

ACTION

COLLABORATION

LEADERSHIP

RECOGNITION



INDUSTRY ADVISORY FORUM

AMERICAN COLLEGE of CARDIOLOGY®

@ACCINTOUCH 
#TRANSFORMCVCARE

The ACC Thanks You For Your Partnership!



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IAF Work Group Members

- Ed Fry, MD, MACC - Chair
- Mary Norine Walsh, MD, MACC
 - Immediate Past Chair
- Paul Casale, MD, MACC
- Paul Douglass, MD, MACC
- Ty Gluckman, MD, FACC
- Modele Ogunniyi, MD, MPH, FACC
- Jennifer Silva, MD, FACC

ACC IAF Team

- Neal Kovach, MBA
- Megan Drewiske
- Miriam Surdin, MPA



IAF: Purpose and Goals:

- Bidirectional dialogue
- Environmental update and trends
- Address mutual challenges
- Share expertise in innovation, technology, and future direction of CV medicine



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December 2024 IAF - CVD in Women

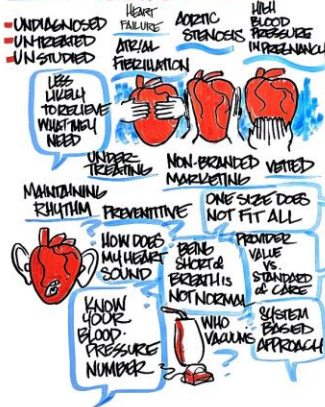


Heart House #TRN123456789

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HEALTH EQUITY
CARDIO-VASCULAR DISEASE IN WOMEN
6th YEAR!
UNDERSTAND INEQUITIES

DEFINING the PROBLEM PANEL



HEALTH EQUITY STRATEGY



GENDER DISPARITIES IN CARE: PANEL



SEEINCOLORS.COM-12-3-24-KORSAK

ADVOCACY PRIORITIES



WHITEHOUSE INITIATIVE ON WOMEN'S HEALTH RESEARCH



HEART DISEASE IN WOMEN



CVD IN WOMEN COMMITTEE



DISCUSSION 2



IMPLEMENTATION



CVD In Women: An Update

Considering Blood Pressure Monitoring Throughout a Woman's Lifecycle



What You Will Learn

- Describe the prevalence of hypertension throughout a woman's lifecycle.
- Explain the pathophysiology and overlapping relationship between menopausal symptoms, comorbidities, and risk factors in women.

BLOOD PRESSURE



women for timely i

logy approaches fr

KNOW YOUR NUMBERS

BLOOD PRESSURE is the force of your blood moving against the walls of your arteries. It's expressed as **TWO NUMBERS**:



Top Number:

WARNING!

LIFESTYLE CHANGES

Women's Heart Health Fellow in Training Curriculum*



Clinical Expertise	Research Experience	Leadership	Education
*Own panel *Women's Health electives *Vascular Function Testing *WHH specific ACHD patients	*At least one WHH specific manuscript in major journal *Abstracts/Orals at national conferences *Specific training in clinic trial development (if interested)	*One Quality Improvement Project *Professional society Women in Cardiology involvement *Community based outreach program	*Curriculum development for medical students, residents, and co-fellows *Quarterly journal club and review of high risk cardio-OB patients *Regional WHH Cardio-Obstetric CME



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CVD In Women: An Update

Driving Policy Change to Protect Women's Hearts

The ACC is actively advocating for legislation that expands access and improves care:

- **Preventing Maternal Deaths Reauthorization Act (H.R. 1909)**
- **Connected MOM Act (S. 141)**
- **Rural Obstetrics Readiness Act (H.R. 1254/S. 380)**

These efforts address care gaps and support women's heart health, particularly in underserved and rural communities.

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

12:15 pm – 1:15 pm	Group Picture & LUNCH
1:15 pm – 2:15 pm	<p>Innovations in implementation science Ami Bhatt, MD, FACC- ACC Chief Innovation Officer</p> <p>Panel: Innovations and partnerships to advance implementation science Moderator: Ami Bhatt, MD, FACC</p> <p>Panelists:</p> <ul style="list-style-type: none"> • Suresh Balu, MBA, Associate Dean for Innovation and Partnership at Duke Institute for Health Innovation – Institutional collaboration and AI • David Fidler, VP of Product at ConnectiveRx - Direct to patient education & clinician messaging • Jacqueline Shreibati, MD, FACC, Head of Clinical Platforms & Devices at Google – Big tech perspective • Darren Singer, VP, Network Alliances & Partnerships at high – Consumer engagement in retail settings

Objectives:

1. Deepen Understanding of Implementation Science
2. Share Best Practices and Innovations
3. Foster Cross-Sector Collaboration
4. Gather Stakeholder Feedback



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Rules ... There are no rules!

- Be an active listener
- Ask questions
- Speak up
- Interact
- Rinse and repeat



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Questions to consider ...

- What are 2-3 things you would prioritize within your organization to apply implementation science?
- What metrics would you use to measure the success of any implementation strategy within your organization?
- What innovations, and particularly use of AI, will be most crucial to succeeding in implementing new evidence-based treatments, diagnostics, and systems?
- What are the strengths and weaknesses within your organization related to implementation success or failure.
- Culturally, economically, politically, and logistically, what are the greatest barriers to implementation.



Materials & Social Media



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WiFi Network: **Fairmont Meeting**
Password: **ACCIAF2025**





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ACC Update

Christopher M. Kramer, MD, FACC
ACC President

LEADERSHIP AND GOVERNANCE

2025-2026 ACC Officers



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



**Roxana Mehran,
MD, FACC**
Vice President



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



**David E. Winchester,
MD, MS, FACC**
Secretary/BOG Chair



**Cathleen Biga,
MSN, MACC**
Immediate Past President

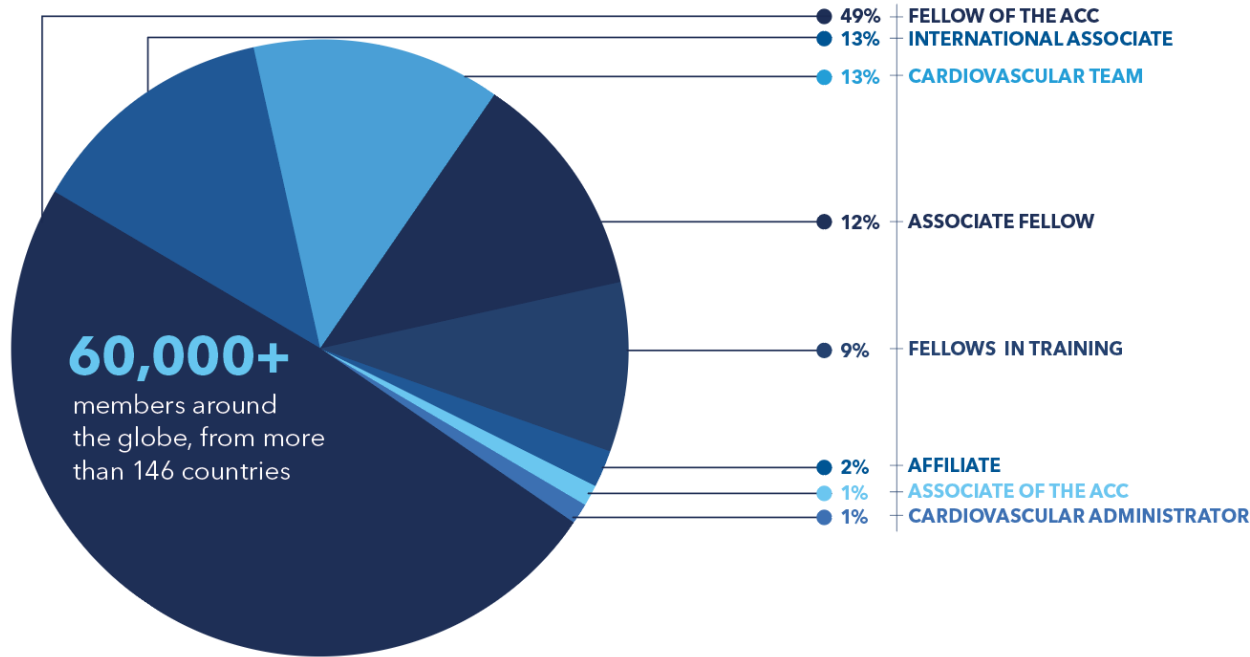


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MEMBERSHIP PERCENTAGE BREAKDOWN

Membership Percentage Breakdown



Fostering the future

The ACC is committed to fostering future cardiovascular leaders and offers complimentary membership to students and residents. **More than 6,500 Medical Students and Residents** are proud to call ACC their professional home!



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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CVD In Women: An Update



- **Leadership Development**

Programs like *Upping Your Game: Clinical Trial Research Program* and the *Sandra J. Lewis Mid-Career Women's Institute* are cultivating the next generation of women leaders in cardiology and research.

- **Targeted Education**

Specialized learning opportunities, including ACC.XX and *Cardio-Obstetrics Essentials*, equip clinicians with the tools to manage CVD in women.

- **Health Equity and Inclusion**

Ongoing efforts through ACC's Health Equity, Diversity, and Inclusion programs aim to reduce disparities and improve outcomes for underserved women and communities.

- **Clinical Guidance**

Specific recommendations address management and treatment of women in new ACS Guideline and other guidance documents.

GUIDANCE AT THE POINT OF CARE



- **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**

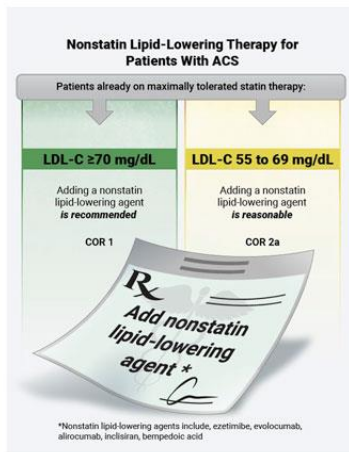
NEW IN CLINICAL GUIDANCE (2025)

1

Clinical Guidelines

- Acute Coronary Syndrome
- **Coming Soon: Hypertension**

CENTRAL ILLUSTRATION: 2025 Acute Coronary Syndromes Guideline-at-a-Glance



Kumbhani DJ, et al. JACC. 2025;10.1016/j.jacc.2025.01.018

2

Expert Consensus Documents

- Cardiac Computed Tomography for Prosthetic Heart Valve Assessment

3

Performance Measures

- Chronic Coronary Disease

4

Appropriate Use Criteria

- Implantable Cardioverter-Defibrillators, Cardiac Resynchronization Therapy, and Pacing

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



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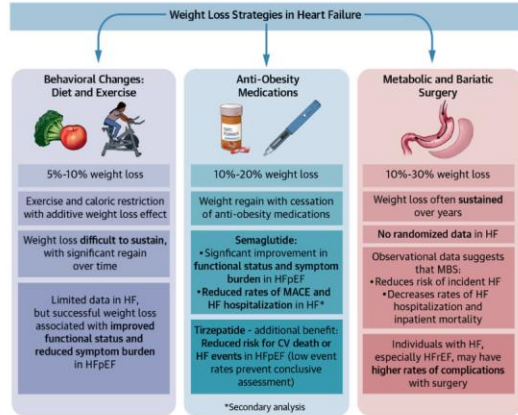
NEW IN CLINICAL GUIDANCE (2025)

1

ACC Scientific Statement

- Management of Obesity in Adults With Heart Failure

CENTRAL ILLUSTRATION Evidence for Safety and Efficacy of Obesity Management Strategies in Individuals With HF

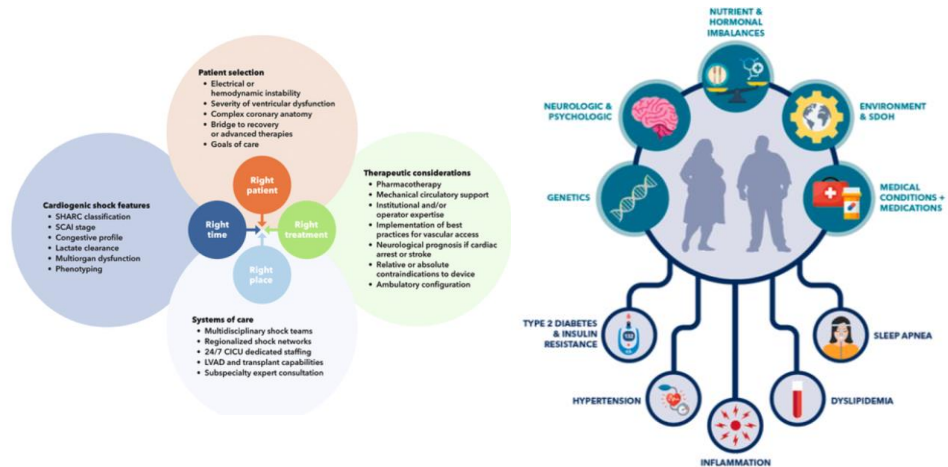


Kittleson MM, et al. JACC. 2025;10.1016/j.jacc.2025.05.008

1

Concise Clinical Guidance

- Medical Weight Management for Optimization of Cardiovascular Health
- Evaluation and Management of Cardiogenic Shock



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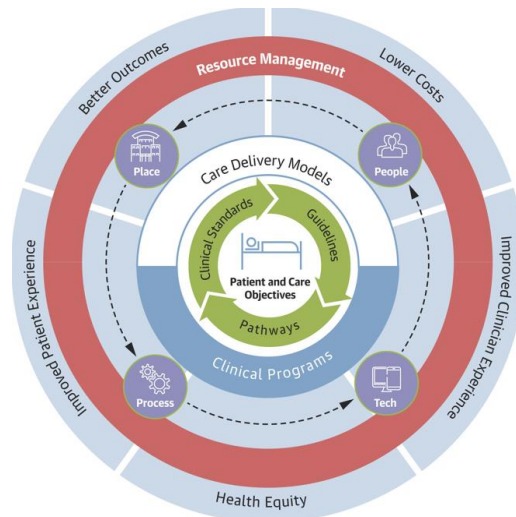
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CARE TRANSFORMATION

CARE TRANSFORMATION



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MEDAXIOM
AN ACC COMPANY

CARE TRANSFORMATION: AI



RESPONSIBLE AI

- ✓ **Collaborative Intelligence:** Integrating human expertise with AI systems for optimal outcomes
- ✓ **Cybersecurity:** Safeguarding sensitive health care data with AI-driven security measures
- ✓ **Bias and Equity:** Ensure models do not introduce bias in treatment recommendations
- ✓ **Explainability:** Implement AI systems that provide transparency in the decision-making process



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CARE TRANSFORMATION: AI





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Implementation Science

Top 5 Benefits of Implementation Science for Cardiology



**IMPROVES PATIENT
OUTCOMES**



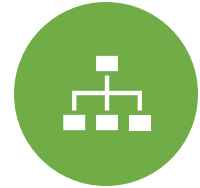
**BRIDGES THE GAP
BETWEEN RESEARCH
AND PRACTICE**



**REDUCES VARIABILITY
IN CARE**



**ENHANCES HEALTH
EQUITY**



**INFORMS POLICY AND
SYSTEM-LEVEL
CHANGE**



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Implementation Science In Action



ACC
ACCREDITATION
SERVICES™



Learn More: CVQuality.ACC.org



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Implementation Science In Action

Education and Advocacy

- ACC Annual Scientific Session
- Live Programs
 - Global Regional Conferences
 - Cardio-Obstetrics Essentials
 - Quality Summit

ACC.25

2541
JACC April 1, 2025
Volume 85, Issue 12, Suppl A



Special Topics

IMPROVING ACCESS TO CARDIAC CARE IN RURAL AREAS - NARRATIVE WORKSHOPS FROM PROPOSED
CARDIOGRAM, A DIGITAL HEALTH IMPLEMENTATION SCIENCE PROJECT

Moderated Poster Contributions
Moderated Poster Theater 9
Monday, March 31, 2025, 10:48 a.m.-10:55 a.m.



SECURE YOUR SPOT

CARDIO-OBSTETRICS
ESSENTIALS

TEAM-BASED MANAGEMENT OF CARDIOVASCULAR
DISEASE AND PREGNANCY



Oct. 17 - 19, 2025
Washington, DC & Virtual



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Implementation Science: *JACC* Journals as a Beacon for Amplification and Dissemination

JACC Journals Topic Collection

Outcomes & Quality



Quality medical care refers to delivering safe and evidenced-based services for patients that are consistent with the latest medical knowledge with the goal to enhance health outcomes. Quality performance measures and quality improvement together increase the likelihood that individuals and the public obtain desired health outcomes. By capturing and reporting reliable, evidence-based data, the American College of Cardiology (ACC) and other professional cardiology associations develop evidence-based performance measures to accelerate translation of evidence into cardiology clinical practice.



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TACKLING TODAY'S CHALLENGES FOR TOMORROW

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



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REGISTRATION IS OPEN: WILL YOU BE THERE?

Check out the following ACC meetings taking place throughout the fall. There's still time to register and reserve your spot!

SEPT. 18-20

ACC Latin American 2025
Mexico City, Mexico

OCT. 17-19

Cardio-Obstetrics Essentials
Washington, DC, and Virtually

OCT. 3-5

ACC Middle East 2025 Together With 16th
Emirates Cardiac Society Conference
Dubai, UAE

OCT. 16-18

MedAxiom CV Transforum Fall '25
Austin, TX

OCT. 5-7

ACC Legislative Conference 2025
Washington, DC

DEC. 12-14

Valentin Fuster Cardiovascular Symposium
New York, NY

OCT. 14-16

ACC Quality Summit 2025
Denver, CO



Scan the QR code for more information and to register.



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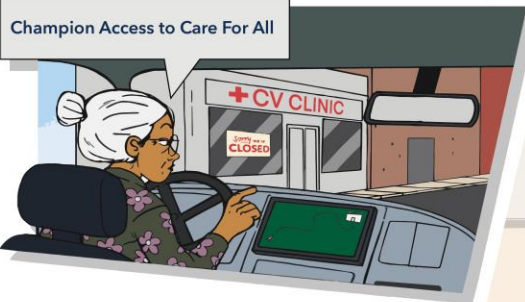
ACC Advocacy Update

Nick Morse
ACC Vice President, Advocacy



ACC Advocacy Priorities

Champion Access to Care For All



Support Clinicians in Providing Equitable Value-Based Care



Foster Care Transformation and Optimization



Bolster the Clinician Workforce Now and For the Future



Establish Sustainable Medicare Payment Practices



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).

