

**ACTION**

**COLLABORATION**

**LEADERSHIP**

**RECOGNITION**



*The New Information Age and  
Implications for Cardiovascular Health*

# INDUSTRY ADVISORY FORUM

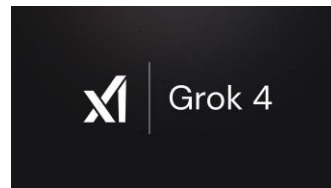
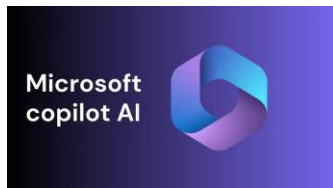
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**@ACCINTOUCH**   
**#TRANSFORMCVCARE**

ACC Heart House, Dec. 10, 2025

# Welcome!



- Welcome Industry Partners, Faculty, and ACC Staff and Leadership
- Highlight explosion of information and data
- Recognize opportunities for care transformation
- Define challenges that ACC and Industry can address together
- Stress ACC's role as a content expert and convenor and Industry as an engine of innovation



# The ACC thanks you for your Partnership!



Global Industry Advisory Forum



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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
- Meghan Drewiske, BA
- Miriam Surdin, MPA

### PHOTO JOURNAL: IAF JULY 2023

Pictures are worth a 1,000 words. Engagement, collaboration and solving for some of today's biggest issues are the hallmark of IAF and the following photos from the July 2023 IAF capture these actions with no captions needed. A special thanks to those industry partners who have been with the IAF from the start and to those who are newer to the table. A big thank you as well to all the ACC leaders, members and staff involved with bringing these meetings to life.



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# ACC Industry Advisory Forum (2018-2025)



## Past Topics:

- Update on CVD in Women
- DE&I – Community Impact
- Diversity in Clinical Trials
- COVID and CV Care, Emerging from COVID
- Advocacy
- Innovation
- Clinical Guidance at the POC

## IAF: Purpose and Goals:

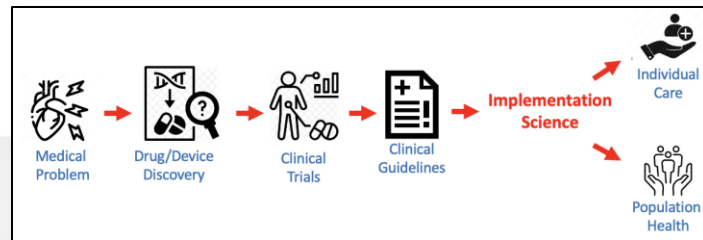
- Bidirectional dialogue
- Environmental update and trends
- Address mutual challenges
- Share expertise in innovation, technology, and future direction of CV medicine



# IAF July 2025: Implementation Science

## What we heard, marching orders:

- Greater access = Greater Equity
- Implementation: Remove barriers and friction points to promote use
- Close knowledge gaps – Clinicians and Patients
  - Knowledge should not be a barrier to Implementation
- Engage patients – True Shared Decision Making – Knowledge Equity
- Embed IS principles into all RCT's and drug/device approval
- Embrace technology and AI to facilitate/accelerate implementation of new evidence-based therapies and diagnostics.



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# Progress? Technology moving faster than practice

1965 < -----> 2025



# Why the inertia?

- The information “firehose”
- Great science, outdated tools for delivery
- Lack of creativity, imagination, necessary skills
- Regulatory environment/Bureaucracy
- Bandwidth – individual, system
- Costs of implementation, disruption. Lack of capital
- Risks of being wrong



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# ***The New Information Age and Implications for Cardiovascular Health***

- New sources of data
  - Wearables, RPM, “Multi-omics”, Data behind the images, True EHR integration, PRO’s
- Data/Information is continuous not episodic/static
  - Accelerating speed and amount. Not just from traditional clinical settings
- Workforce Crisis
  - Increasing demands, Declining healthcare professionals
- Challenges
  - Equity, Economic alignment, Sustainability, Misinformation/Dys-information



# What would AI say ...

“We are at an inflection point where data, technology, and cardiovascular science are converging in ways that will fundamentally reshape prevention, diagnosis, and treatment.” – ChatGPT 4



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# The New Information Age and Implications for Cardiovascular Health

8:00 am – 9:00 am	<b>BREAKFAST, TAKE SEATS &amp; SETTLE IN</b>
9:00 am – 9:15 am	<b>Welcome to IAF, Opening Remarks &amp; Introduction</b> Edward Fry, MD, FACC – IAF Work Group Chair, ACC Past President
9:15 am – 9:25 am	<b>ACC Update</b> Christopher Kramer, MD, FACC - ACC President
9:25 am – 9:35 am	<b>ACC Advocacy + Q&amp;A</b> Nick Morse, MBA, ACC Vice President Advocacy
9:35 am – 10:20 am	<b>Keynote – “Reclaiming Reality in American Healthcare”</b> <b>Anne Zink, MD</b> - Senior Clinical Fellow, Yale School of Public Health & Attending Physician, Mat-Su Emergency Physicians Alaska, Former Alaska State Chief Medical Officer and ASTHO president
10:20 am – 10:30 am	<b>BREAK</b>
10:30 am – 11:30 am	<b>Panel: Health Information in 2025 – Adapting to Patient &amp; Clinician Needs</b> Moderator: <b>Katie Berlacher, MD, FACC</b> - Clinical Director of Cardiology, Associate Chief of Education, University of Pittsburgh Medical Center Panelists: <ul style="list-style-type: none"> <li>Communicating the science in the journals - <b>Gilbert Tang, MD, FACC</b> – Editor-in-Chief JACC Case Reports and Professor, Department of Cardiovascular Surgery and Medicine, Mount Sinai Health System</li> <li>CV Care Team &amp; Patient Voice – <b>Amy Simone, PA-C, FACC</b> – Chair, ACC Cardiovascular Team Section</li> <li>AI for Clinical Decision Support – <b>Ami Bhatt, MD, FACC</b> – Chief Innovation Officer, ACC</li> <li>Role of Social Media - <b>Muhammad Siyab Panhwar, MD, FACC</b> - Interventional cardiologist, Sanford Bemidji Medical Center</li> </ul>
11:30 am – 12:15 pm	<b>Small Group Discussions and Report Out</b>

