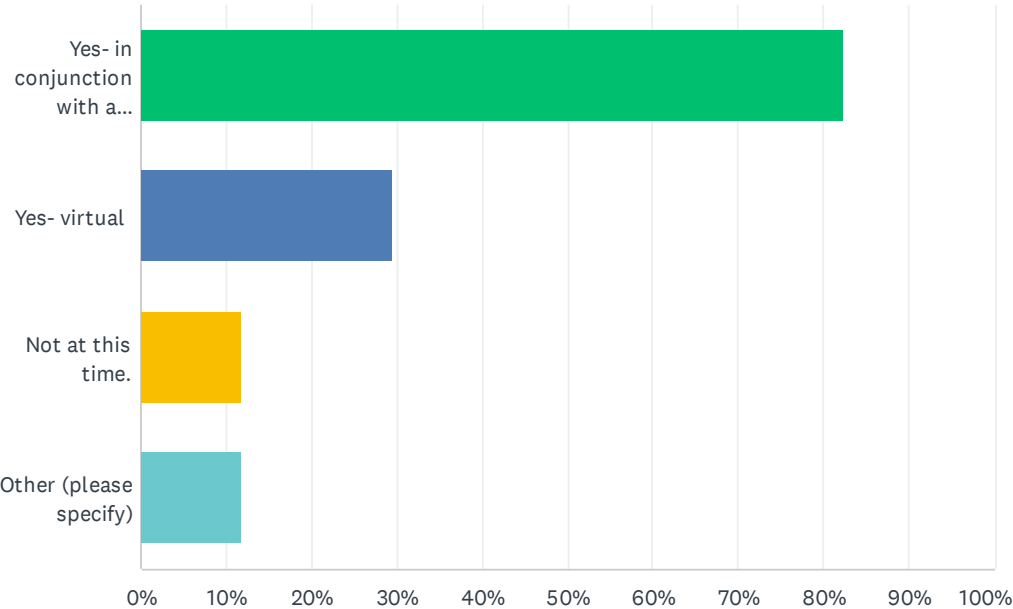
## Q3 Please provide suggestions for topics to discuss at future IAF Meetings

Answered: 16 Skipped: 2

#	RESPONSES	DATE
1	1. Education/information sharing in this current age-- more HCPs getting info from blogs, podcasts, less reliance on journals. What is the most effective way to communicate w/HCPs? 2. Optimizing recruitment in cardiology trials in 2025 and beyond- research infrastructure at sites is under threat from federal funding, acute myocardial infarction trials are showing difficulty based on US health system. How does industry and cardiology investigators work together to face these challenges?	7/31/2025 11:32 AM
2	a. There are many variations on the quote, measuring the wrong thing is worse than measuring nothing. I believe the ACC is well positioned, especially considering the volume of data in the NCDR, to furnish a discussion on leading and trailing metrics of success. This session could include follow up discussions on how to retain a program's focus on and align staff work around these metrics over time. Perhaps it could also include an overview of recent changes to the NCDR registry reports. How and why changes were made and how to achieve best in class outcomes.	7/25/2025 3:14 PM
3	Diet and Cardiovascular Health	7/25/2025 1:48 PM
4	1. Additional meetings focused on implementation and practical "how-to's". 2. How to leverage AI to support care improvement (e.g., patient engagement, closure of care gaps, etc.).	7/24/2025 11:28 PM
5	I liked the direction you went in... You could add content around how patient experience is married to implementation/launch, but perhaps that's distracting?	7/24/2025 9:10 AM
6	Patient representation in clinical trial design and conduct	7/21/2025 10:29 PM
7	Value based care in cardiology	7/21/2025 4:54 PM
8	It would be great if ACC could in the beginning of the day provide a recap of the topic from the last ACC IAF and what the college has done with the information/feedback from the breakouts and what progress has been made, especially on the last one which was focused on under-representation of Women in CV research/clinical studies. There have been numerous requests to have payors and health systems in the room, and understand that it can be a challenge, but the next IAF meeting should highlight that...and potentially ACC should partner with ASHP or AMCP	7/21/2025 3:06 PM
9	Continued review of AI on clinical care. Case studies with data and details on shared goals.	7/21/2025 10:33 AM
10	Educational platforms and challenges to reach primary care and allied health in the days of social media and shorter attention spans	7/20/2025 10:27 AM
11	Telemedicine - when yes, when no	7/18/2025 2:28 PM
12	Value-based care	7/18/2025 7:42 AM
13	A similar session with Implementation Science but focused on guideline education and implementation -- once updated how do we overcome clinical inertia?	7/18/2025 7:32 AM
14	Genomic medicine and risk stratification Environmental factors and impact on CV risk Mental health both physicians and patients	7/17/2025 8:11 PM
15	Real world data use for regulatory and guidelines. How to turn data into clinical action.	7/17/2025 5:52 PM
16	Real time inclusion of patient perspectives in the forum.	7/17/2025 5:32 PM

Q4 Would your organization be interested in participating in a Global Industry Advisory Forum

Answered: 17 Skipped: 1



ANSWER CHOICES		RESPONSES	
Yes- in conjunction with a conferece		82.35%	14
Yes- virtual		29.41%	5
Not at this time.		11.76%	2
Other (please specify)		11.76%	2
Total Respondents: 17			

#	OTHER (PLEASE SPECIFY)	DATE
1	Potentially. I can't speak for global necessarily but I would think so. Most likely virtual or attached to a global congress like ESC.	7/31/2025 11:32 AM
2	Want to be U.S. focused at this time.	7/21/2025 10:33 AM

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

Answered: 12   Skipped: 6

#	RESPONSES	DATE
1	Appreciated the experts dispersed throughout tables as well as advocacy update. For colleagues attending that may not attend every IAF, I think it would be highly beneficial to share ways in which ACC has collaborated with industry and success stories (from ACC's perspective) to stoke brainstorming about collaborations coming out of this meeting. The high level conversations we had at the tables were good, but very pie in the sky and very 'wicked' problems difficult to put tangible action items to.	7/31/2025 11:32 AM
2	More vegan/plant-based options please!	7/25/2025 1:48 PM
3	Not at this time.	7/24/2025 11:28 PM
4	I am just really happy that Andy at CRx didn't feel comfortable talking Innovation so punted to the product guy. I was honestly impressed and also enjoyed myself.	7/24/2025 9:10 AM
5	Great meeting! Thanks for your hospitality :)	7/21/2025 4:54 PM
6	While overall it was a good meeting, I hope the ACC listens to the feedback that industry budgets are not as plentiful as the past, and many are being conservative due to policy potential issues.	7/21/2025 3:06 PM
7	Excellent panel moderators and panelists, well constructed mix of partners with unique perspectives. Great location at the Fairmont and Heart House. Thank you for inviting me!	7/21/2025 10:33 AM
8	It would have been good to hear from an actual industry speaker on a particular implementation strategy	7/20/2025 10:27 AM
9	Enjoyed the varying perspectives - hearing from device and drug industry reps, MD experts, industry experts, etc.	7/18/2025 11:40 AM
10	Would be nice to be able to mingle more during lunch with attendees outside of your assigned table but otherwise this was my favorite item yet!	7/18/2025 7:32 AM
11	I wanted to extend my sincerest thanks to the ACC staff and leadership for making all of the industry participants feel so welcome. You are excellent hosts and go out of your way to make conversation and help people get to know each other at the tables. You can tell this is the product of excellent planning, but also really kind, wonderful people. :)	7/17/2025 8:11 PM
12	More discussion time, maybe extend the session a couple hours to accommodate.	7/17/2025 5:52 PM