Current Landscape

- Pace feels ... the same
- Smoke from reconciliation starting to clear
- Rescissions
- 2026 appropriations
- 2026 rulemaking underway
- What else happens this year?



OBBB Readout

- ACC and other societies engaged consistently
 - Letters
 - Grassroots
 - Direct engagement with members of Congress
- Messaging centered on Medicaid and student loans
- Focus shifts to tracking implementation timeline, understanding potential impacts and follow-on policymaking



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Proposed Rules

Press Releases

Jul 14, 2025

CMS Proposes Physician Payment Rule to Significantly Cut Spending Waste, Enhance Quality Measures, and Improve Chronic Disease Management for People with Medicare

[Administration](#) [Payment Rules](#)

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CMS Proposes Physician Payment Rule to Significantly Cut Spending Waste and Improve Chronic Disease Management for People with Medicare

Press Releases

Jul 15, 2025

CMS Proposes Bold Reforms to Modernize Hospital Payments, Strengthen Transparency, and Put Patients Back in Control

[Administration](#) [Payment Rules](#)

Share    

CMS Proposes Bold Reforms to Modernize Hospital Payments, Strengthen Transparency, and Put Patients Back in Control

Proposed rule advances administration's vision to "Make America Healthy Again"





Other Key Topics

- Health Equity – keep going
- Continue to monitor, engage
 - Our members
 - Other partners
 - HHS, CMS, NIH, FDA
 - Congress
 - State policymakers
- Prior authorization
- Non-competes



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SAVE THE DATE

LEGISLATIVE CONFERENCE

OCT. 5- 7, 2025





**The importance of
implementation science in
healthcare**



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Larry Allen, MD
University of Colorado

Disclosures

- PCORI
- NIH
- AHA Circulation:HF
- UpToDate
- ACI Clinical
- Quidel



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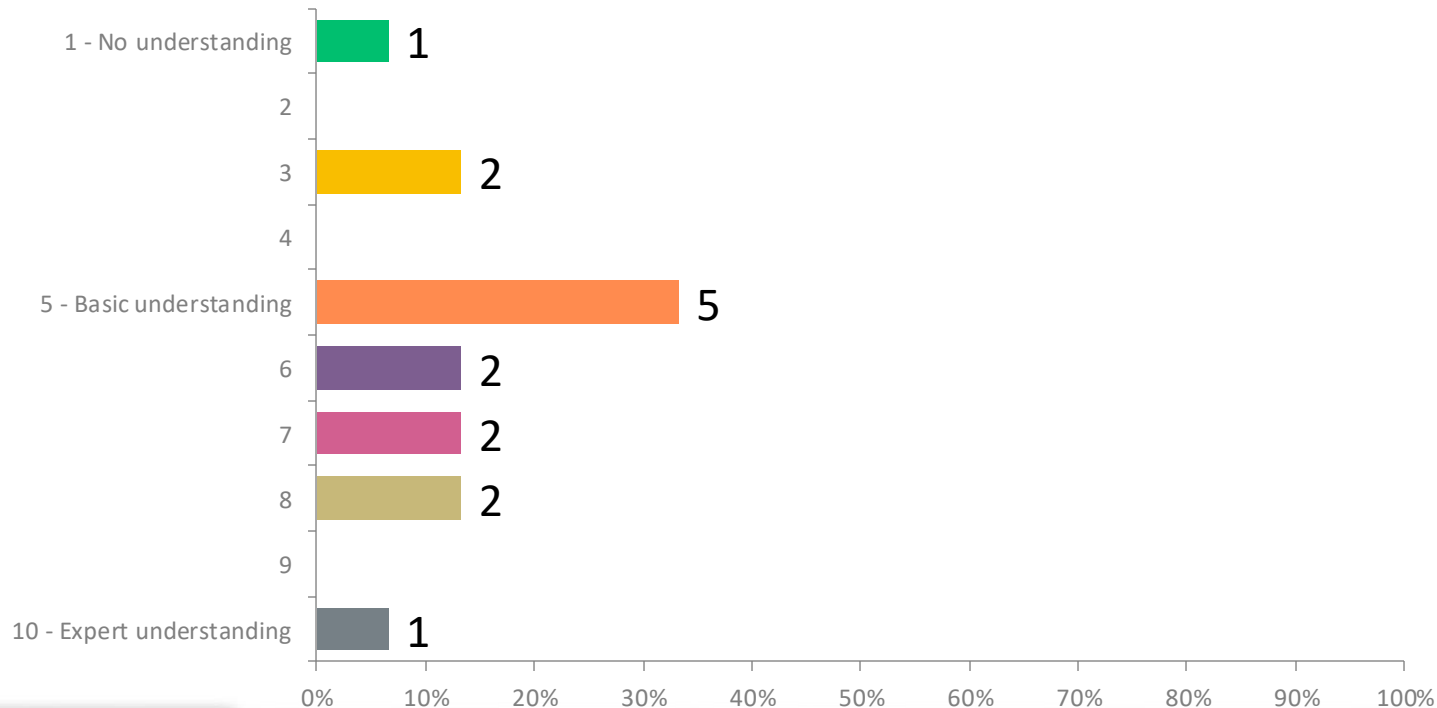
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Pre-Event Feedback on Implementation Science

- Tuesday, July 08, 2025

Q1: How familiar are you with the concept of Implementation Science on a scale of 1 to 10?

• Answered: 15 Skipped: 0

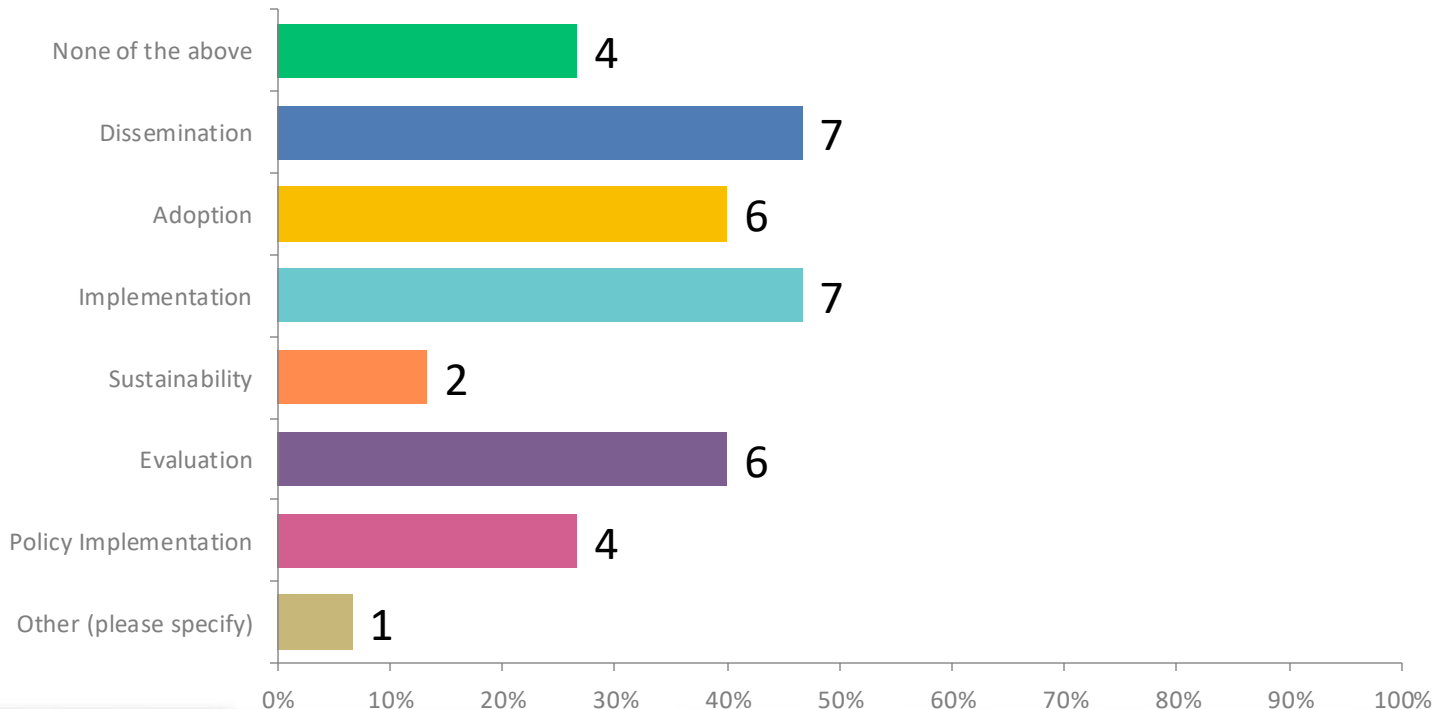


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Q2: Which of the following topics related to Implementation Science are you familiar with? (Select all that apply)

• Answered: 15 Skipped: 0



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Thesis: Increasingly, advances in medical therapy are not broadly disseminated in usual care, particularly for vulnerable populations. While many of these gaps are rooted in forces external to healthcare delivery itself (eg structural inequalities, governmental priorities, misinformation), now is an especially good time for the healthcare community to look inward: what can we do better? Implementation science has the potential to improve the delivery of evidence-based therapies, make care more patient-centered, improve efficiency, and regain the public's trust.



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Part 1: The US healthcare system reflects a failure to implement, especially for some



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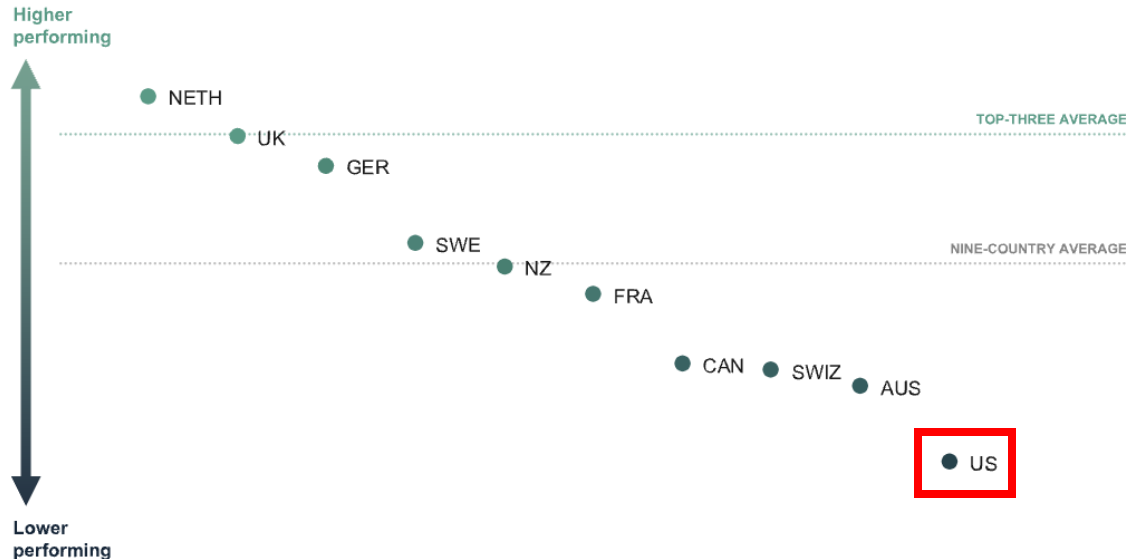
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Rumsfeld JS et al. *Nat Rev Cardiol.* 2016;13:350-359.

We have made it difficult to get care

EXHIBIT 5 – Access to Care

Americans face the most barriers to accessing and affording health care.



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<https://www.commonwealthfund.org/publications/fund-reports/2024/sep/mirror-mirror-2024>

Worse for the most vulnerable

You should not need a college degree and connections to navigate a health care system

CBO: Much of the Medicaid savings in the Big Beautiful Bill will come from people's inability to comply with work requirement paperwork



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With expanded definition of equity, the U.S. and New Zealand continue to rank lowest.



How people with **below-average and above-average incomes** differ in their access to health care and their care experience. Expanded definition: physicians survey if they thought health systems treat patients unfairly because of their racial or ethnic background.

<https://www.commonwealthfund.org/publications/fund-reports/2024/sep/mirror-mirror-2024>

Disparities are well documented by race, gender, rurality, education, ...

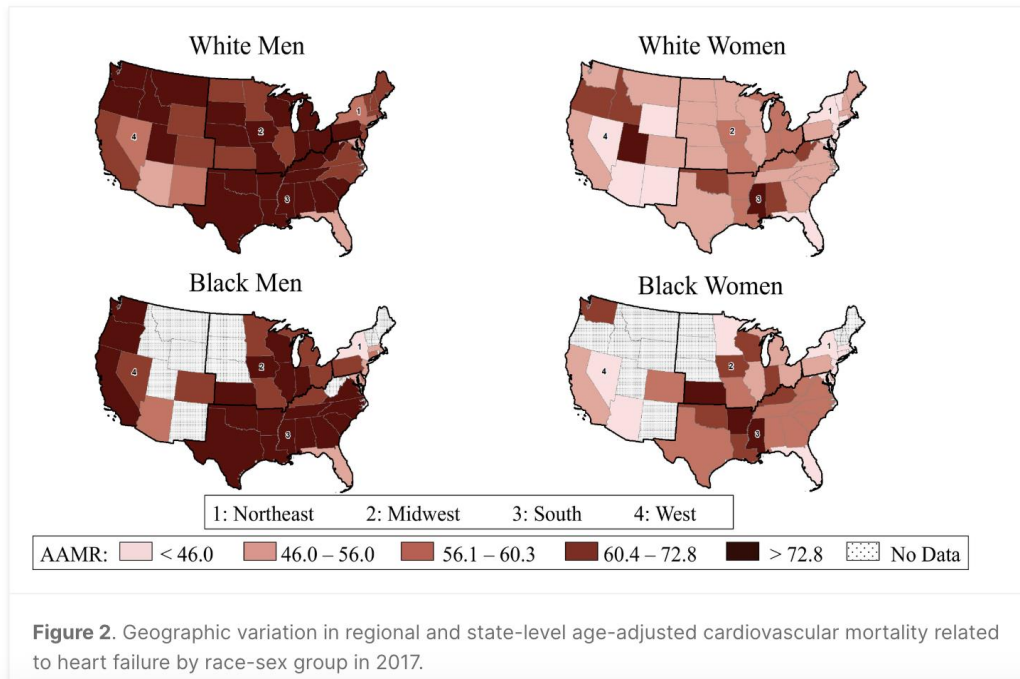


Figure 2. Geographic variation in regional and state-level age-adjusted cardiovascular mortality related to heart failure by race-sex group in 2017.



Reactive, not proactive

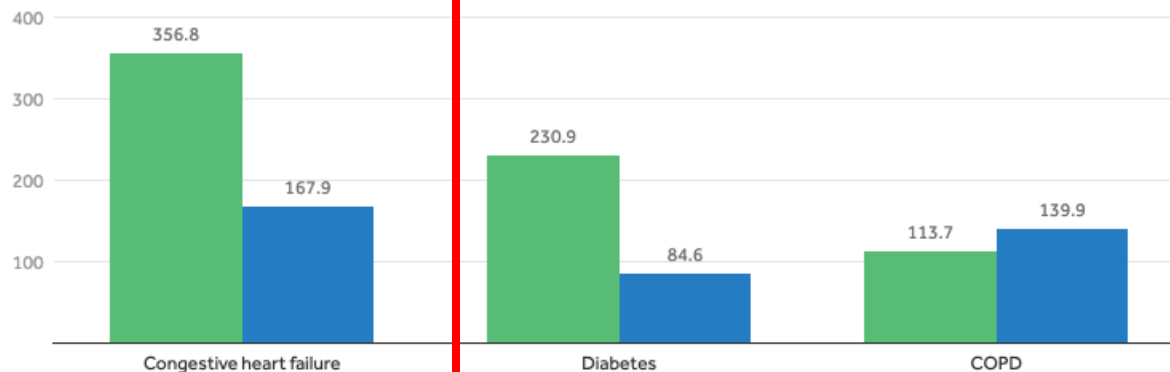
“We are doing a lot of our primary care in the ICU”

Rob Califf



Age-standardized hospital admission rate per 100,000 population, ages 15 and over, 2020

United States Comparable Country Average



Note: Comparable countries include: Australia, Austria, Belgium, Canada, Japan, the Netherlands, Sweden, Switzerland, and the United Kingdom for congestive heart failure. France and Germany excluded due to lack of 2020 data. COPD stands for chronic obstructive pulmonary disease.

Source: [KFF analysis of OECD data](#) • [Get the data](#) • [PNG](#)

Peterson-KFF

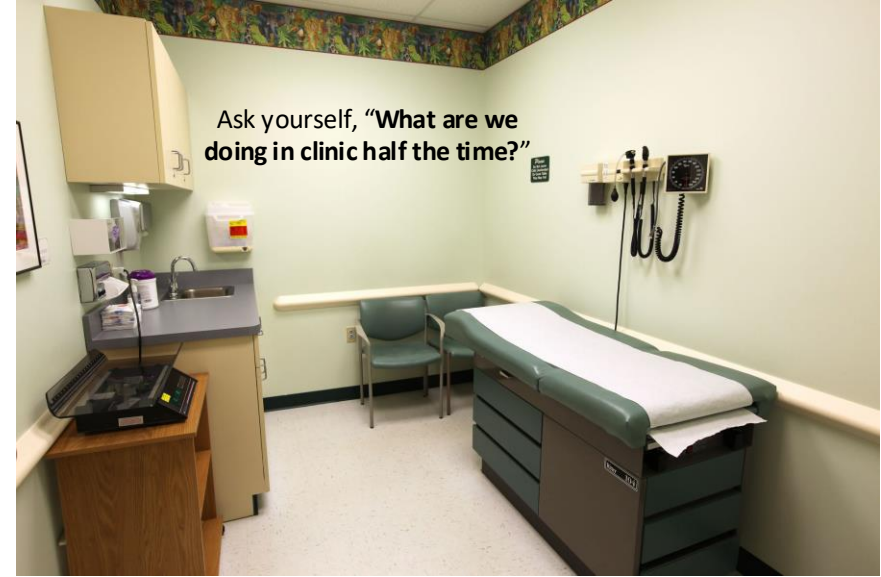
Health System Tracker



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Slow to leverage technology



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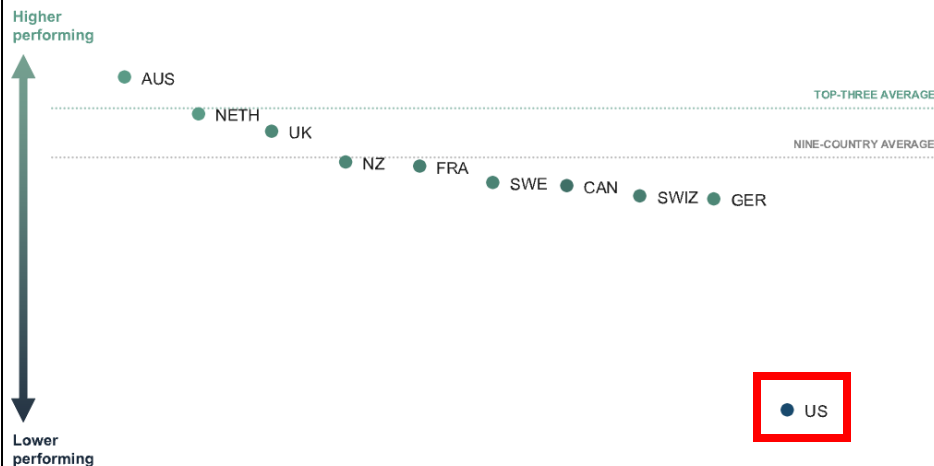
The result is a low-value medical system

“Conclusion: The U.S. continues to be in a class by itself in the underperformance of its health care sector.”