12:15 pm – 1:15 pm	<b>Group Picture &amp; LUNCH (60 minutes)</b>
1:15 pm – 2:15 pm	<b>Panel: Implementation 2.0 – Building Trust with Technology &amp; Care Beyond the Clinic</b> Moderator: <b>Jennifer N. Avari Silva, MD, FACC</b> , Professor, Washington University St. Louis Panelists: <ul style="list-style-type: none"> <li>Integrating wearable device data into care pathways – <b>Steve Steinhubl, MD, FACC</b>, Vincent P Reilly Professor of Biomedical Engineering, Purdue University</li> <li>AI, digital health and workforce capacity – <b>Thomas M. Maddox, MD, SM, FACC</b>, Executive Director Healthcare Innovation Lab, Washington University School of Medicine</li> <li>AI for Patient Centered Care - <b>Efstathia “Effie” Andrikopoulou, MD, MBA, FACC</b>, Associate Professor of Medicine, University of Washington</li> <li>Care Beyond the Clinic – <b>Modele Ogunniyi, MD, MPH, FACC</b>, Professor of Medicine and Master Physician, Emory University School of Medicine</li> </ul>
2:15 pm – 3:00 pm	<b>Small Group Discussions and Report Out</b>
3:00 pm – 3:15 pm	<b>WRAP-UP AND ADJOURNMENT</b>



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# Questions to consider ...

- New information/New Technology – How to communicate and implement
- How do we identify misinformation and counter it?
- How can innovation improve efficiency while putting patients first?
- What safeguards need to be in place to ensure safe implementation of AI?
- Social media: Friend or foe. How do we use it constructively?
- How can we use AI/Tech to personalize care that still meets high standards?
- What is the right amount and content of patient-generated data (Goldilocks)?
- What does the optimized workforce of tomorrow, harnessing AI and Tech, look like?
- How will AI and new technology expand care beyond the hospital, the clinic, or procedure suite?



# Rules ... There are no rules!

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



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# Materials, Social Media, House Keeping



@ACCINTOUCH   
#TRANSFORMCVCARE

WiFi Network: WDC-Event  
Username: IAF2025  
Password: IAF\_ct



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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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# 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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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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# NEW IN CLINICAL GUIDANCE (2025)

2

## **Clinical Guidelines**

- Acute Coronary Syndrome
- High Blood Pressure

6

## **Concise Clinical Guidance**

- Evaluation and Management of Cardiogenic Shock
- Medical Weight Management for Optimization of CV Health
- Diagnosis and Management of Pericarditis
- Adult Immunizations as Part of CV Care
- Transthyretin Cardiac Amyloidosis Evaluation and Management
- Nutrition and Front-of-Package Food Labeling

2

## **ACC Scientific Statements**

- Management of Obesity in Adults With HF
- Inflammation and CV Disease

2

## **Expert Consensus Decision Pathways**

- Cardiac Computed Tomography for Prosthetic Heart Valve Assessment:
- Evaluation and Management of Tricuspid Regurgitation

1

## **Performance Measures & Training Statements**

- Advanced CV Imaging
- Chronic Coronary Disease

1

## **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.



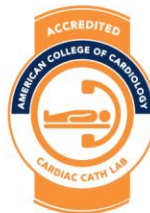
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# IMPLEMENTATION SCIENCE IN ACTION



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ACCREDITATION  
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# IMPLEMENTATION SCIENCE IN ACTION



EDITOR-IN-CHIEF:

Candice K. Silversides, MD, FACC



November 1, 2025

**JACC: Advances | Vol. 4 No. 11\_Part\_2**

Mini-Focus Issue: Implementation Science and Cardiovascular Learning Health Systems



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# TOP 5 CHALLENGES:

## Misinformation in Cardiology



**Rapid spread of inaccurate CV health information** across social platforms that outpaces fact-based communication.



**Erosion of trust in clinicians and science** due to conflicting or sensationalized content.



**Patient confusion about treatments and prevention**, leading to poor adherence or harmful alternative therapies.



**Difficulty countering misinformation at scale** given limited clinical time and fragmented communication channels.



**Lack of coordinated, credible voices** delivering timely, accessible, and culturally tailored CV health messaging.



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# TOP 5 CHALLENGES:

## CV Workforce

1. **Growing clinician shortages** driven by retirements, burnout, and insufficient training pipeline capacity.
2. **Increasing patient demand and disease complexity**, outpacing available workforce and straining care teams.
3. **Burnout and workload intensity**, amplified by administrative burden and documentation demands.
4. **Uneven distribution of specialists**, leading to access gaps, especially in rural, tribal and underserved communities.
5. **Limited protected time for research and innovation**, hindering professional growth and system improvement.