<https://www.commonwealthfund.org/publications/fund-reports/2024/sep/mirror-mirror-2024>

EXHIBIT 2 – Overall Performance Ranking

The United States lags its international peers considerably on health system performance.



Note: To normalize performance scores across countries, each score is the calculated standard deviation from a nine-country average that excludes the US. See "How We Conducted This Study" for more detail.

Data: Commonwealth Fund analysis.

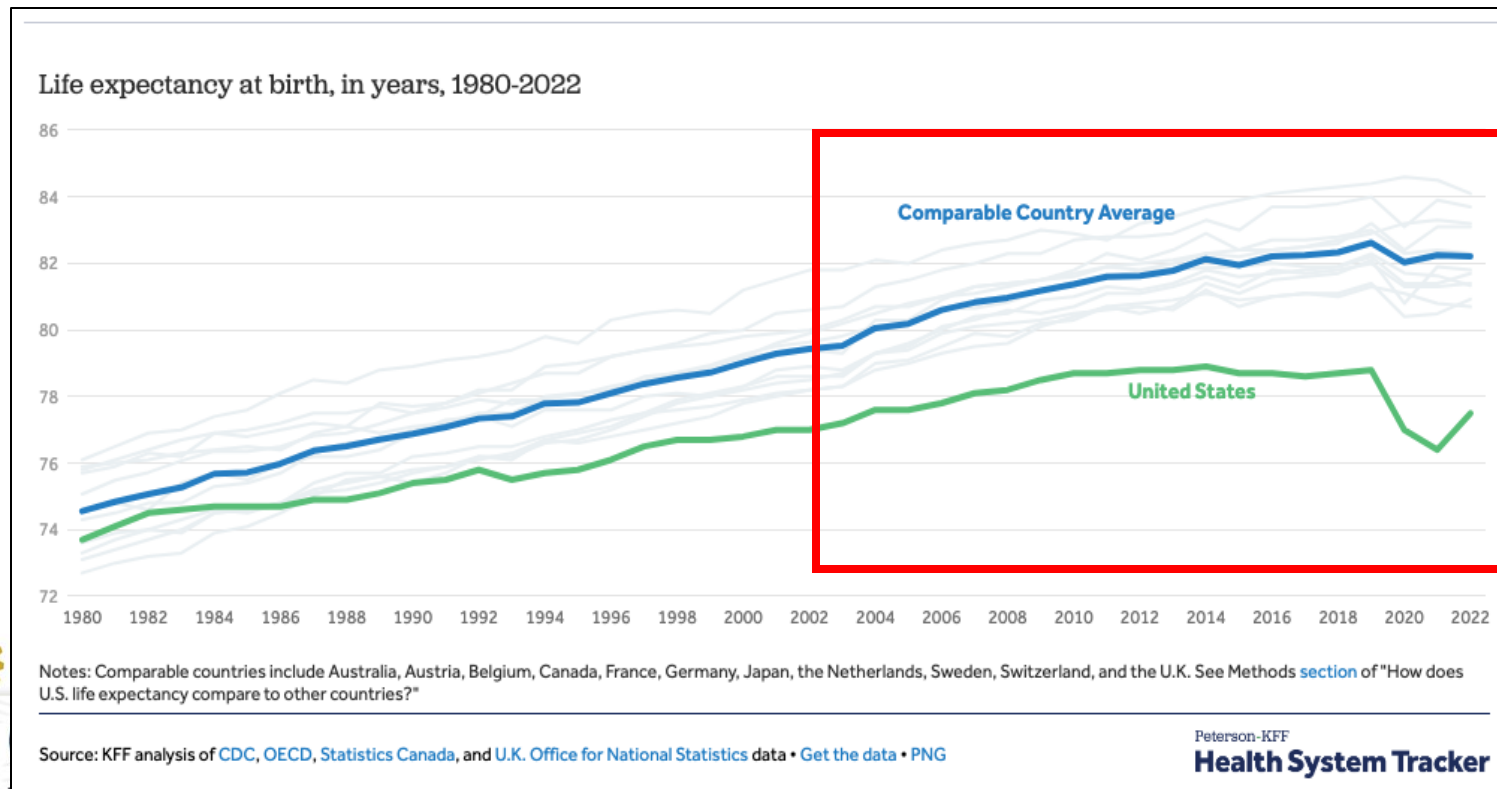
Source: David Blumenthal et al., *Mirror, Mirror 2024: A Portrait of the Falling U.S. Health System – Comparing Performance in 10 Nations* (Commonwealth Fund, Sept. 2024).
<https://doi.org/10.26099/ta0g-zp66>



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Poor and inequitable implementation contributes to worse health outcomes

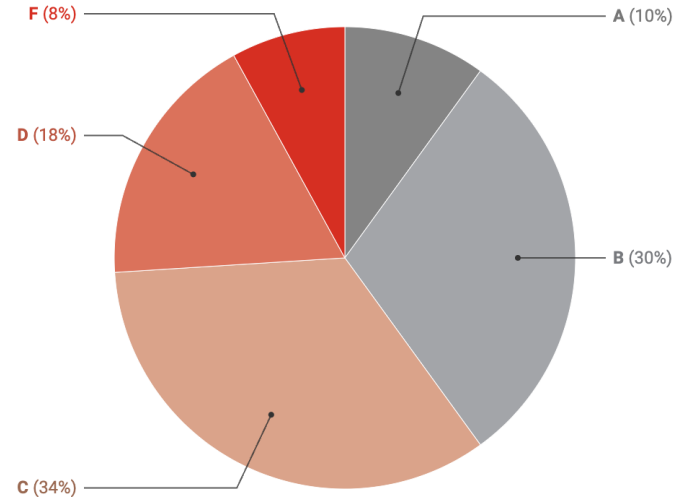


American citizens are noticing

More than 70% of US adults said the health care system is failing to meet their needs in at least one way. Two-thirds have gave it a grade of C, D, or F.

What grade would you give the U.S. health care system overall?

share of respondents (2,519 people surveyed)



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American citizens are ~~noticing~~ angry

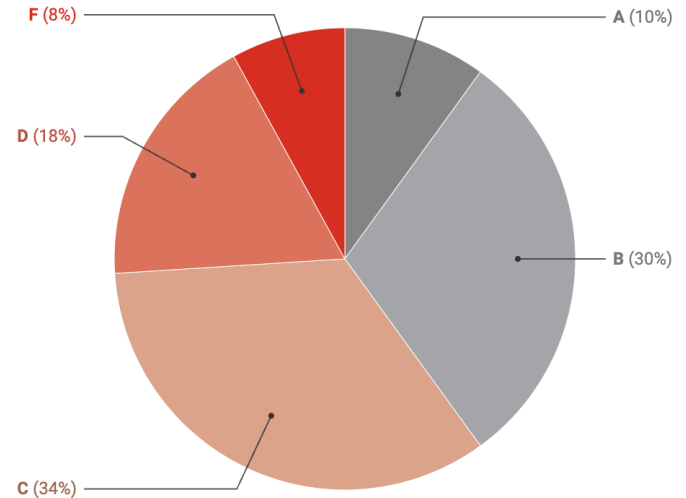
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What grade would you give the U.S. health care system overall?

share of respondents (2,519 people surveyed)



Our payers and leadership are noticing



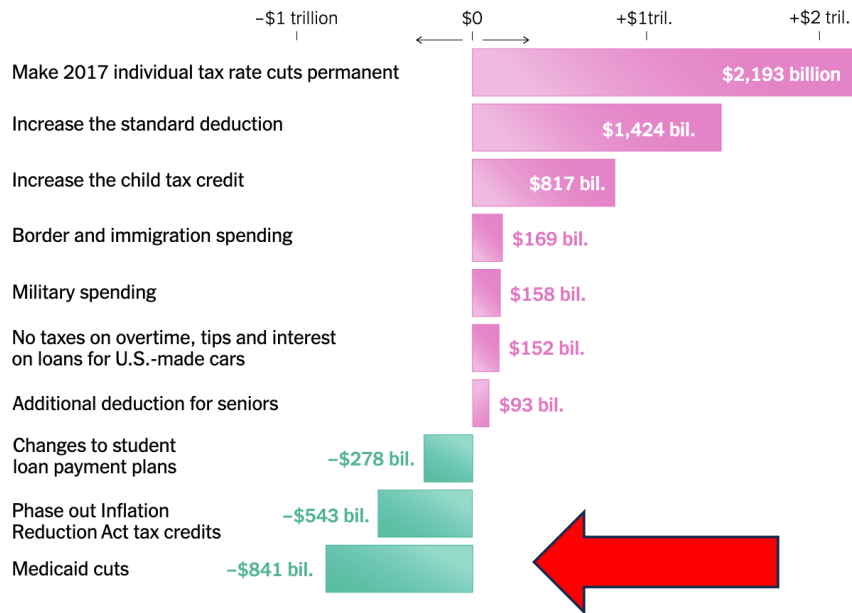
“Ninety percent of the Nation’s \$4.5 trillion in annual healthcare expenditures is for people with chronic and mental health conditions. In short, **Americans of all ages are becoming sicker, beset by illnesses that our medical system is not addressing effectively.**”

“To fully address the growing health crisis in America, we must re-direct our national focus... This includes fresh thinking on nutrition, physical activity, healthy lifestyles, **over-reliance on medication and treatments**, the effects of new technological habits, environmental impacts, and food and drug quality and safety. We must **restore the integrity of the scientific process** by **protecting expert recommendations from inappropriate influence** and **increasing transparency** regarding existing data. We must ensure our healthcare system promotes health rather than just managing disease.

Further consequences of implementation failures



Impact on the deficit over 10 years



Sources: The Washington Post; Joint Committee on Taxation; C.B.O.



Part 2: Implementation science is a path forward

“Humanity’s greatest advances are not in its discoveries—but in how those discoveries are applied to reduce inequity. Whether through democracy, strong public education, quality healthcare, or broad economic opportunity—reducing inequity is the highest human achievement.”

Bill Gates, Harvard commencement 2007



Need for Pragmatic D&I Research

- Traditional biomedical RCTs study the effectiveness of treatments delivered to carefully selected populations **under ideal conditions**
- Even when we do implement a tested intervention into **everyday clinical practice**, we often see a “voltage drop”...a dramatic decrease in effectiveness
- Most common reason evidence-based programs are not adopted ...they are **not seen as relevant**

“If we want more evidence-based practice, we need more practice-based evidence.”

Green LW

Am J Pub Health 2006

What is IS?

When defining implementation science, some very non-scientific language can be helpful...

- The intervention/practice/innovation is **THE THING**
- *Effectiveness* research looks at whether **THE THING** works
- *Implementation* research looks at how best to help people/places **DO THE THING**
- Implementation strategies are the stuff we do to try to help people/places **DO THE THING**
- Main implementation outcomes are **HOW MUCH** and **HOW WELL** they **DO THE THING**



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DEBATE

Open Access

Implementation science made too simple: a teaching tool



Geoffrey M. Curran^{1,2}

Abstract

Background: The field of implementation science is growing and becoming more complex. When teaching new learners, providing a clear definition of implementation science and a description of “its place” among related fields can be difficult. The author developed a teaching tool using very simple language to help learners grasp key concepts in implementation science.

The teaching tool: The tool consists of a slide (visual aid) which provides simple and jargon-free definitions of implementation science, implementation strategies, and implementation outcomes, as well as a description of how implementation science relates to “effectiveness” research focusing on clinical/preventive interventions.

Conclusion: The tool could be useful to new students in the field, as well as other scholars or stakeholders in need of a brief and plain language introduction to key concepts in implementation science.

Keywords: Implementation science, Implementation strategies, Implementation outcomes, Education

Contributions to the literature

- The article provides a teaching tool to assist learners in implementation science to grasp key concepts in the field.
- The tool provides simple and jargon-free definitions of implementation science, implementation strategies, and implementation outcomes, as well as a description of how implementation science relates to “effectiveness” research focusing on clinical/preventive interventions.
- The tool is unique in its use of very simple language, and hence, it can be used with both scientists and non-scientists in need of a quick introduction to implementation science.

Introduction

Implementation science can be complicated and at times even overwhelming. While the field is still considered “young,” implementation scientists have been hard at work developing frameworks, testing implementation strategies, and establishing implementation outcome measures. As a result, learners participating in introductory didactics on implementation science are often confronted with a dizzying array of information and recommendations to consider when thinking about or planning an implementation study. For example, Tabak et al. [1] identified 61 dissemination and/or implementation theories/frameworks/models available to help craft an implementation study, just one of those frameworks, Damschroder et al.’s [2] widely used Consolidated Framework for Implementation Research (CFIR), offers 39 implementation factors to consider. Powell et al. [3] conceptualized 73 discrete implementation strategies available for consideration when developing an implementation intervention. Proctor et al. [4] offer 17 potential outcome domains to consider for an implementation study, and the Society for Implementation Research Collaboration has compiled a repository [5] of over 400 implementation-related measures.

I have been teaching and lecturing in this field over 15 years, and I have presented the above information,

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¹University of Arkansas for Medical Sciences, 4301 W. Markham St., #520-4, Little Rock, AR 72205, USA

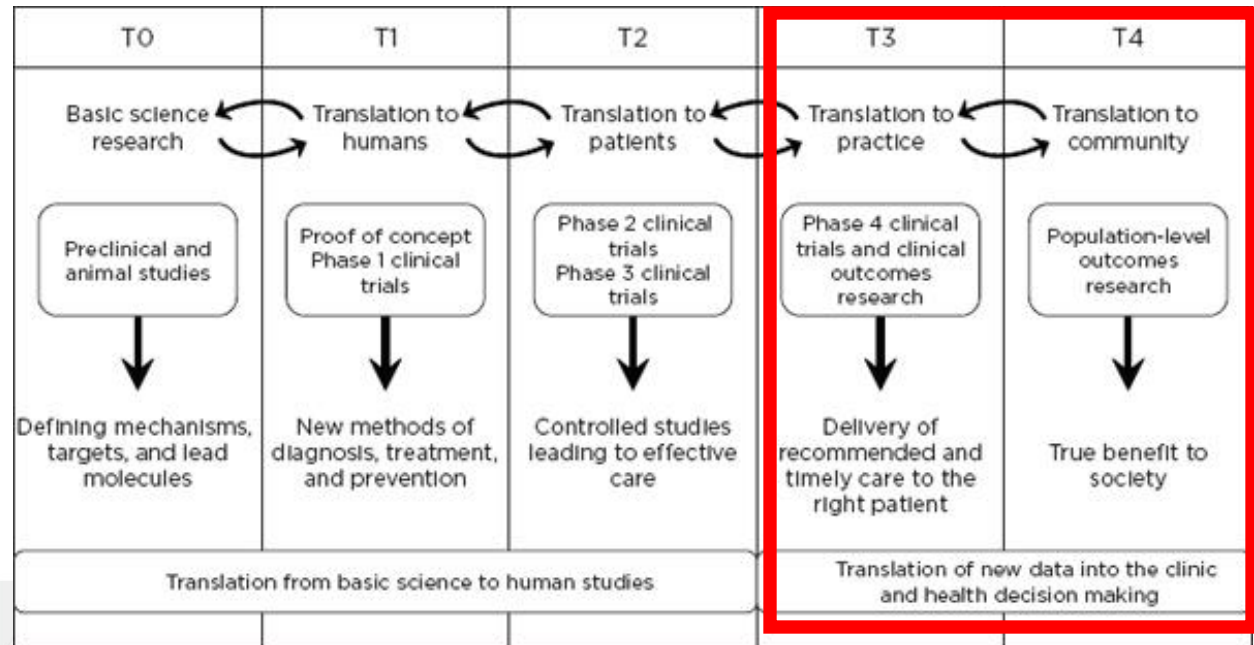
²Central Arkansas Veterans Healthcare System, 4300 W. 75th St, Little Rock, AR 72205, USA



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What is Implementation Science?

- IS asks about other outcomes once efficacy has been established.



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re-aim.org



Improving Public Health Relevance
and Population Health Impact



WELCOME TO RE-AIM AND PRISM: IMPLEMENTATION IN CONTEXT

RE-AIM and PRISM guide users to plan, implement, evaluate, and sustain programs with contextual factors in mind, increasing equity and public health relevance

START HERE TAKE A TOUR OF RE-AIM.ORG

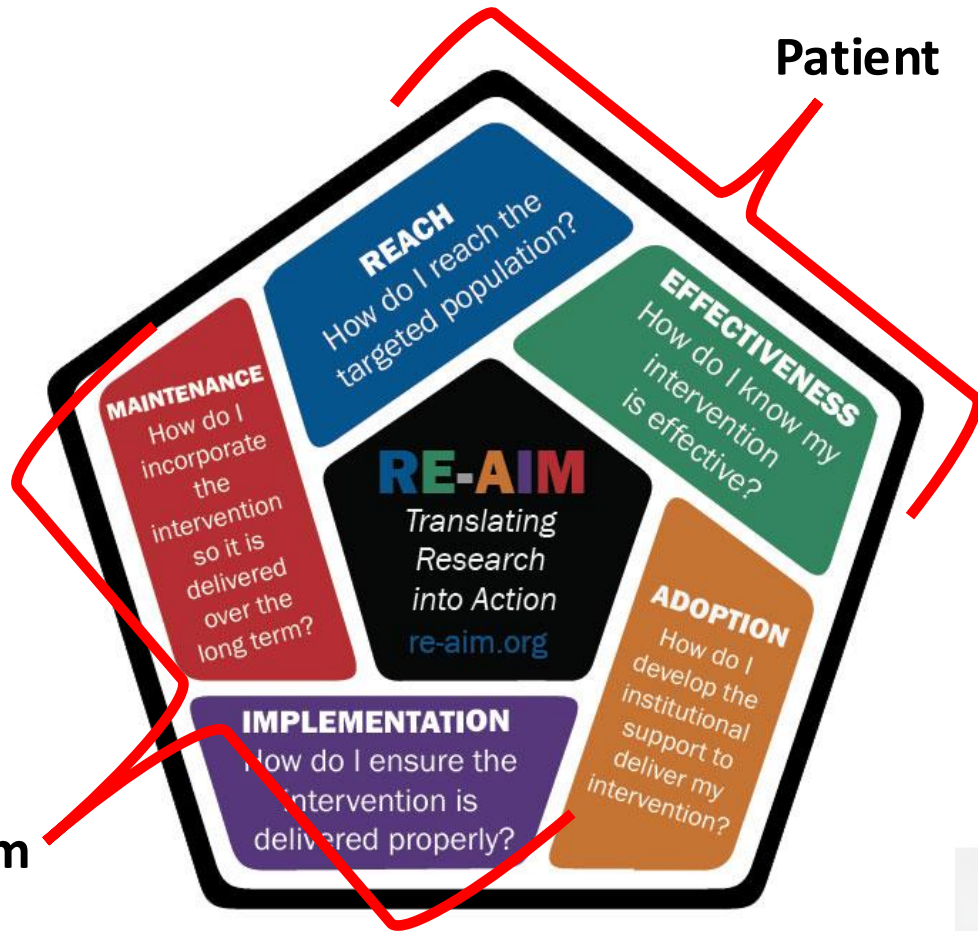


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System

Patient



RE-AIM Outcomes Cascade

ADOPTION

and type of settings that participate

Tailor to and **engage leaders, partners** having multiple perspectives and address history

Make implementation **feasible, low cost** and burden, and provide support

IMPLEMENTATION

Consistently deliver intervention and resources with quality

Multiple and diverse **tailored promotion** channels and increased access

REACH

(equity)
and type of citizens and families that participate

Utilize evidence-based resources and strategies; make data-based **adaptations**

EFFECTIVENESS

(equity)
and type of citizen and families that benefit (on what outcomes)

Provide ongoing **feedback**, support and **resources** for implementation

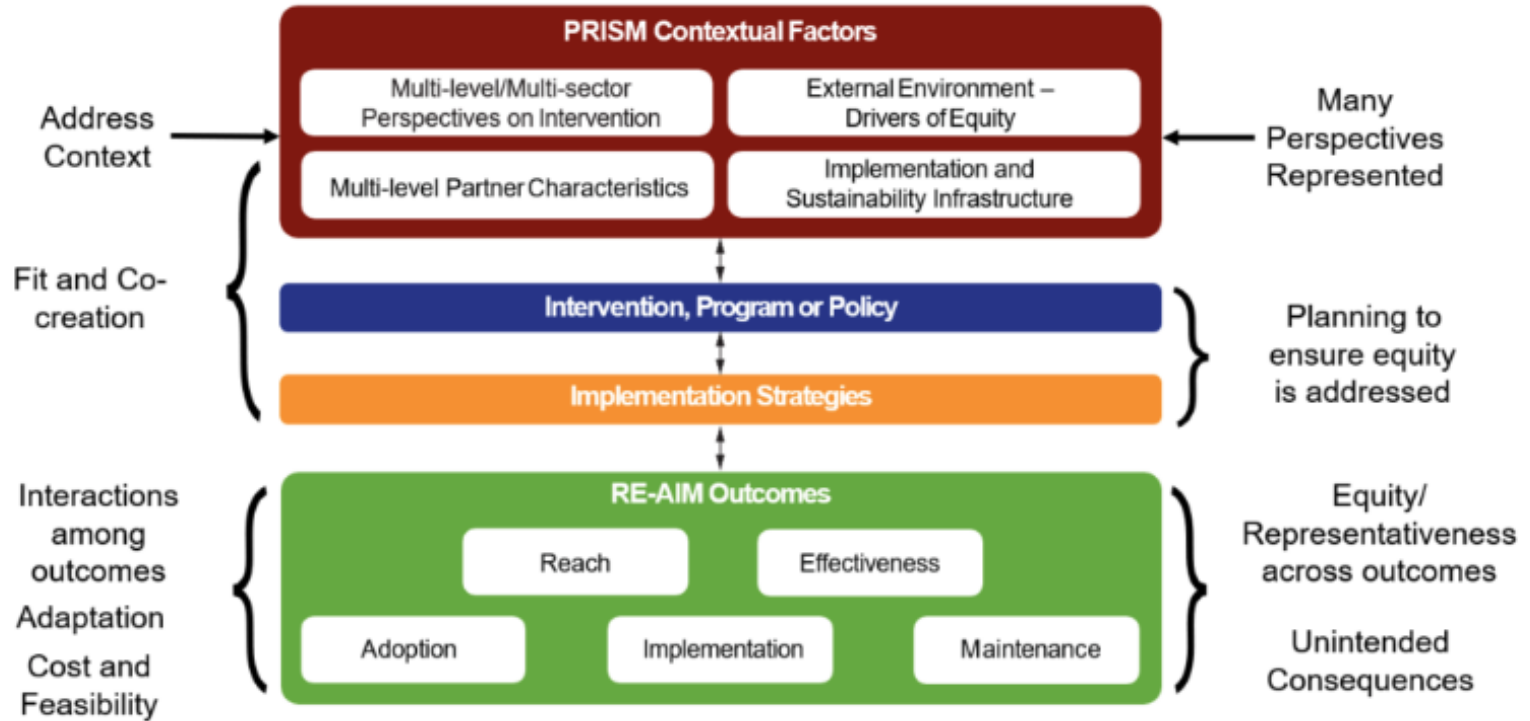
MAINTENANCE

Long-term implementation and effectiveness

Actions to address 1) 'drop off' and 2) representativeness at each step



How PRISM (and RE-AIM Outcomes) Address Equity Issues



Fort MP, Manson SM and Glasgow RE (2023). Applying an equity lens... *Front. Health Serv.* 3:1139788. doi10.3389/frhs.2023.1139788

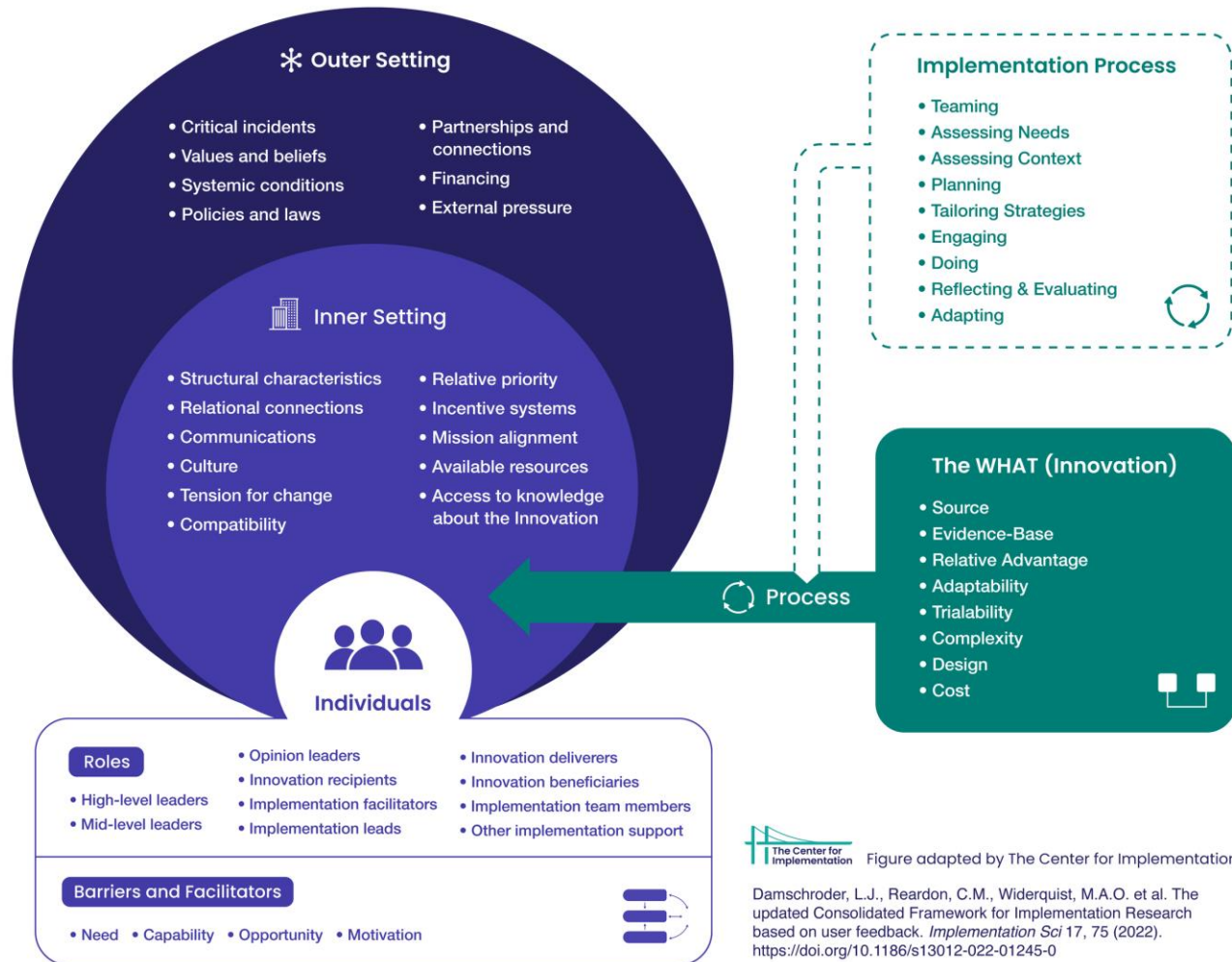


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Other frameworks

Consolidated Framework for Implementation Research (CFIR)



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Figure adapted by The Center for Implementation

Damschroder, L.J., Reardon, C.M., Widerquist, M.A.O. et al. The updated Consolidated Framework for Implementation Research based on user feedback. *Implementation Sci* 17, 75 (2022). <https://doi.org/10.1186/s13012-022-01245-0>

RE-AIM Scoring Instrument

Each item listed below is scored "Yes" if the information necessary to answer the item was reported in the main outcome study (or studies). If the information was not reported, the item is scored "No." Some items may be scored "N/A" (not applicable) if the item does not pertain to the design of the study.

Dimensions	Items
Reach	
Reach refers to the absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative, intervention, or program	
Exclusion Criteria (percentage and characteristics)	1) How many potential participants were approached?
	2) How many participants were deemed ineligible to participate?
	3) Of the participants meeting selection criteria, how many participants actually participated?
Percentage on the Valid Denominator	4) Was the percentage of all eligible invited participants who accepted participation reported? If not, can the percentage be calculated?
Characteristics of Participants Compared With Nonparticipants	5) Were the characteristics of those subjects choosing to participate and those unwilling to participate described? If yes, what was the representativeness of those who participated versus those who did not? Comparisons can be made with either nonparticipants or available resource data.
Effectiveness	
Effectiveness refers to the impact of an intervention on important outcomes, including potential negative effects, quality of life, and economic outcomes.	
Measure of the Effect Size	6) Were effect sizes for significant outcomes provided or can they be calculated?
Measure of Quality of Life or Potential Negative Outcome	7) Were there any qualitative or quantitative measures of quality of life or potential negative outcome?



If you cannot measure it,
you cannot improve it

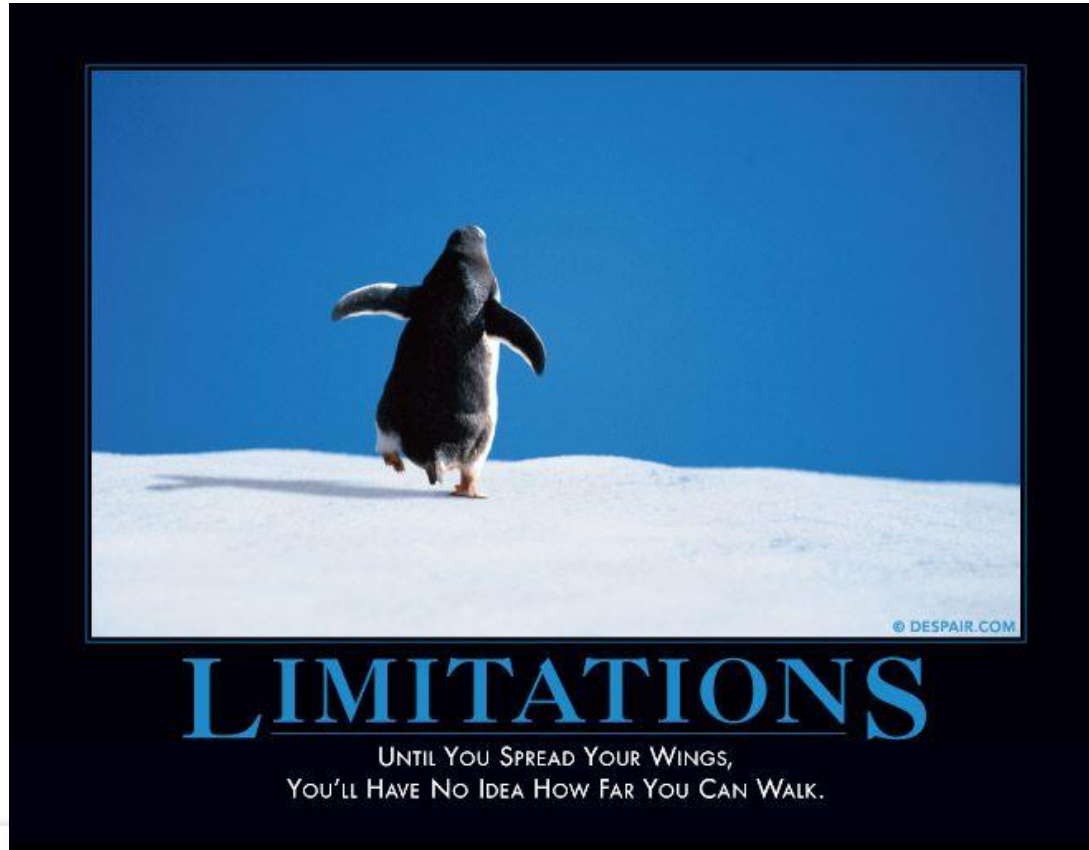
Peter Drucker 1909 - 2005



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Part 3: Systems to improve implementation science



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(sacubitril/valsartan) tablets
24/26mg • 49/51mg • 97/103mg

Angiotensin–Neprilysin Inhibition versus Enalapril in Heart Failure

John J.V. McMurray, M.D., Milton Packer, M.D., Akshay S. Desai, M.D., M.P.H., Jianjian Gong, Ph.D.,
Martin P. Lefkowitz, M.D., Adel R. Rizkala, Pharm.D., Jean L. Rouleau, M.D., Victor C. Shi, M.D.,
Scott D. Solomon, M.D., Karl Swedberg, M.D., Ph.D., and Michael R. Zile, M.D.,
for the PARADIGM-HF Investigators and Committees*

Outcome	LCZ696 (N = 4187)	Enalapril (N = 4212)
Primary composite outcome — no. (%)		
Death from cardiovascular causes or first hospitalization for worsening heart failure	914 (21.8)	1117 (26.5)
Death from cardiovascular causes	558 (13.3)	693 (16.5)
First hospitalization for worsening heart failure	537 (12.8)	658 (15.6)
Secondary outcomes — no. (%)		
Death from any cause	711 (17.0)	835 (19.8)
Change in KCCQ clinical summary score at 8 mo†	−2.99±0.36	−4.63±0.36
New-onset atrial fibrillation‡	84 (3.1)	83 (3.1)
Decline in renal function§	94 (2.2)	108 (2.6)

Home Run!?