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# TOP 5 CHALLENGES:

## AI's Role in Care Delivery



**Uncertainty about clinical validity, reliability, and oversight** of AI tools, slowing adoption.



**Workflow disruption and integration challenges**, requiring redesign of processes, training, and team roles.



**Concerns about deskilling or role erosion** among clinicians and staff as AI takes on more tasks.



**Equity and bias risks**, including uneven performance of AI models across diverse populations and settings.



**Need for clear governance, accountability, and liability frameworks** as decision-making becomes increasingly augmented.



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# The ACC Thanks You For Your Partnership!



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# ACC Advocacy Update

Nick Morse, MBA  
ACC Vice President, Advocacy



# ACC Advocacy Priorities

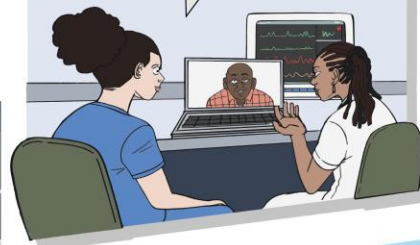
Champion Access to Care For All



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).

# Key Takeaways from 2026 Medicare Physician Fee Schedule & Outpatient Prospective Payment System

## PFS

- New Ambulatory Specialty Model for Heart Failure
- -2.5% Efficiency Adjustment
- Site of Service Payment Differentials
- Devaluation of LAAO

## OPPS

- Ablation added to ASC covered procedures list
- Phased elimination of inpatient-only list



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# Ambulatory Specialty Model for Heart Failure

- 5-year mandatory participation
- Estimated 25% of cardiologists impacted
  - selected markets to be announced
- Scheduled to begin January 2027 with payment adjustments in 2029 (+9 to -9% of Part B Medicare Claims)
- Member Communication and Education Plan kickoff in January
- Engagement with Chapters, Members, Practices and MedAxiom



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# New CMS Innovation Center: ACCESS Model

*Advancing Chronic Care with Effective, Scalable Solutions*

- Voluntary 10-year model designed to test an “outcome-aligned payment” approach for value-based, technology-enabled, chronic disease management
- The first performance period begins July 1, 2026
- ACCESS practices and care organizations (technology-based care management vendors) become Part B providers, utilize FDA-authorized devices and/or software
- Participating organizations receive recurring payments; full payment are contingent on achieving measurable health outcomes.
- Patients are referred by clinician or self-referred to a care organization
- PCPs and referring clinicians will be paid a one-time \$10 referral/education fee and quarterly care coordination fee of \$30 as well as receive regular electronic updates on patient progress

## Clinical Tracks

Early Cardio-Kidney-Metabolic (eCKM)

Hypertension/Dyslipidemia/Obesity/Prediabetes

Cardio-Kidney-Metabolic (CKM)

Diabetes/CKD/ASCVD

Musculoskeletal (MSK)

Chronic Musculoskeletal Pain

Behavioral Health (BH)

Depression/Anxiety



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# Congressional Landscape

## **Congress passed a CR, funding the government through Jan. 30, which:**

- Includes extension of telehealth flexibilities within Medicare – retroactive coverage provided
- Reverses some mass layoffs that began on Oct. 1

*Notably, Senate Republicans gained some Democrat votes by agreeing to a Dec. vote on enhanced premium tax credits.*

## **Interest in year-end health care legislation continues. Proposals could seek to:**

- Reduce insurance costs
- Expand health savings accounts

## **ACC working to:**

- Stop implementation of the -2.5% efficiency adjustment
- Move prior authorization reform and telehealth legislation across the finish line



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# The ACC Thanks You For Your Partnership!



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## Reclaiming Reality in American Healthcare

Industry Advisory Forum – American College of Cardiology. December 10, 2025

Anne Zink, MD, FACEP – Emergency Physician | Former Alaska CMO | Senior Fellow, Yale | PopHIVE Co-Founder

# Our Journey

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Background

Lessons from the  
Pandemic

Trust

Communication

Data

Projects that matter





# Disclosures –



# My Journey







# Emergency Medicine: Where public policy comes to fail





# In the beginning

# Driving Change



Providers



Policymakers



The Press



The Public

> [BMJ Evid Based Med.](#) 2024 Jan 19;29(1):55-61. doi: 10.1136/bmjebm-2022-112070.

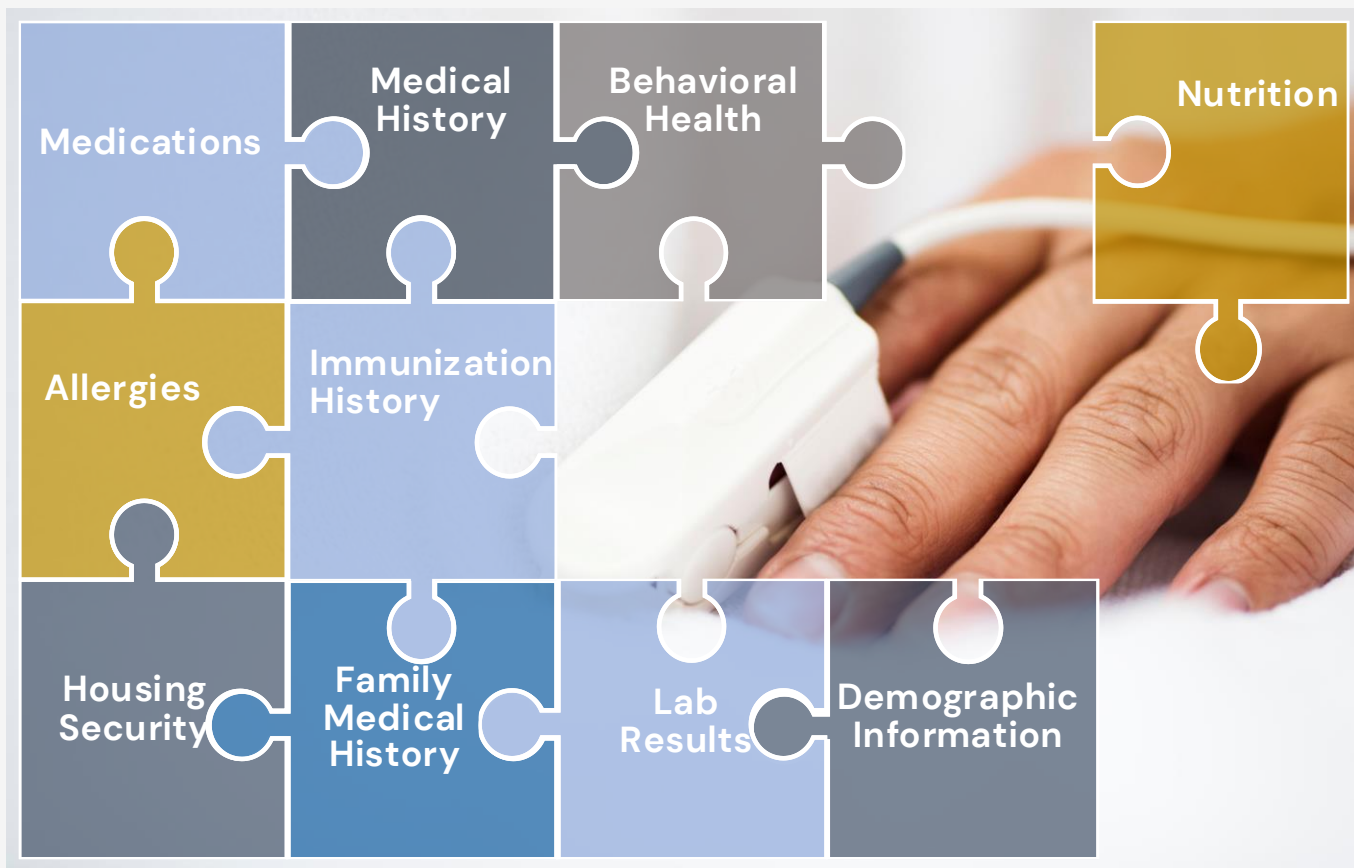
## Rapid Reviews Methods Series: Involving patient and public partners, healthcare providers and policymakers as knowledge users

Chantelle Garritty <sup>1 2</sup>, Andrea C Tricco <sup>3 4</sup>, Maureen Smith <sup>5</sup>, Danielle Pollock <sup>6</sup>, Chris Kamel <sup>7</sup>, Valerie J King <sup>8</sup>; Cochrane Rapid Reviews Methods Group