Who Won The Home Run Derby 2025

EVIDENCE

ADOPTION

IMPLEMENTATION

REACH

MAINTENANCE

RTC: 20% RRR
25% Event rate
↓
5% ARR

Lost Opportunity and Waste



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EVIDENCE

RTC: 20% RRR
25% Event rate
↓
5% ARR

ADOPTION

Key settings
willing to put
into practice
↓
2.5% ARR

IMPLEMENTATION

REACH

MAINTENANCE

Systems not
adopting

Lost Opportunity and Waste



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EVIDENCE

RTC: 20% RRR
25% Event rate
↓
5% ARR

ADOPTION

Key settings
willing to put
into practice
↓
2.5% ARR

IMPLEMENTATION

Clinicians
consistently
delivering
with fidelity
↓
1.25% ARR

REACH

MAINTENANCE

Systems not
adopting

Providers not
using

Lost Opportunity and Waste



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EVIDENCE

RTC: 20% RRR
25% Event rate
↓
5% ARR

ADOPTION

Key settings
willing to put
into practice
↓
2.5% ARR

IMPLEMENTATION

Clinicians
consistently
delivering
with fidelity
↓
1.25% ARR

REACH

Vulnerable &
challenging
populations
receiving & adhering
↓
0.625% ARR

MAINTENANCE

Systems not
adopting

Providers not
using

Patients not
receiving

Lost Opportunity and Waste



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EVIDENCE

RTC: 20% RRR
25% Event rate
↓
5% ARR

ADOPTION

Key settings
willing to put
into practice
↓
2.5% ARR

IMPLEMENTATION

Clinicians
consistently
delivering
with fidelity
↓
1.25% ARR

REACH

Vulnerable &
challenging
populations
receiving & adhering
↓
0.625% ARR

MAINTENANCE

Sustained
↓
0.3% ARR

Systems not
adopting

Providers not
using

Patients not
receiving

Fatigue

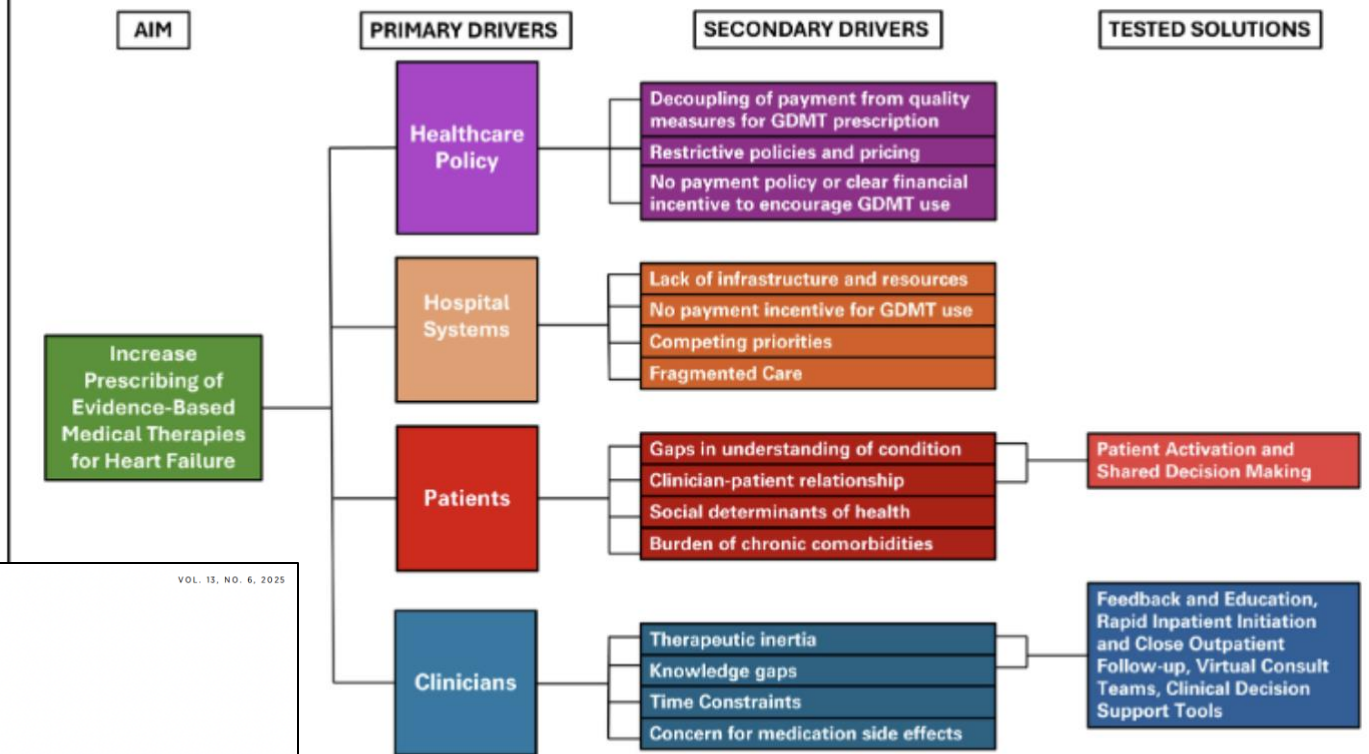
Lost Opportunity and Waste



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FIGURE 1 Key Drivers for the Evidence-Use Gap in Medical Therapy for Heart Failure



JACC: HEART FAILURE
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VOL. 13, NO. 6, 2025

STATE-OF-THE-ART REVIEW

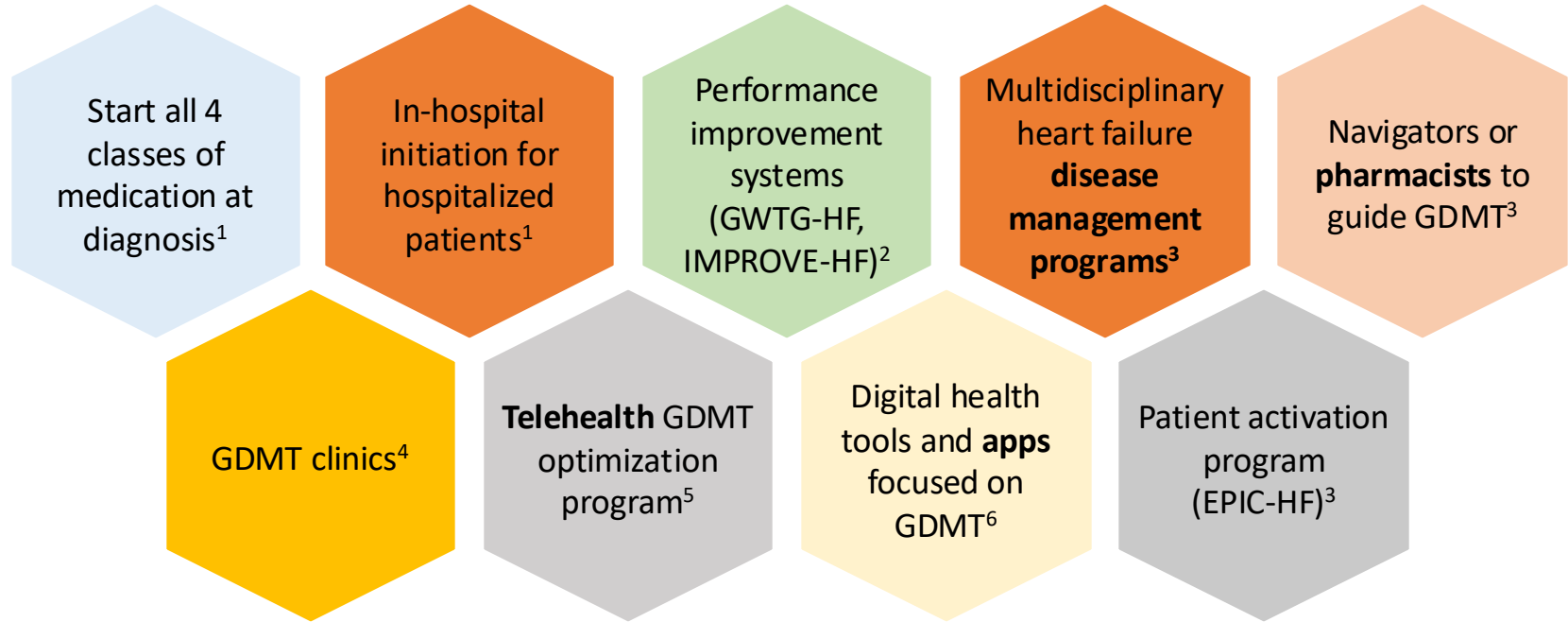
Failure to Launch

Insights From Randomized Trials on Implementation Strategies for Guideline-Directed Therapies for Heart Failure

Paula Rambarat, MD,^a Adam D. DeVore, MD, MHS,^{a,b} Ankeet S. Bhatt, MD, MBA, ScM,^{c,d} Larry A. Allen, MD, MHS,^e Colleen K. McIlvennan, PhD, DNP, ANP,^e Gad Cotter, MD,^{f,g,h} Amrita Mukhopadhyay, MD, MS,^{i,j} Tariq Ahmad, MD, MPH,^k Faraz S. Ahmad, MD, MS,^l Mitchell A. Psotka, MD, PhD^m

ing multifactorial barriers to decreased prescribing of heart failure therapies, organized by key domains as primary drivers. The specific view are listed in the boxes on the right of the diagram. As shown, each intervention targets a minority of the many drivers of several interventions targeting the same secondary driver. GDMT = guideline-directed medical therapy.

Multiple Strategies can Facilitate HF GDMT Use



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ADVISE

1. Greene SJ, et al. *JAMA Cardiol.* 2021. doi:10.1001/jamacardio.2021.0496. 2. Fonarow GC. *Circ J.* 2011;75:1783-1790. 3. Allen LA, et al. *Circulation.* 2021;143:427-437. 4. Balakumaran K, et al. *Int J Cardiol Heart Vasc.* 2019;22:1-5. 5. Thibodeau JT, et al. *Circulation.* 2020;142:1507-1509. 6. Kao DP, et al. *JACC Heart Fail.* 2020;8:223-233.

Registries for audit and feedback



Type to search...

Get With The Guidelines® - Heart Failure Overview

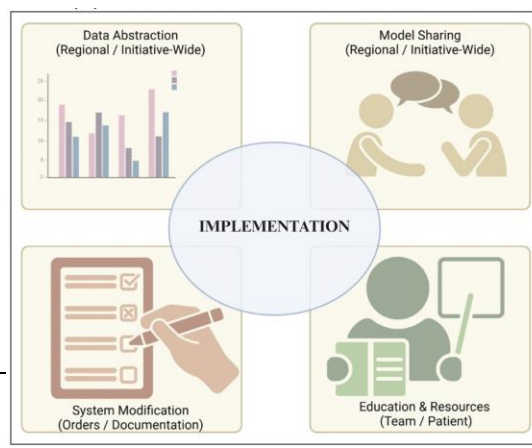
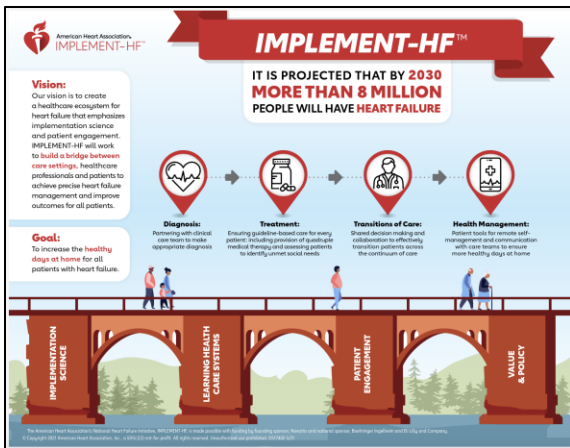
Quality improvement for patients. Performance improvement for hospitals.

Get With The Guidelines® - Heart Failure is an in-hospital program for improving care by promoting consistent adherence to the latest scientific treatment guidelines. Numerous published studies demonstrate the program's success in achieving significant patient outcome improvements. Among the proven results are reductions in 30-day readmissions, a measure now used by CMS in determining CMS reimbursement rates.

In addition to helping ensure full reimbursement, Get With The Guidelines - Heart Failure supports hospitals in a variety of ways, including:

- access to the most up-to-date research and scientific publications
- professional education opportunities, such as workshops and webinars
- clinical tools and resources
- patient education resources
- QI field staff support
- a competitive advantage in the healthcare marketplace
- national and local recognition for hospital team program achievement
- CMS data submission
- **performance feedback reporting for continuous quality improvement**

The screenshot shows the NCDR (National Cardiovascular Data Registry) website. The header includes the NCDR logo and the text 'QUALITY IMPROVEMENT FOR INSTITUTIONS' and 'AMERICAN COLLEGE OF CARDIOLOGY®'. The navigation bar has links for Home, ACC Quality Summit, About, Get Started, and News. A search bar is also present. The main content area features a large banner titled 'THE POWER BEHIND YOUR DATA' with a graphic of a hand holding a lightbulb. Below the banner, there is a section for 'NCDR Registries' and a list of registry types: Hospital and Ambulatory Care Settings, Registry Participant Login, Join a Registry, Data Collection, Performance Dashboards, ACC Public Reporting, Quality Payment Program, Participant Directory, and Data Quality. The footer mentions 'AFib Ablation Registry™'.



Circulation: Heart Failure

New online

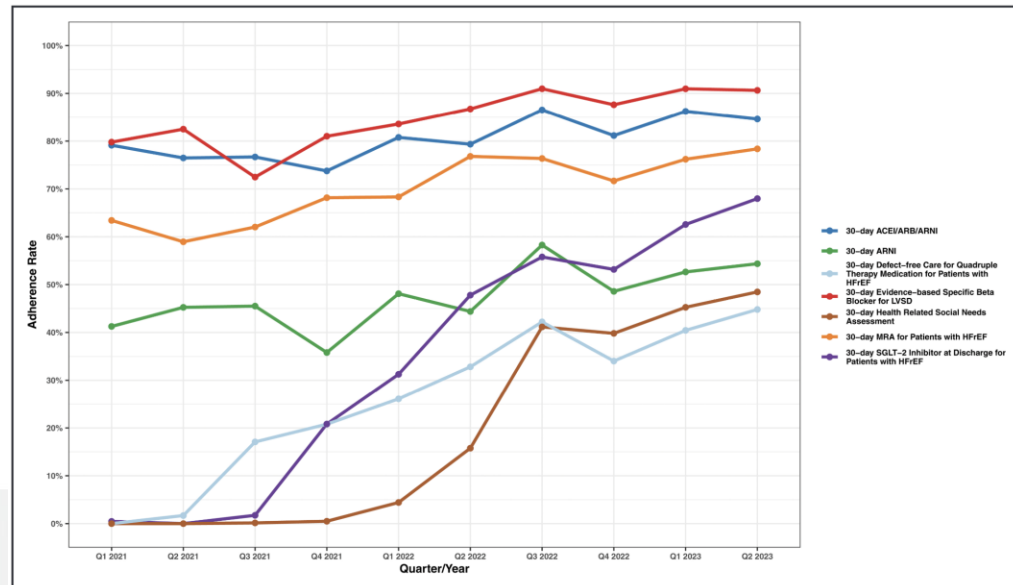
<https://doi.org/10.1161/CIRCHEARTFAILURE.124.012547>



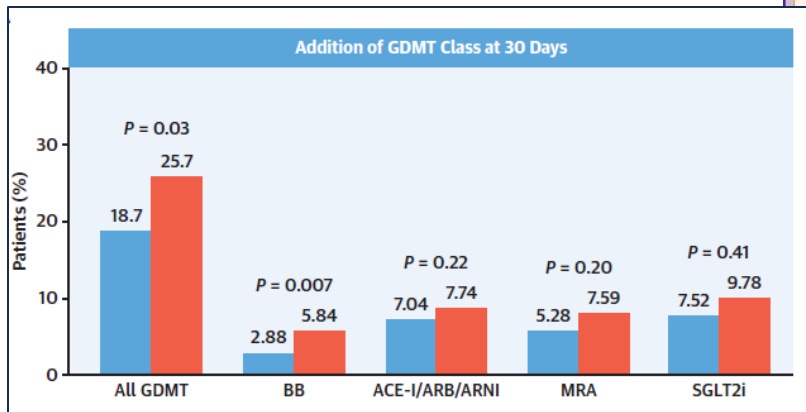
ORIGINAL ARTICLE

Multiregional Implementation Initiative's Impact on Guideline-Based Performance Measures for Patients Hospitalized With Heart Failure: IMPLEMENT-HF

Andrew J. Sauer, MD ^{1b}, Chandler Beon, BA ^{1b}, Sruthi Cherkur, MPH, CPHQ ^{1b}, Lynn Mallas-Serdynski, BSN, RN, CPHQ ^{1b}, Kathie Thomas, DHA, MPH ^{1b}, John Spertus, MD, MPH ^{1b}, Georges Chahoud, MD ^{1b}, Kanika P. Mody, MD ^{1b}, Mitchell T. Saltzberg, MD, MSc ^{1b}, Lee R. Goldberg, MD, MPH ^{1b}, JoAnn Lindenfeld, MD ^{1b}, Nancy Sweitzer, MD, PhD ^{1b}, Javed Butler, MD ^{1b}, Michelle M. Kittleston, MD, PhD ^{1b}, Ileana Pina, MD, MPH ^{1b}, Sara Paul, DNP ^{1b}, Eldrin F. Lewis, MD, MPH, Joyce Wald, DO ^{1b}, Larry A. Allen, MD, MHS ^{1b}, Mariell Jessup, MD ^{1b}, Michelle Congdon, MBA, CPHQ ^{1b}, Robin Kiser, RN, BSN, CPHQ ^{1b}, Clyde Yancy, MD, MSc, MACC ^{1b}, and Gregg C. Fonarow, MD ^{1b}



Decision support to help clinicians do the right thing (PROMPT-HF)



OurPractice Advisory - Cdorders, Amy

Very Important (1)

Optimize medications for your patient with HFrEF. [See CHF guidelines.](#)

↑ Improves QOL ↓ 15-20% Risk of death

RECOMMENDATION: Start evidence-based GDMT

Current Health Failure Therapies for this Patient

ARNi / ARB / ACE : **None**

Beta Blockers: **None**

MRA

Medication Name

spironolactone 25 mg tablet

Take 1 tablet by mouth daily.

SGLT2i

Medication Name

empagliflozin (JARDIANCE) 10 mg Tablet

Take 1 tablet by mouth daily.

Relevant Labs and Vitals

Reported EF (no units)		eGFRcr (CKD-EPI 2021)		Potassium (mmol/L)		BP Readings from Last 3 Encounters:		Pulse Readings from Last 3 Encounters:	
Date	Value	Date	Value	Date	Value				
09/11/2024	35	09/11/2024	57 (A)	09/11/2024	5.2 (A)	09/17/24 (I) 84/25		09/05/24	91
		09/11/2024	45 (A)	09/11/2024	5.1 (A)	09/11/24	99/69	09/11/24	78
		11/15/2023	39 (A)	07/11/2024	4.3	09/04/24	101/71	09/04/24	61

Open SmartSet

Do Not Open

HFrEF Guideline-Directed Medical Therapy [Preview](#)

Order

Do Not Order

HFrEF ARNi/ARB/ACE and Labs Panel

Order

Do Not Order

HFrEF Beta-blockers Panel

Acknowledge Reason (Action taken)

Med changes not clinically indicated

✓ Accept

Cancel



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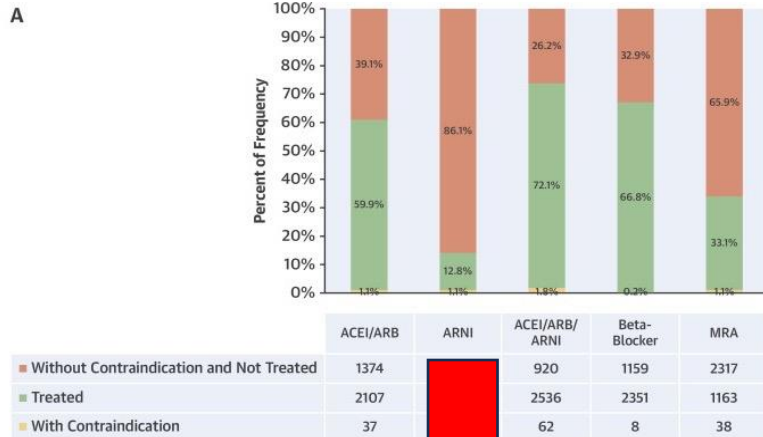
Ghazi, Wilson, Desai, Ahmad. **PROMT-HF**. J Am Coll Cardiol. 2022 Jun 7;79(22):2203-2213.