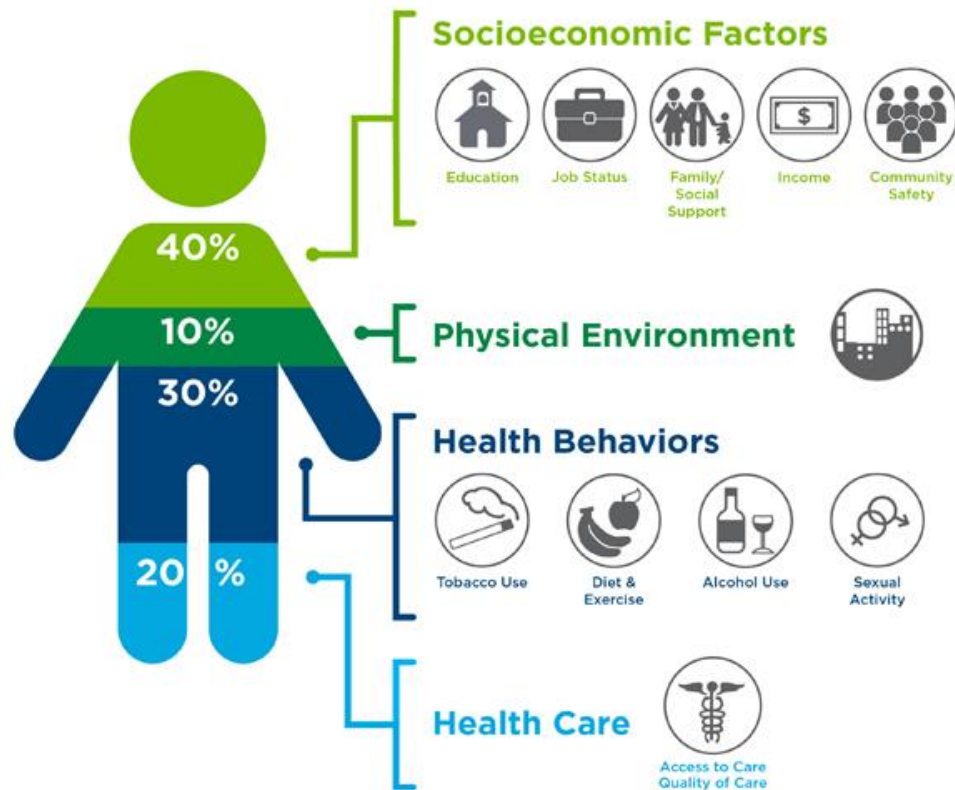


Patients





# What Goes Into Your Health?

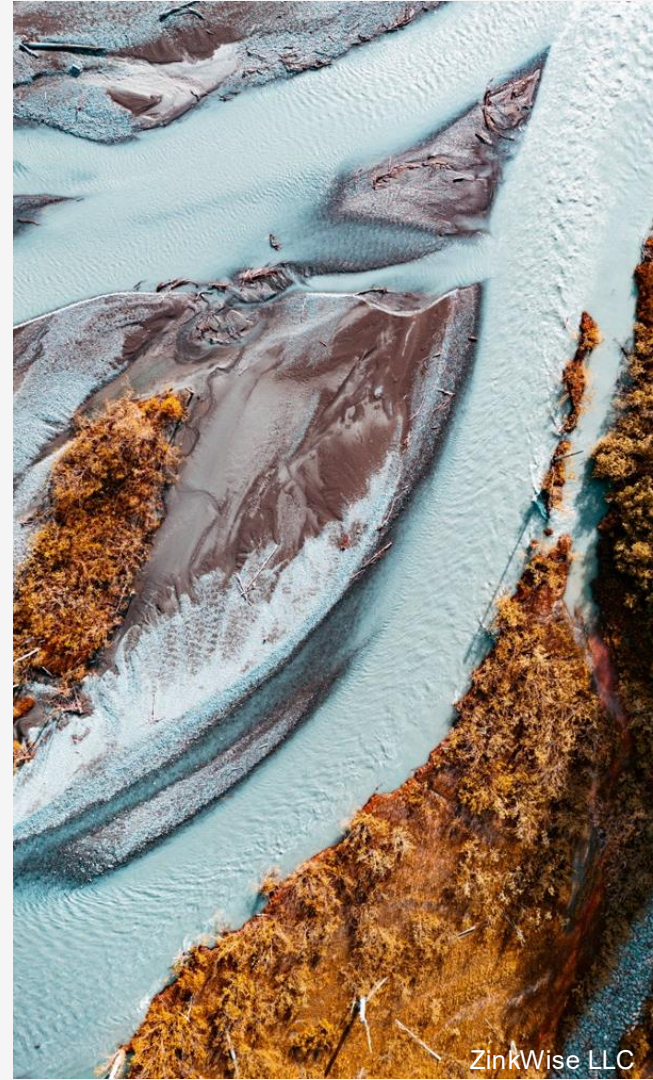


Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

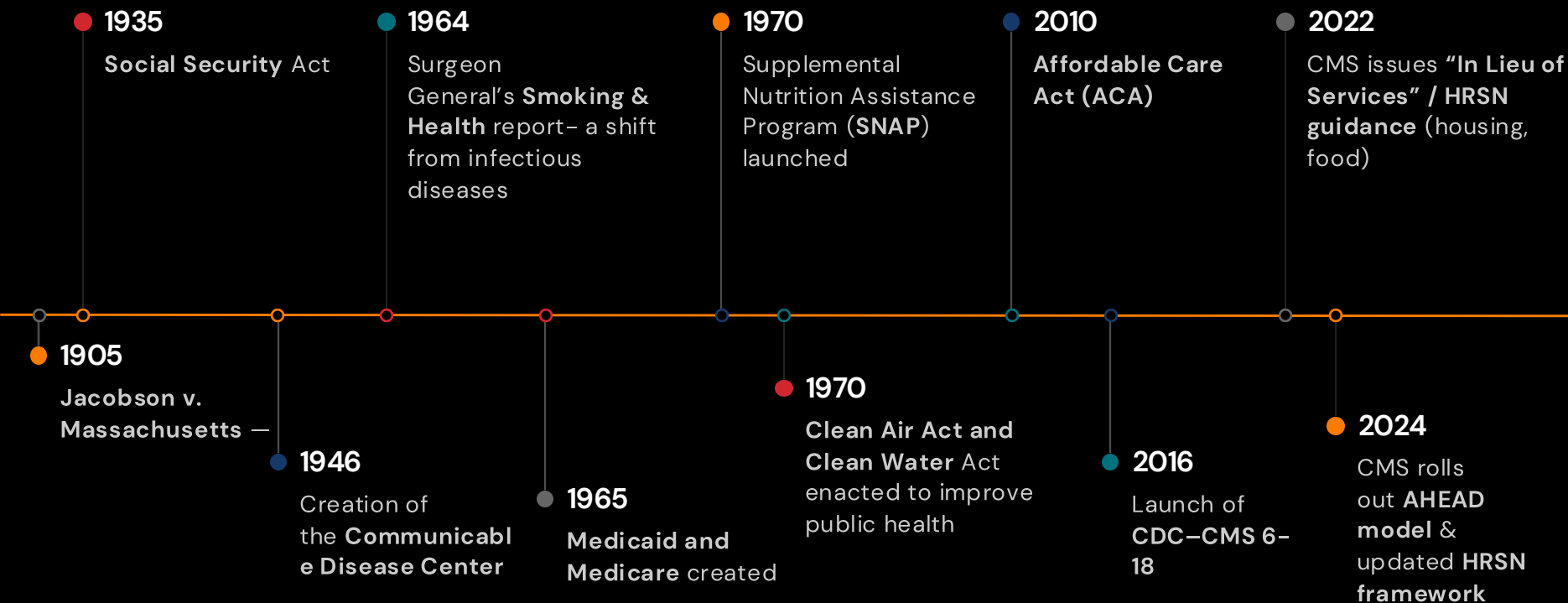


# Flexner's 1910 Blueprint: Standardizing Clinical Training, Widening Gaps

The 1910 Flexner report transformed medical education in the U.S., leading to a more scientific curriculum and the closure of half of the country's medical schools. However, it also contributed to the growing divide between clinical medicine and public health, as the report emphasized hospital-based training and the rise of specialized, curative care.

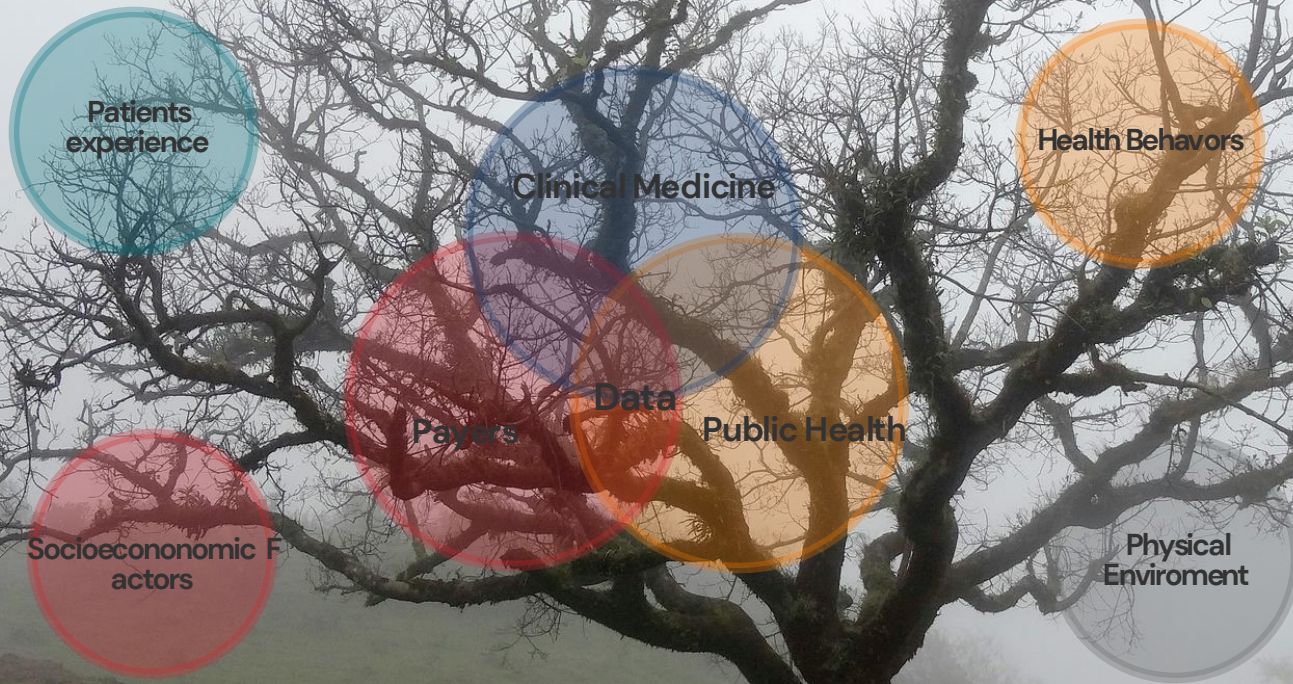


# Timeline of Public Health and Medicaid





# Population Health Ecosystem





# Another View

## Clinical Practice and Patient Experience

Medicaid

Medicare

Private  
Insurance

Uninsured

Food /  
Housing

Social  
Networks

Income

Air /  
Water

EDUCATION

Health Care Payment Systems

Socioeconomic, Physical and Enviromental  
Health

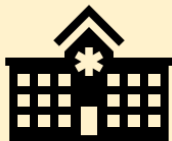
Health  
Behaviours

## Population / Public Health

# Bridging the Gap

## Health Care System

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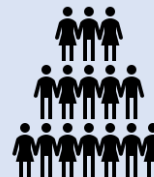
- Individualized Care
- Diagnoses and Treatment
- Focus on Patient Health



- Seamless Data Exchange
- Holistic Approach to Health
- Collaborative Efforts

## Public Health System

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- Preventive Measures
- Population Health
- Addressing Social Determinants