<https://pubmed.ncbi.nlm.nih.gov/35385798/>

Progress!

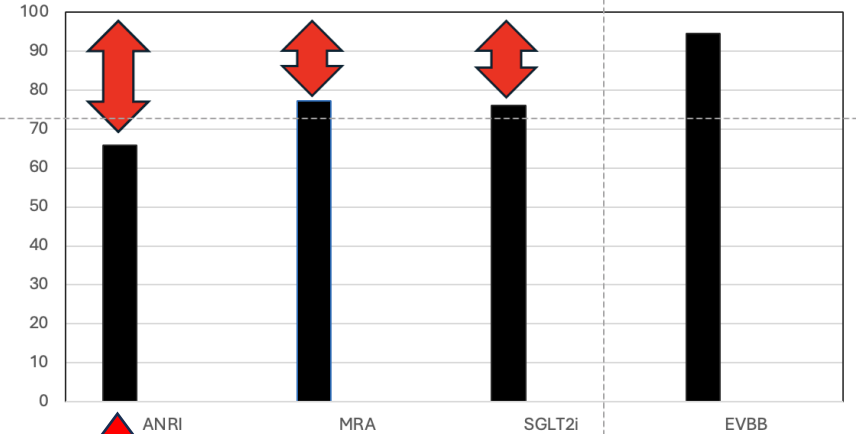
2017

CENTRAL ILLUSTRATION: Use and Dosing of Guideline-Directed Medical Therapy Among Patients With Chronic HFrEF in Contemporary U.S. Outpatient Practice



2024

**GWTG-HF 2024 data:
4-pillar Rx in HFrEF**

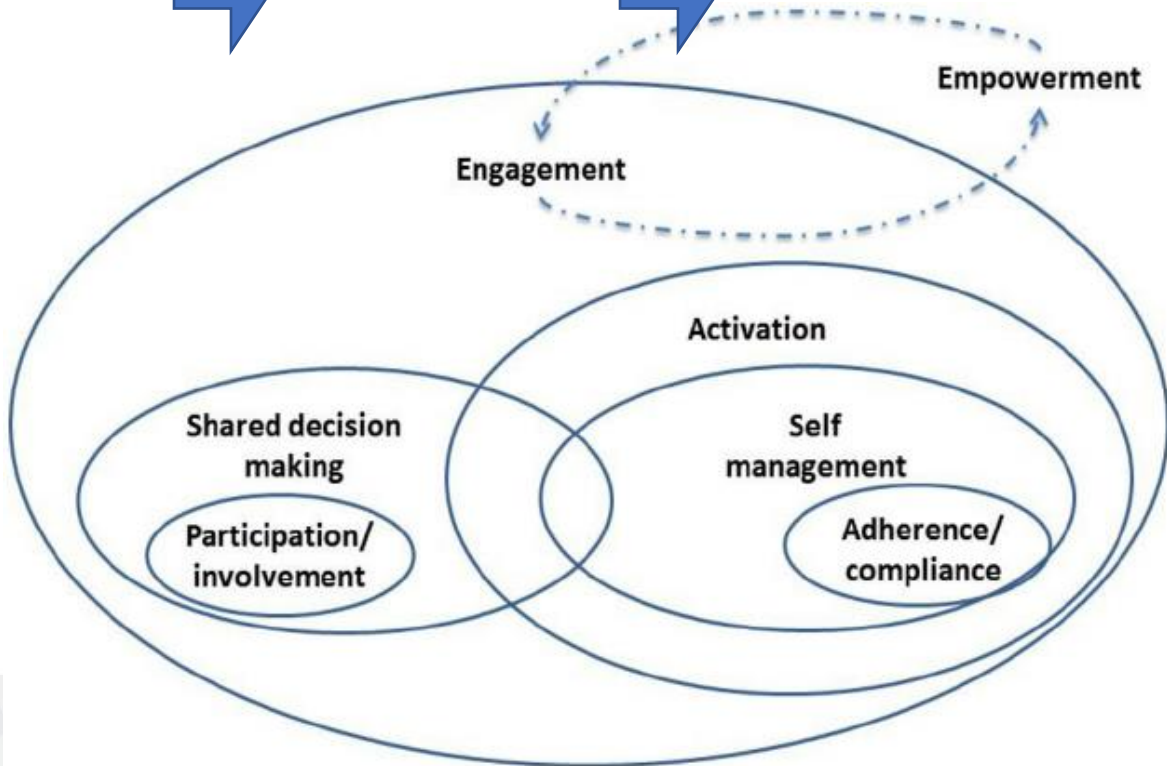


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Part 4: Patient engagement for IS

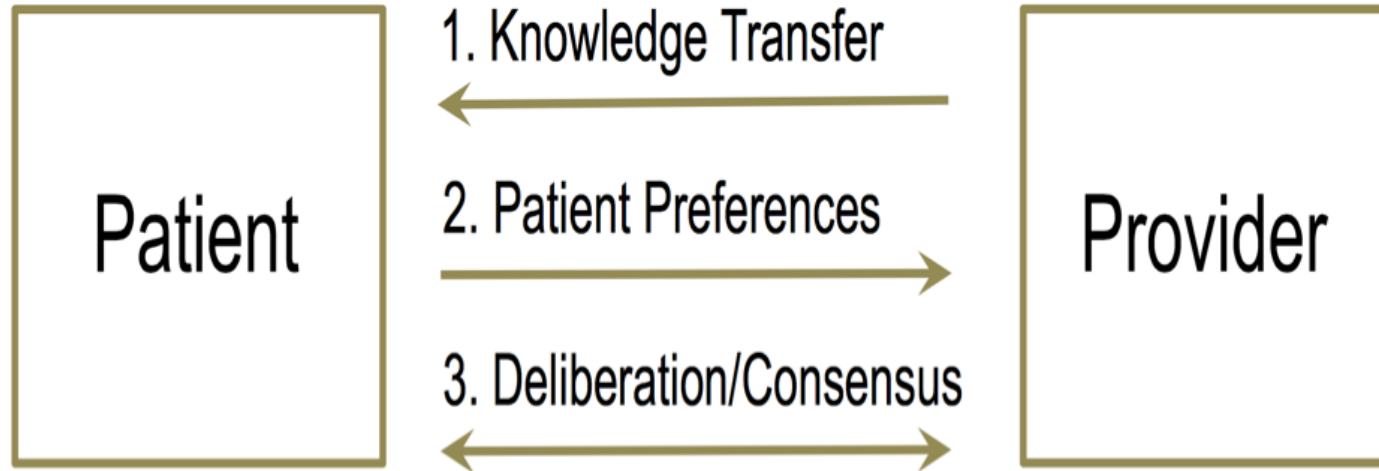
Compliant ➡ **Adherent** ➡ **Engaged** ➡ **Empowered**



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Implementation that includes shared decision making



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Guidelines that recognize patient preferences and recommendation limitations

CLINICAL PRACTICE GUIDELINE

2024 AHA/ACC/AMSSM/HRS/PACES/SCMR Guideline for the Management of Hypertrophic Cardiomyopathy

A Report of the American Heart Association/American College of Cardiology
Joint Committee on Clinical Practice Guidelines

4. SHARED DECISION-MAKING

Recommendation for Shared Decision-Making

Referenced studies that support the recommendation are summarized in the [Online Data Supplement](#).

COR	LOE	RECOMMENDATION
1	B-NR	1. For patients with HCM or at risk for HCM, shared decision-making is recommended in developing a plan of care (including, but not limited to, decisions regarding genetic evaluation, activity, lifestyle, and therapy choices) that includes a full disclosure of the risks, benefits, and anticipated outcomes of all options, as well the opportunity for the patient and caregivers to express their goals and concerns. ¹⁻⁵



Activating patients via direct-to-consumer tools to engage in prescribing of high-value care (EPIC-HF)



Figure 3. Medication intensification from predi to 30-days later, stratified by treatment assignment. Further details can be found in Table 1 of the Data Supplement. ACE-I indicates angiotensin-converting enzyme inhibitor; ARB, angiotensin receptor blocker; ARNI, angiotensin receptor neprilysin inhibitors; and GDMT, guideline-directed medical therapies.

HeartMeds Guide



Work with your doctor for *ONE Positive Change!*

Below is a chart that shows the different heart failure medicines. Please:

1. **Bring to your next clinic appointment** to discuss with your clinician, and if you are able:
2. Check off **which medicines** you take in the "Type of Medicine" and "Common Names of Medicine" columns.
3. Fill in the **dose of medicine** that you take each day in the "My Current Daily Dose" column.

Type of Medicine	Common Names of Medicine (Brand Name) Select 1 medicine in each medicine type	My Current Daily Dose	Target Dose	Cost *
<input type="checkbox"/> Adrenaline Blocking (beta blocker)	<input type="checkbox"/> Carvedilol (Coreg)		25-50 mg 2x per day	\$
	<input type="checkbox"/> Metoprolol Succinate (Toprol XL)		200 mg daily	\$
	<input type="checkbox"/> Bisoprolol (Zebeta)		10 mg daily	\$
<input type="checkbox"/> Blood Vessel Relaxing* (ARNI/ACE/ARB)	<input type="checkbox"/> Sacubitril/Valsartan (Entresto) [Recommended drug from this group]		97/103 mg 2x per day	\$\$\$
	<input type="checkbox"/> Lisinopril (Prinivil or Zestril)		20-40 mg daily	\$
	<input type="checkbox"/> Enalapril (Vasotec)		10-20 mg 2x per day	\$
	<input type="checkbox"/> Losartan (Cozaar)		50-150 mg daily	\$
	<input type="checkbox"/> Candesartan (Atacand)		32 mg daily	\$
	<input type="checkbox"/> Valsartan (Diovan)		160 mg 2x per day	\$
<input type="checkbox"/> Potassium Raising (MRA)	<input type="checkbox"/> Spironolactone (Aldactone)		25-50 mg daily	\$
	<input type="checkbox"/> Eplerenone (Inspra)		50 mg daily	\$
<input type="checkbox"/> Sodium Glucose Eliminating* (SGLT inhibitors)	<input type="checkbox"/> Dapagliflozin (Farxiga)		10 mg daily	\$\$\$
	<input type="checkbox"/> Empagliflozin (Jardiance)		10 mg daily	\$\$\$
	<input type="checkbox"/> Sotagliflozin (Inpefa)		200-400 mg daily	\$\$\$

☐ Water Pill (diuretic)

☐ OTHERS to consider

☐ Furosemide (Lasix)
☐ Bumetanide (Bumex)
☐ Torsemide (Demitor)

☐ Hydralazine (Apresoline)
☐ Ivabradine (Coron)
☐ Digoxin (Lanoxin)
☐ Verapamil (Calan)

Making Sure Your Heart Failure Medications are Right for YOU!

Remember: **YOU** are the treatments

For more details on medication, visit www.heartmedsguide.com

Key: ARNI=angiotensin receptor-neprilysin inhibitor; ACE-I=angiotensin-converting enzyme inhibitor; ARB=angiotensin receptor blocker; SGLT=Sodium-glucose cotransporter 2 inhibitor; MRA=Mineralocorticoid receptor antagonist; GDMT=Guideline-directed medical therapy.

Allen et al. **EPIC-HF**. Circulation. 2021 Feb 2;143(5):427-437.

<https://pubmed.ncbi.nlm.nih.gov/33201741/>

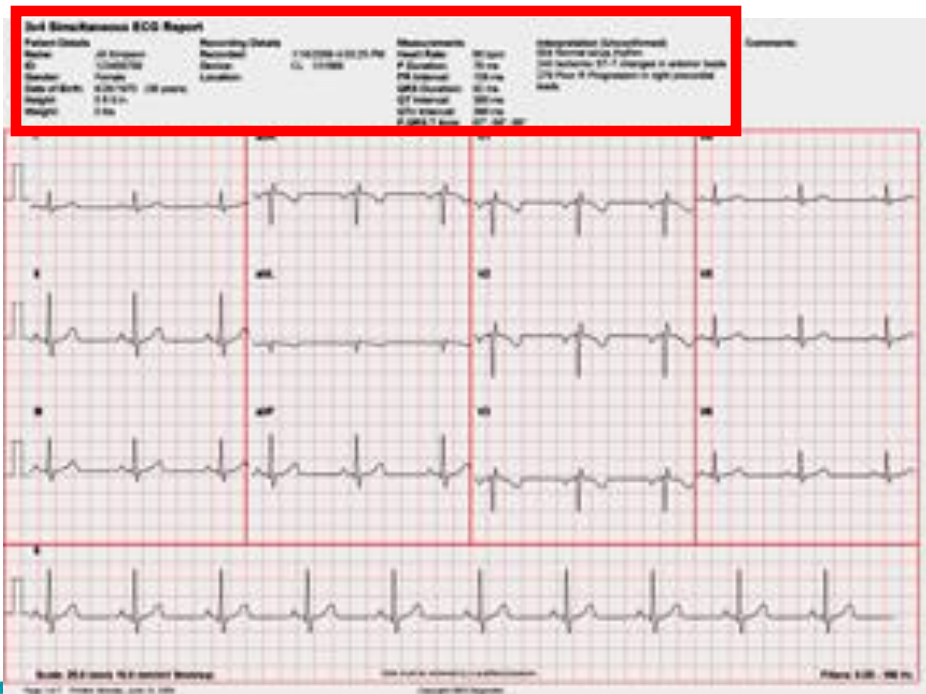
Part 5: Technology to facilitate IS



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Wins in AI to date often for clinician tasks



NEJM

Catalyst

Innovations in Care Delivery

COMMENTARY

Ambient Artificial Intelligence Scribes to Alleviate the Burden of Clinical Documentation

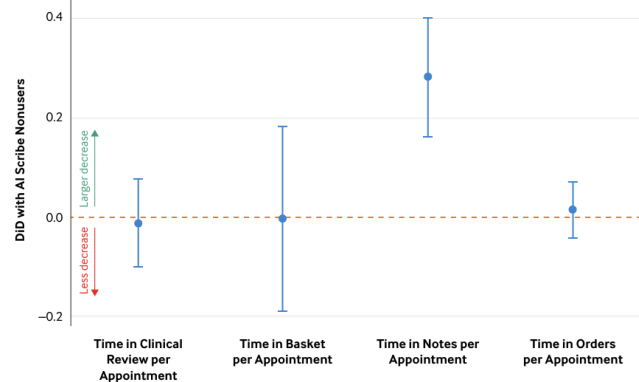
Aaron A. Tierney, PhD, Gregg Gayre, MD, Brian Hoberman, MD, MBA, Britt Mattern, MBA, Manuel Balleca, MD, Patricia Kipnis, PhD, Vincent Liu, MD, MS, Kristine Lee, MD

Vol. 5 No. 3 | March 2024

DOI: 10.1056/CAT.23.0404

Ambient Artificial Intelligence (AI) Scribe Intervention: Before-and-After Metrics: Continued

Panel B. Primary Care Physician Time Spent in Appointment-Related Activities



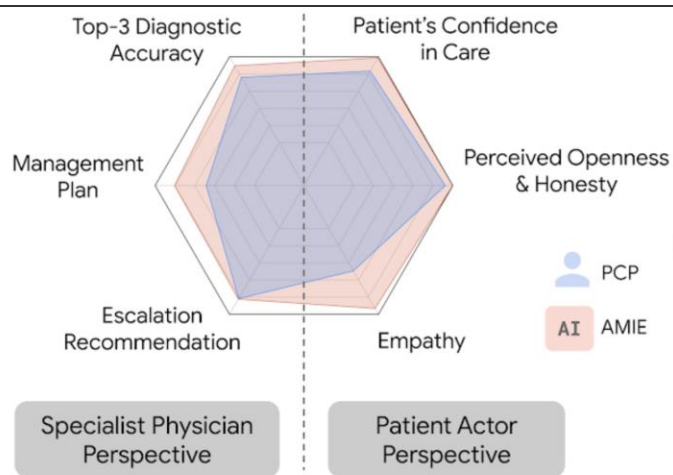
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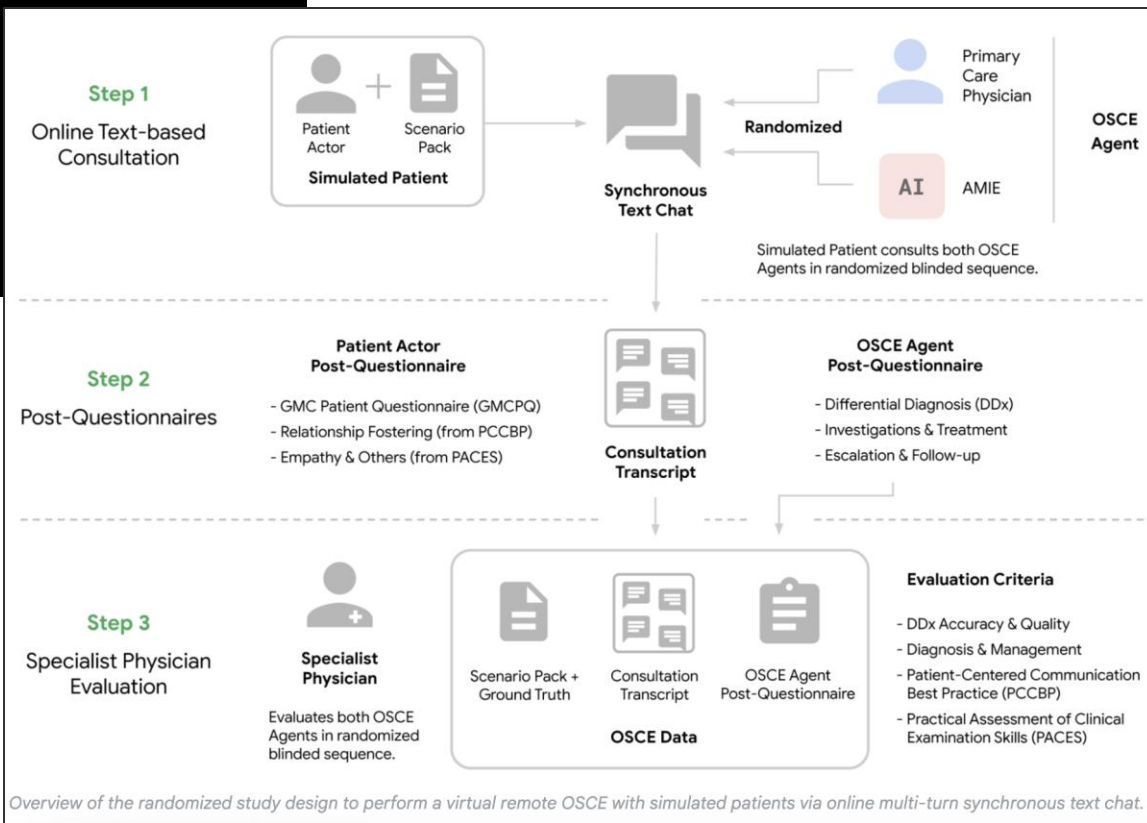
[Home](#) > [Blog](#) >

AMIE: A research AI system for diagnostic medical reasoning and conversations

January 12, 2024 · Posted by Alan Karthikesalingam and Vivek Natarajan, Research Leads, Google Research



AMIE outperformed PCPs on multiple evaluation axes for diagnostic dialogue in our evaluations.