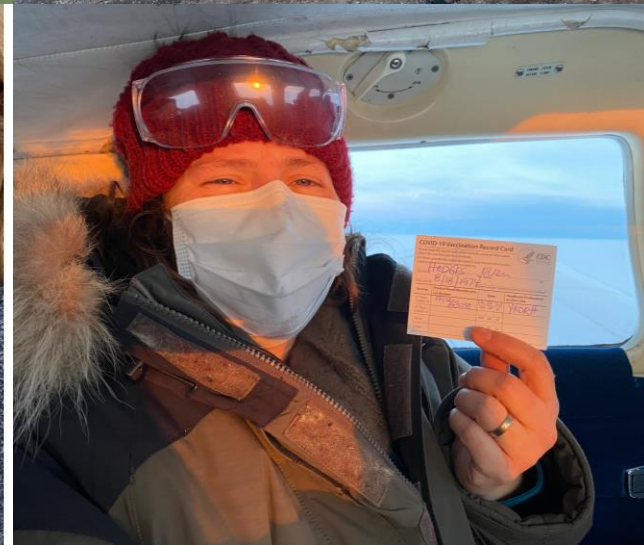
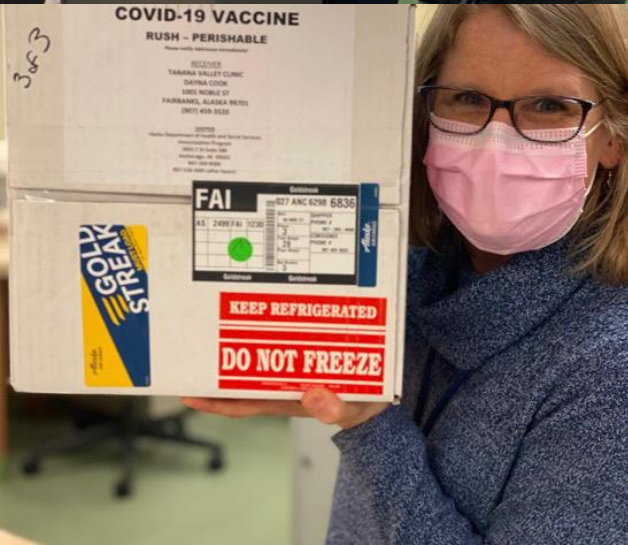


**Choosing to step in**



**Our past and our place:  
stepping into  
context and history**









## *Alaska's Remote Villages Race Against Time and History*

The coronavirus has spread into the most remote villages, a reminder of earlier pandemics that ravaged the state. Now there is a rush to deliver vaccines in time.

my greatest gift







**Trust = Accountability x  
Communication**

**Use your own voice**

**Listen more than you talk**

# The Continuum of Communication









Be willing to go to  
hard spaces

# Counter the Claim — Tactics

## Prebunk: "what to expect"

Prepare the audience for the misinformation they may encounter and provide context on what to expect.

## Debunk: fact + alternative cause

Present the facts that counter the false claim and offer an alternative, evidence-based explanation.

## Avoid repeating myths verbatim

Refrain from directly repeating the misinformation to prevent further spread and reinforcement of the false narrative.

## Visual explainers & testimonials

Use visual aids and personal stories from trusted sources to make the factual information more engaging and relatable.

## Clear call to action

Provide a strong, direct call to action encouraging the audience based on the presented evidence.

# PEDIATRIC VACCINE



## COVID-19 Vaccine Approvals for Children 6 Months to 6 Years



### **FDA Advisory Panel Recommendation**

An FDA vaccine advisory committee recommends the COVID-19 pediatric vaccine.



### **FDA Authorization**

Following the FDA vaccine advisory committee recommendation, the FDA authorizes the emergency use (EUA) of the pediatric vaccine.



### **CDC Advisory Committee Recommendation**

The CDC's Advisory Committee on Immunization Practices (ACIP) meets to discuss and recommend the FDA authorization.



### **CDC Approval**

Following the ACIP meeting, the CDC approves the recommendation.



### **Pediatric Vaccine Available for Eligible Alaskans**

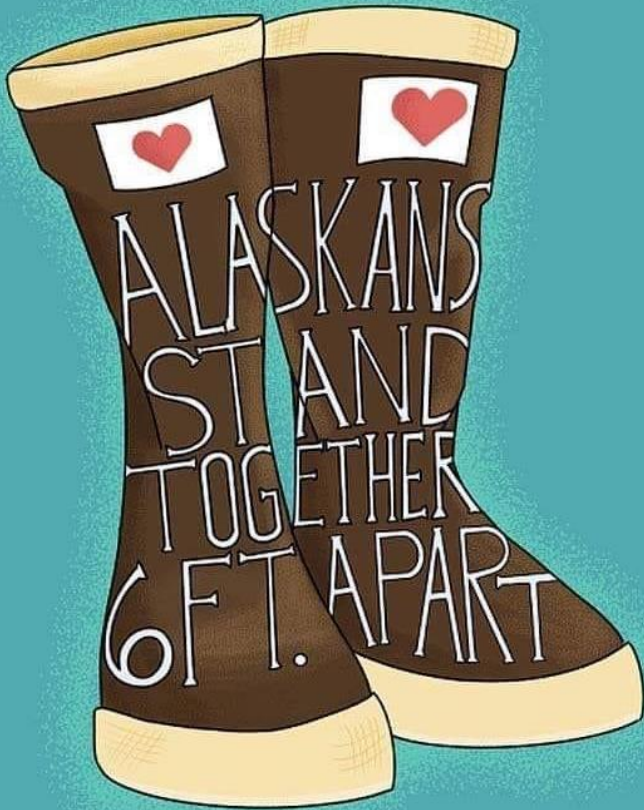
After all the above boxes are checked, Alaska's vaccine providers can begin administering the pediatric COVID-19 vaccine.