Overview of the randomized study design to perform a virtual remote OSCE with simulated patients via online multi-turn synchronous text chat.


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Skip the clinician?

New Online Views 1,512 Citations 0 Altmetric 6

Viewpoint | AI in Medicine

FREE

February 24, 2025

How AI Could Reshape Health Care—Rise in Direct-to-Consumer Models

Kenneth D. Mandl, MD, MPH^{1,2}

[» Author Affiliations](#) | [Article Information](#)

JAMA. Published online February 24, 2025. doi:10.1001/jama.2025.0946

A time may be approaching when wise patients demand artificial intelligence (AI)-informed care as a standard of quality. How this expectation will be met remains unclear; indeed, AI may put the health system at a crossroads. Even at this formative stage, and despite limitations,¹ predictive AI and large language models (LLMs) show potential for accurately diagnosing² and prognosticating across domains, including medicine, pathology,³ and radiology.

What could go wrong?

"The secret of the care for the patient is caring for the patient." Francis Peabody

<https://images.app.goo.gl/jM5c4auTjMM9dc76A>



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Conclusions

1. US healthcare must get better *for everyone*.
2. Implementation science is critical to a healthy health care system of the future.
3. More of us need to understanding, appreciate, and deploy the tools of implementation science going forward.
4. Patient / public engagement in implementation is vital to its success.
5. Technology, particularly AI, has the potential to improve and accelerate implementation, but will require attention to biases and other shortcomings.



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Implementation Science

ACC Evolution and Framework

Ankeet S. Bhatt, MD, MBA, ScM

Associate Physician, Kaiser Permanente San Francisco Medical Center

Research Scientist, KPNC Division of Research

Adjunct Professor, Stanford University School of Medicine

ACC Industry Advisory Forum

July 17, 2025

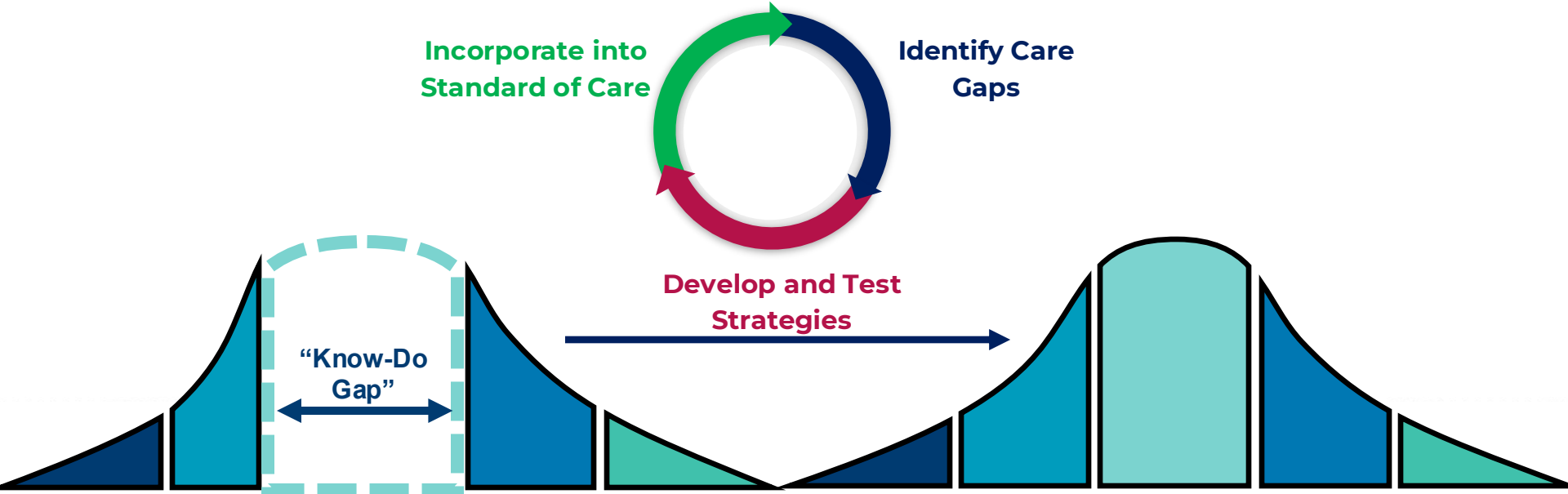
Washington, DC, USA



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Implementation Science

“...the scientific study of methods and strategies that facilitate the uptake of evidence-based practice and research into regular use by practitioners and policymakers.”



History of Implementation Science at ACC

- **Guidelines Applied in Practice – early 2000s**
- **Care Embedded Implementation of GDMT - 2020**
 - **TRANSFORM Portfolio (T3, CVRiD, Post ACS)**
- **System/Nationwide Implementation - 2023**
 - **Driving Urgency in LDL-C Screening**
 - **Improving Adult Respiratory Virus Vaccination**

SMARTCare:

Data Driven Shared Decision Making

CMMI Grant Recognizes Value of SMARTCare | Cardiology Magazine

Aug 19, 2014

Cardiology Magazine



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Font Size A A A

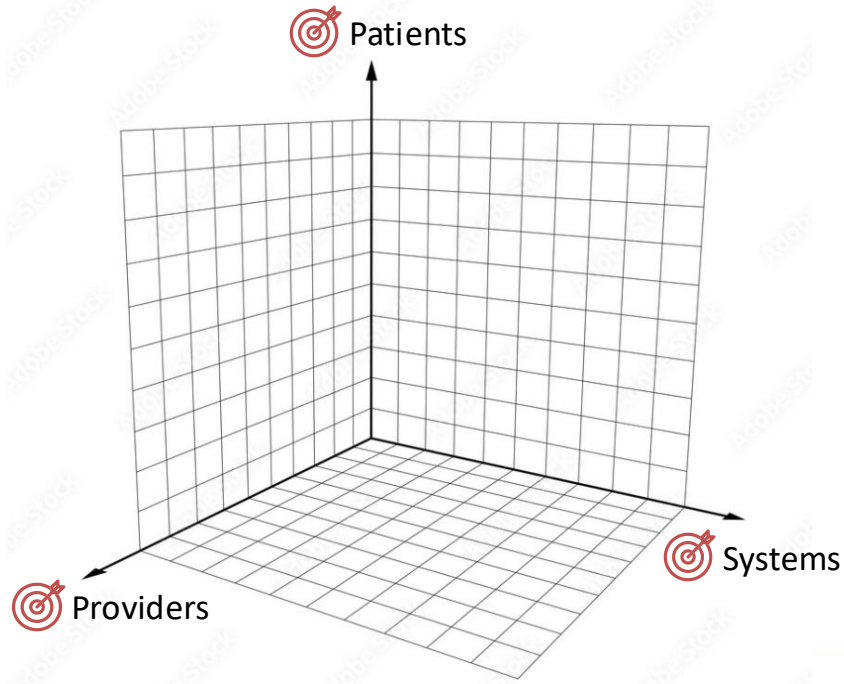
The Pulse of ACC | The Center for Medicare and Medicaid Innovation (CMMI) recently awarded the ACC a \$15.8 million grant to support SMARTCare pilot projects in Florida and Wisconsin – one of the largest grants awarded by CMMI to date.

The innovative pilots, developed by the ACC's Florida and Wisconsin chapters, aim to reduce health care costs by providing tools to help doctors and patients communicate about options for their care while helping physicians apply the latest guidelines to the decision-making process.

"We believe involving patients in an evidence-based decision-making process is the best way to improve outcomes while providing the highest value for the health care dollar," said ACC President **Patrick T. O'Gara, MD, FACC**. "This grant will give us an opportunity to demonstrate how data from clinical registries can be leveraged to enhance physician/patient communication."

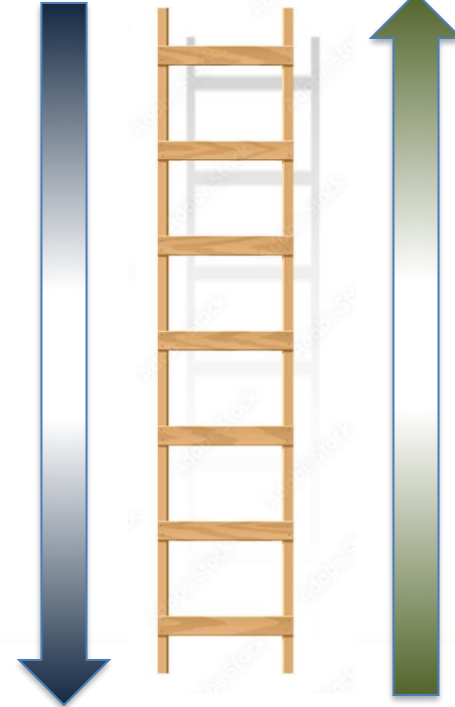
CMMI grants were established to foster health care transformation by identifying and supporting innovative models that establish new ways to pay for and deliver care that improve care while lowering costs. The SMARTCare model is expected to save 10 participating sites \$42.2 million over the three-year pilot program, while also improving the decision-making process to benefit patients.

Implementation Science in Heart Failure



Weaker Intervention

Greater Scalability



Stronger Intervention

Less Scalability

Evolution of Implementation Science Framework

- Distinct from traditional studies, implementation science need to move beyond traditional outcomes alone.
- Evaluate the entire progress for optimal integration into care.
 - Is the process reproducible?
 - What process metrics account for benefit/lack thereof?

Evolution of Implementation Science Framework



ACC Announces TRANSFORM: ACS Designed to Accelerate Initiation of Lipid Lowering Therapies in ACS Patients

Dec 15, 2020

ACC News Story



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The ACC, collaboration with Amgen and Veradigm, has announced a new national study to transform care for acute coronary syndrome (ACS) patients at risk for future cardiovascular events. TRANSFORM: Accelerating Lipid Lowering Post ACS (TRANSFORM: ACS) will ensure ACS patients quickly receive cholesterol testing in the hospital and guideline-recommended therapies to reduce LDL cholesterol in the hospital and upon discharge.

The primary goal of the TRANSFORM: ACS program will be to improve the rate of lipid panel testing and lipid lowering treatment intensification in ACS patients within 75 days after hospital discharge. Rapid cholesterol testing after a cardiovascular event within the hospital is hypothesized to drive initiation of lipid lowering treatment within the first year post ACS, which could increase compliance and help patients avoid events more rapidly than current standard of care.

"Research has noted gaps in optimal care delivery for ACS patients. Our collaborative study will investigate mechanisms for early initiation, and test pilots for close follow-up of lipid lowering therapies," said ACC President **Athena Poppas, MD, FACC**. "ACC is mission driven to transform cardiovascular care for all patients, and this novel approach should reduce the risk of recurrent major adverse events."

The project will have two phases. Phase one will focus on supporting in-hospital lipid lowering treatment of post-ACS patients as



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DRIVING URGENCY
IN **LDL SCREENING**

LDL-C isn't just a number ...

[LEARN MORE](#)



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**Nearly 1 out of 2 survivors of
heart attack and stroke don't
know their LDL-C.**

[LEARN MORE](#)



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**Every 40 seconds someone
has a heart attack.**

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**Many people prescribed
a statin don't stay on it.**

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**Checking LDL-C isn't
one and done.**

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**High LDL-C - what patients call
the "bad" cholesterol - can lead
to heart attacks and strokes.**

[LEARN MORE](#)



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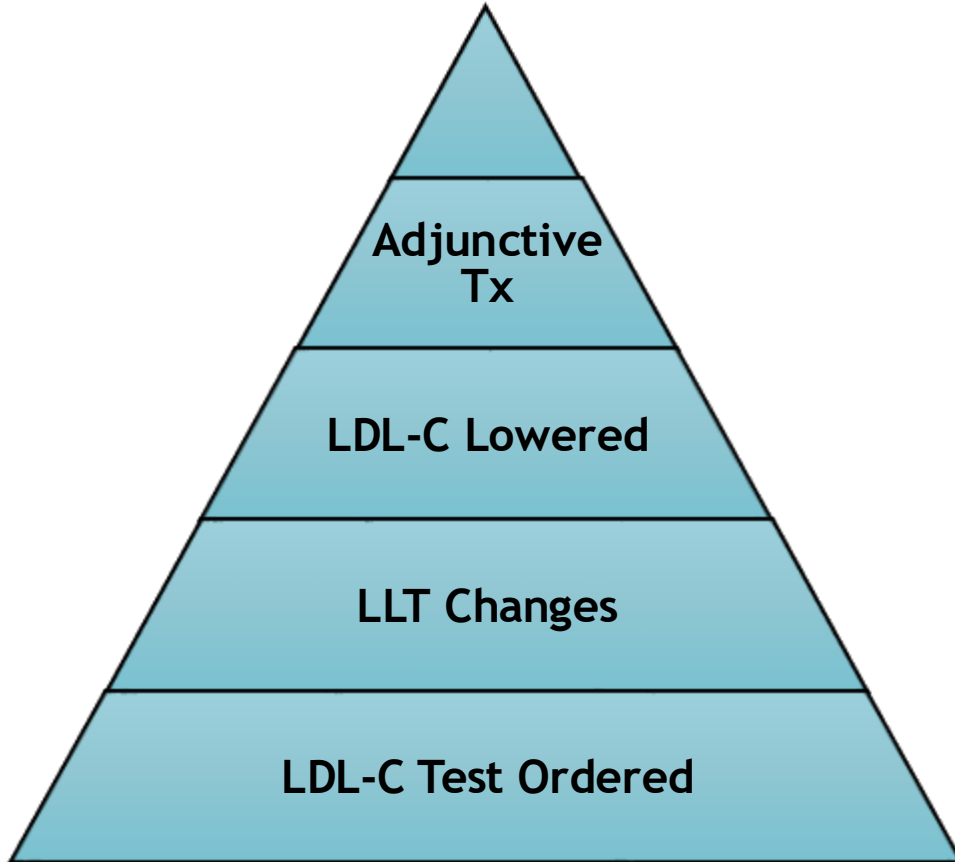
Early Messaging Statistics

Row Labels	Sum of Total impressions	Sum of Total clicks	Sum of CTR
ASCVD Series 1	112,292	67	0.06%
ASCVD Series 2	112,650	61	0.05%
ASCVD Series 3	124,683	64	0.05%
ASCVD Series 4	124,060	80	0.06%
ASCVD Series 5	125,051	65	0.05%
ASCVD Series 6	124,722	59	0.05%
ASCVD Series 7	763,406	406	0.05%
LDL Series 1	277,346	165	0.06%
LDL Series 2	261,364	122	0.05%
LDL Series 3	261,224	121	0.05%
LDL Series 4	161,228	91	0.06%
LDL Series 5	161,161	90	0.06%
LDL Series 6	161,358	91	0.06%
Perf Metric Series 1	101,520	39	0.04%
Perf Metric Series 2	47,646	16	0.03%
Perf Metric Series 3	102,049	48	0.05%
Total	3,021,760	1585	0.05%

Veradigm CTR Benchmark
Average: 0.03%



Early Clinical Observations



	Change from Pre-Implementation Baseline
Guideline Based LDL-C Testing	+
LDL-C	-
LLT Rx	+

Dashboard Sign-up Iterative Success

Two email campaigns:

- #1 General Campaign: An informational email sent to ***all eligible practices*** who are currently in one of the three project cohorts, about 34,000 providers.
- #2 Targeted Follow Up Campaign: A more targeted email sent to those practices that ***had clicked on the ad*** from within the EHR, but did not follow up, about 250 providers.



DRIVING URGENCY IN **LDL SCREENING**

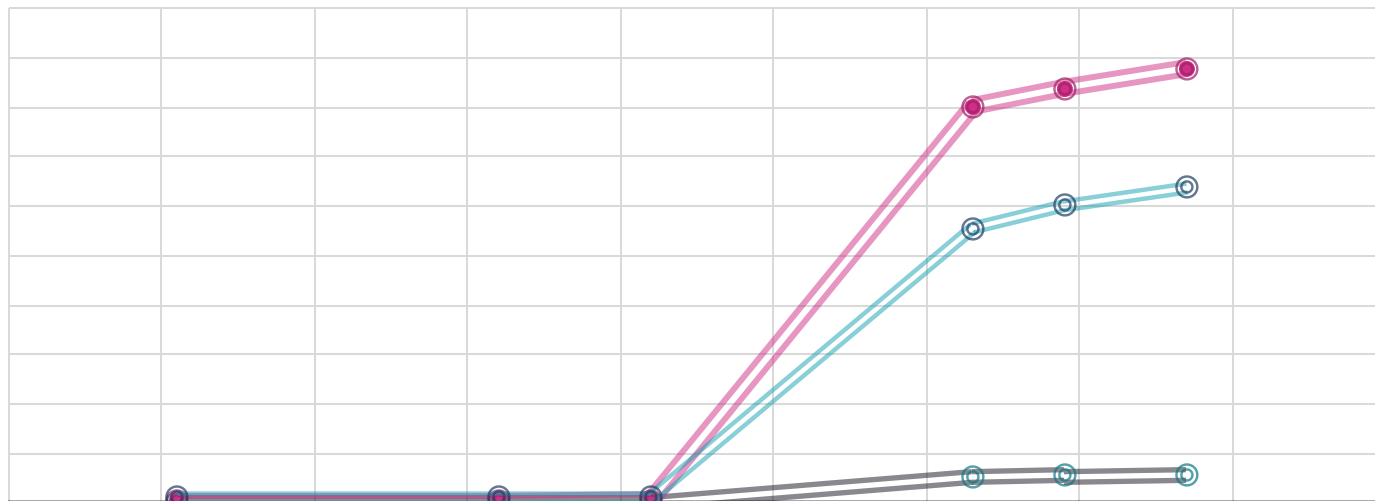


Metrics Two Weeks Post E-mail

— Practices (BAAs Signed)

— Total Landing Page Views

— Total Users (Staff, Nurse, Provider)



3/29/2024 4/8/2024 4/18/2024 4/28/2024 5/8/2024 5/18/2024 5/28/2024 6/7/2024 6/17/2024 6/27/2024



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DRIVING URGENCY IN **LDL SCREENING**



Higi Retail Pharmacy Messaging



Tired of hearing about flu? Your heart is too.

Each infection can set off a series of reactions in your body that can trigger a heart attack. But the flu vaccine can cut the risk of heart attacks by nearly half.*

**Protect your heart.
Ask for a flu shot today.**

*<https://world-heart-federation.org/wp-content/uploads/WHF-Influenza-Infographic-Landscape-26102021.pdf>



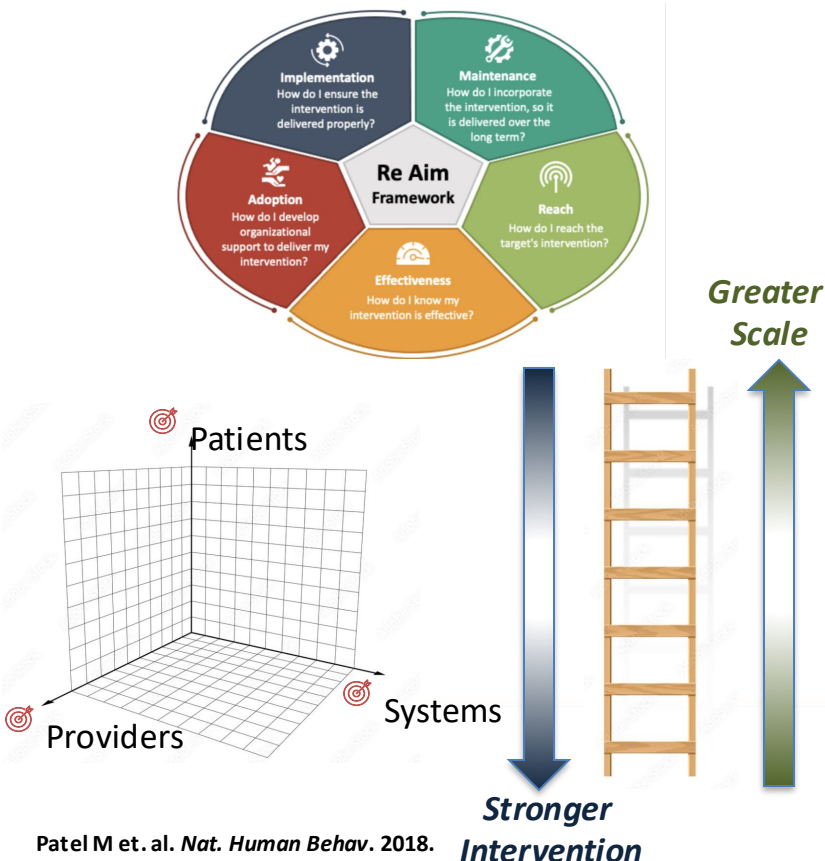
Worried about side effects from a vaccine? It's important to get the facts.

Vaccines are among the most studied medicines. They're also the best way to prevent serious illnesses from flu or COVID.*

Protect your heart. Ask for a flu or COVID shot today.

*<https://www.cdc.gov/flu/prevent/keyfacts.htm>
<https://www.njda.org/infectious-diseases/covid-19/>

Implementing Implementing Science ... Yet Another Hill to Climb



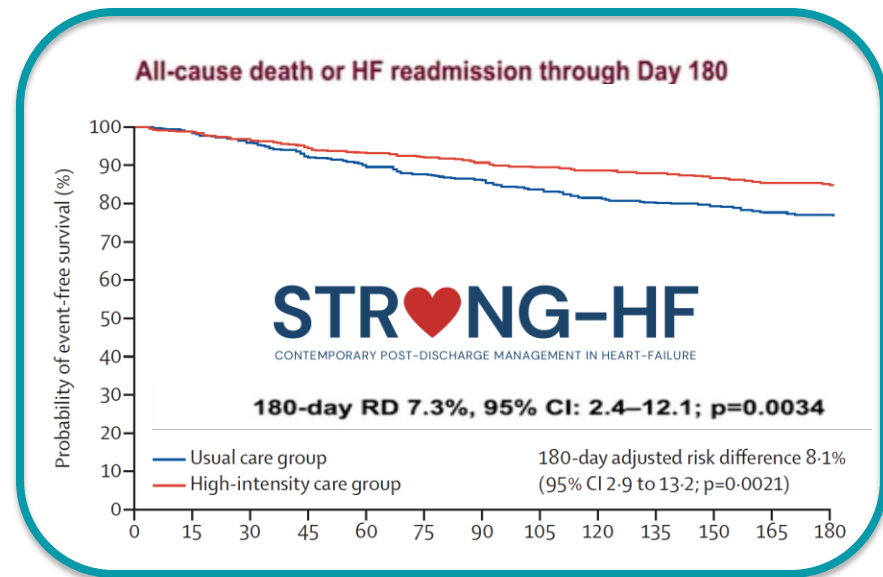
1. How **scalable** is the solution?
2. What portions require manual attention and what can be **automated/tech enabled**?
3. Can we estimate **resources + costs**?
4. If the benefits are self-sustaining, can we **model upfront investments** needed?

Development of effective implementation partnerships are needed

Partnerships for Implementation Success

To facilitate incorporation into guideline recommendations, effectiveness analyses should aim to include diverse sites and assess pertinent clinical + implementation outcomes.

- Potential applications of a win ratio (implementation + PRO + clinical outcomes)?
- Leverage ACC's deep site networks for large scale CKM implementation.



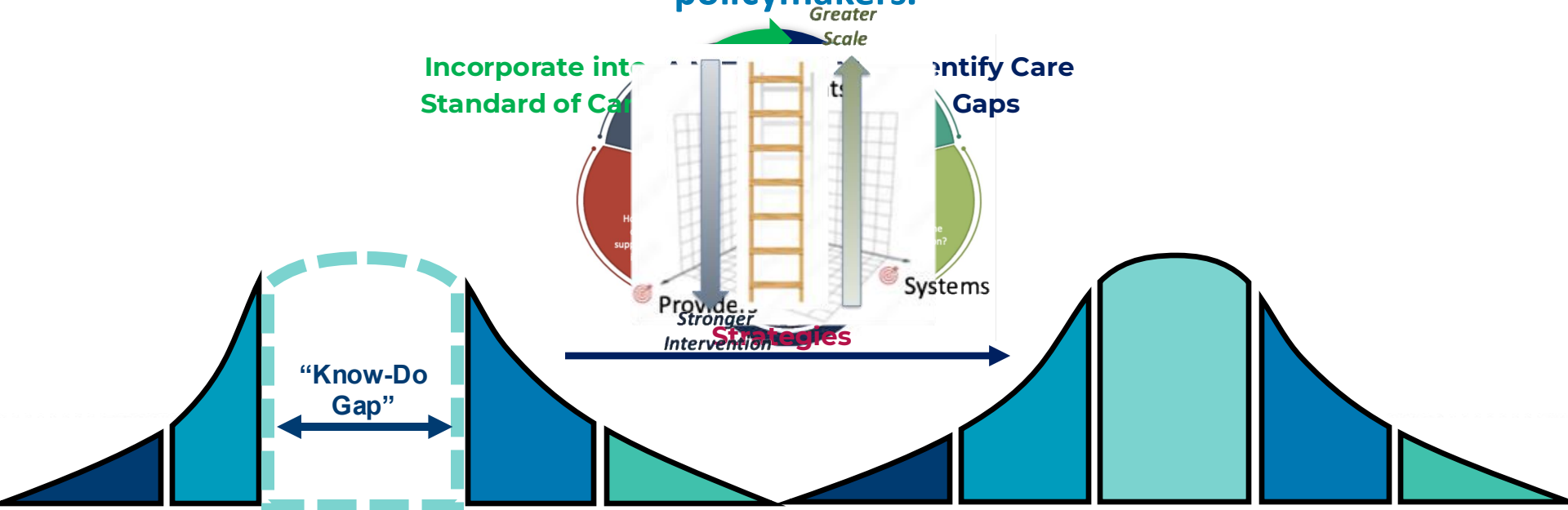
Recommendation	Class ^a	Level ^b
An intensive strategy of initiation and rapid up-titration of evidence-based treatment before discharge and during frequent and careful follow-up visits in the first 6 weeks following a HF hospitalization is recommended to reduce the risk of HF rehospitalization or death. ^{c,d,e 16}	I	B

Partnerships for Implementation Success

- Engage implementation experts on trial executive committees.
 - Develop a parallel **implementation science steering committee** during Phase III.
- Identify implementation challenges and plan implementation initiatives **EARLY during clinical development.**
 - Sketch out implementation priorities that can be rapidly realized after Ph III readouts.
- Partner early with **robust diverse site networks and professional societies** to increase impact of implementation initiatives.
 - Leverage these resources across clinical trial programs and therapeutic indications to develop internal “implementation playbooks”

Embedding Implementation Into Cardio-kidney-Metabolic Discovery with the ACC

“...the scientific study of methods and strategies that facilitate the uptake of evidence-based practice and research into regular use by practitioners and policymakers.”



Panel 1 - Best Practice Perspectives on Implementation Science

Moderator: **Ty Gluckman, MD, FACC**

Panelists:

- **Thomas Lewandowski, MD, FACC** – University of Florida
- **Ankeet Bhatt, MD, FACC** – Kaiser Permanente San Francisco Medical Center
- **Olivia Gilbert, MD, MSc, FACC** – Wake Forest University School of Medicine
- **Megan Coylewright, MD, FACC** – Essentia Health



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Discussion 1

Odd Tables

1. What is your feedback on ACC's approach to implementation science? How could we improve?
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?
3. What are the best ways to ensure implementation science translates into clinical practice at scale?

Even Tables

1. What is your feedback on ACC's approach to implementation science? How could we improve?
2. 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?
3. What types of data or evidence would help accelerate adoption of new therapies or care models in your setting?



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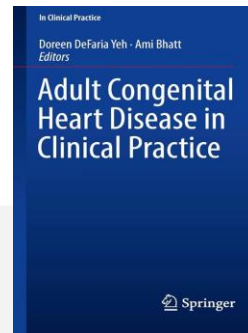
Innovations and Partnerships to Advance Implementation Science

Implementation Science is the key to unlocking healthcare
-Ed Fry (this morning)

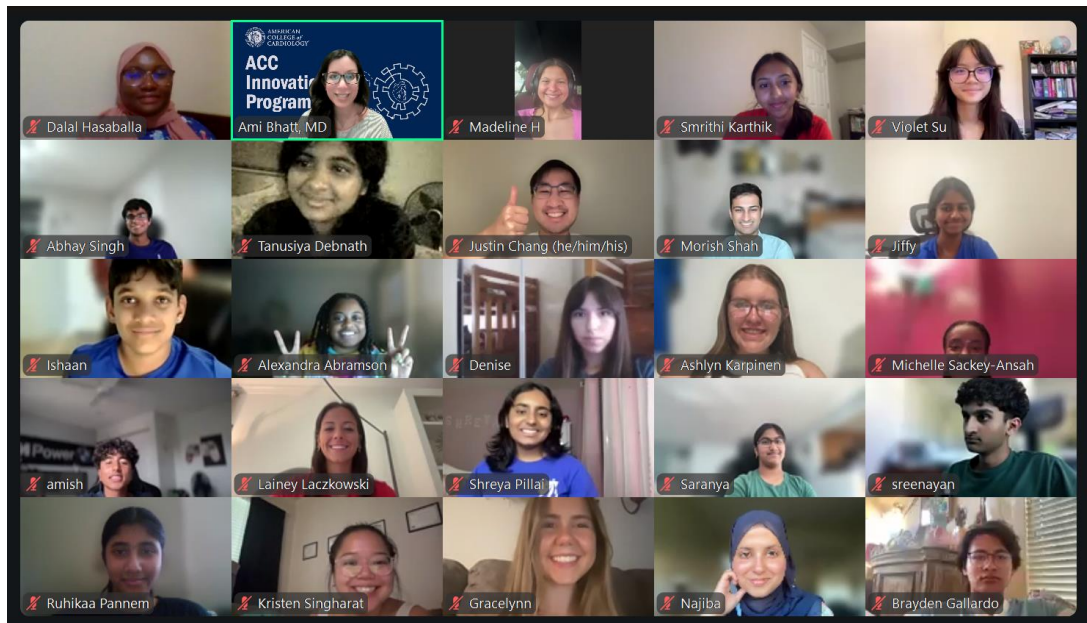


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In the past year, 45% of young people ages 18-34 favored medical advice from their friends and family, while 38% favored advice from social media. Those figures represent double-digit increases from last year, the Edelman report noted.



Delivery

Patient Centricity

Trust



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Metrics Matter

What gets measured gets done

-Tony Lozama, PhD

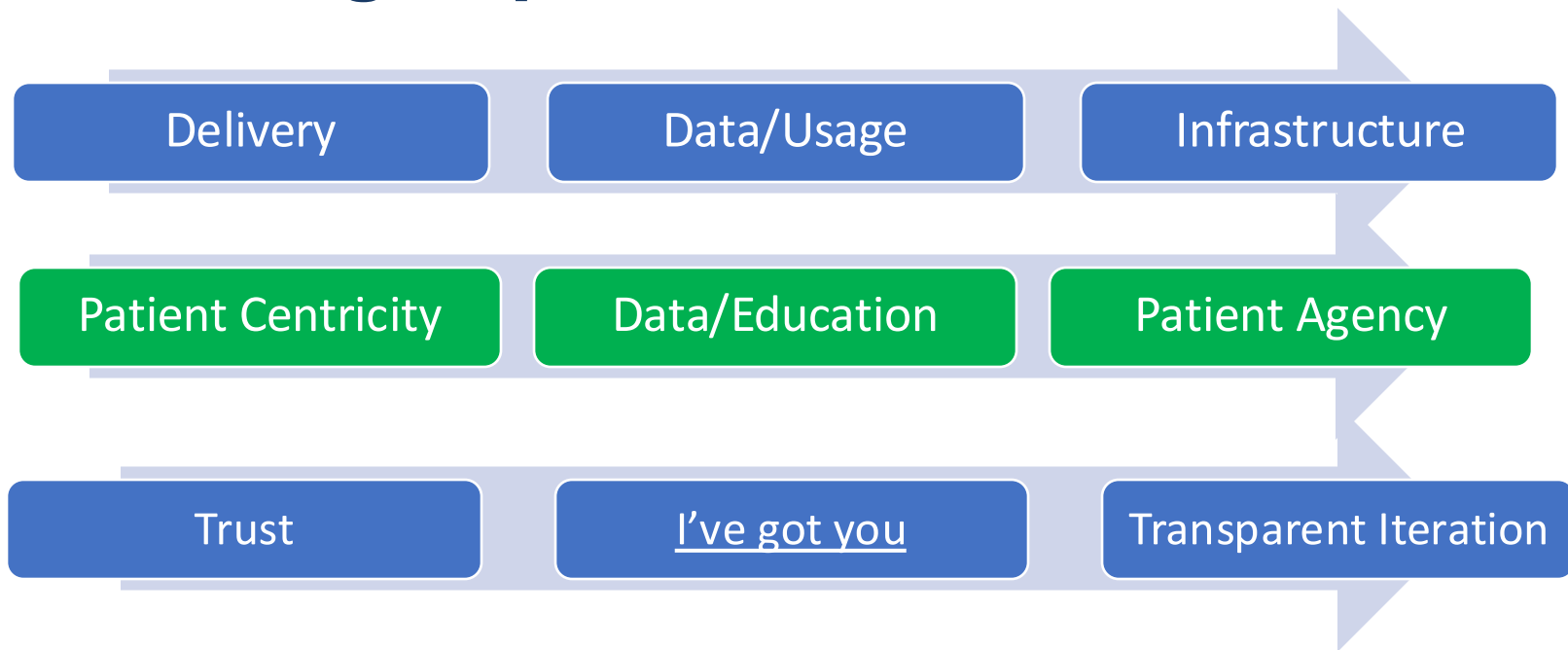
A regulatory framework to create an infrastructure with guardrails for iterative improvement can ensure that novel tools are continuously refined, fostering forward progress that goes beyond initial success and drives ongoing enhancements in patient care, with results exceeding existing real-world practice.



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Unlocking Implementation Science



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Why is IS the key to unlocking healthcare?

Necessity is the mother of invention

-Plato

Desperation is the mother of adoption

-Ami



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Today's Powerhouse Panel

Roxana Mehran, MD, FACC

Global leader in interventional cardiology at Mount Sinai, advancing cardiovascular care through clinical trials, innovation, and advocacy for women in medicine

David Fidler

Product executive at ConnectiveRx, connecting patients and clinicians through tech-driven medication access and messaging tools.

Jacqueline Shreibati, MD, FACC

Clinical leader at Google, translating big tech capabilities into scalable solutions for healthcare delivery.

Darren Singer

Retail health strategist at Higi, building networks that bring cardiovascular engagement to the community and consumer level.



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Disclaimer: A LLM was used in the creation of these awesome titles, but I believe the hype is warranted. These are rockstars.

Discussion 2

Odd Tables

1. How can we better integrate digital tools, AI, or real-world data into implementation strategies?
2. What are examples of successful partnerships (with tech, retail, or life sciences) that have advanced implementation in your experience?

Even Tables

1. What would an ideal collaboration between ACC, health systems, and industry look like to advance implementation science?
2. What support or infrastructure is needed to sustain implementation efforts beyond pilot programs or trials?



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Implementation Science: Progress?

1965 < -----> 2025



What we heard today, What we can do:

- Greater access = Greater Equity
- Remove barriers and friction points
- Close knowledge gaps – Clinicians and Patients
- Engage patients – True Shared Decision Making – Knowledge Equity
- Embed IS principles into RCT and approval
- Embrace technology and AI to facilitate implementation of new evidence-based therapies and diagnostics.



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The ACC Thanks You For Your Partnership!



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**We look forward to seeing
you at our next
Industry Advisory Forum
on December 10th**

Heart House
Washington, DC



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