**Tell people what  
to expect**



Control your  
narrative /  
your voice





**Make it local**



Just don't  
tell... show





**Context  
matters**





Using metaphor and  
context to explain risk

Realtiy in a  
new AI world



# what is a publication?





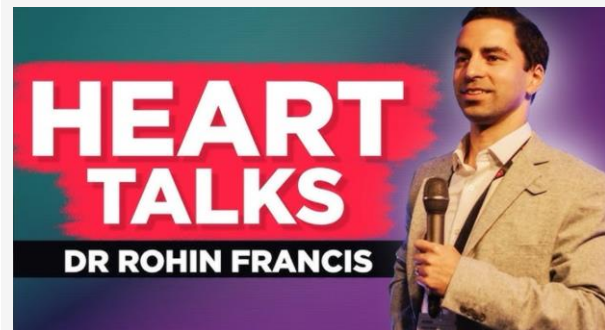
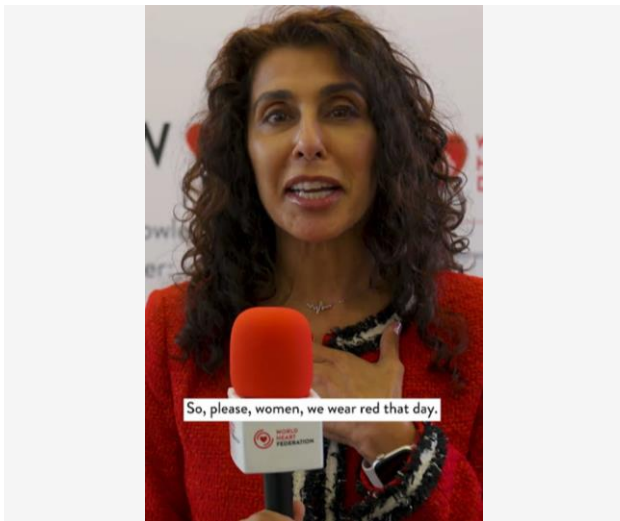
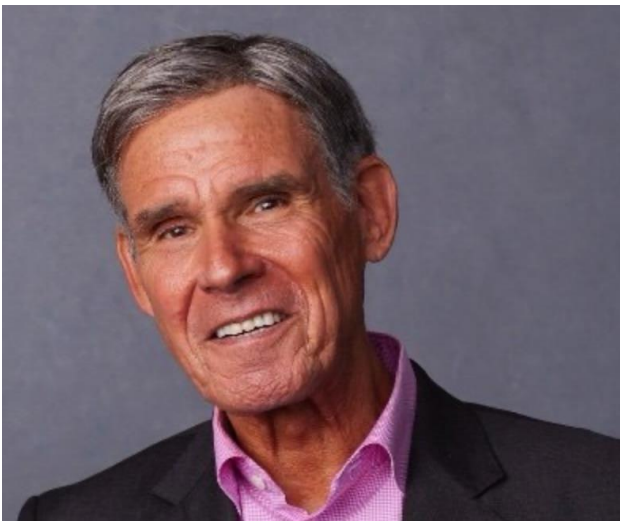
# Trust-Based Partnerships Are Essential — and Achievable — in Health Care Service

Leonard L. Berry, PhD, MBA; Rana L.A. Awdish, MD; Sunjay Letchuman;  
and Karina Dahl Steffensen, MD, PhD

## Abstract

---

When people think about trust in the context of health care, they typically focus on whether patients trust the competence of doctors and other health professionals. But for health care to reach its full potential as a service, trust must also include the notion of partnership, whereby patients see their clinicians as reliable, caring, shared decision-makers who provide ongoing “healing” in its broadest sense. Four interrelated service-quality concepts are central to fostering trust-based partnerships in health care: empathetic creativity, discretionary effort, seamless service, and fear mitigation. Health systems and institutions that prioritize trust-based partnerships with patients have put these concepts into practice using several concrete approaches: investing in organizational culture; hiring health professionals for their values, not just their skills; promoting continuous learning; attending to the power of language in all care interactions; offering patients “go-to” sources for timely assistance; and creating systems and structures that have trust built into their very design. It is in the real-world implementation of trust-based partnership that health care can reclaim its core mission.



 Your Local  
Epidemiologist





POPHIVE

Yale SCHOOL OF PUBLIC HEALTH

HOME

ABOUT

FAQS

DASHBOARDS ▾

*Population Health Information and Visualization Exchange*

We're on a mission to reimagine health data for all.

# Track health trends in your community.

## EXPLORE THE DATA



*Childhood Immunizations*



*Chronic Diseases*



*Respiratory Diseases*



Coming Soon  
*Injury & Overdose*



Coming Soon  
*Youth Wellbeing*



Coming Soon  
*And more coming soon...*

## The Next Steps

ZinkWise LLC

## Mental Health Apps May Share User Data without Clear Privacy Policies

The majority of the top-ranked mental health apps for depression and smoking cessation share data with third-parties without accurately disclosing the practice in privacy policies.



## Tinder, OkCupid, other apps share your data with dozens of firms, study says

Some of the apps are sharing highly personal data, according to a study from the Norwegian Consumer Council.

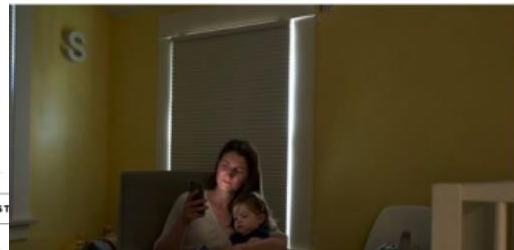


Carrie Mihalcik, Stephen Shankland, Rae Hodge  
January 21, 2020 10:47 AM PST

ES



LIST



Technology

## Is your pregnancy app sharing your intimate data with your boss?

As apps to help moms monitor their health proliferate, employers and insurers pay to keep tabs on the vast and data

Innovations

## Wearable technology started by tracking steps. Soon, it may allow your boss to track your performance.

Researchers say they have developed a system that assesses worker performance with 80 percent accuracy.



## What Your Period Tracker App Knows About You

These apps are popular, but they raise concerns about what happens to the very personal data they collect

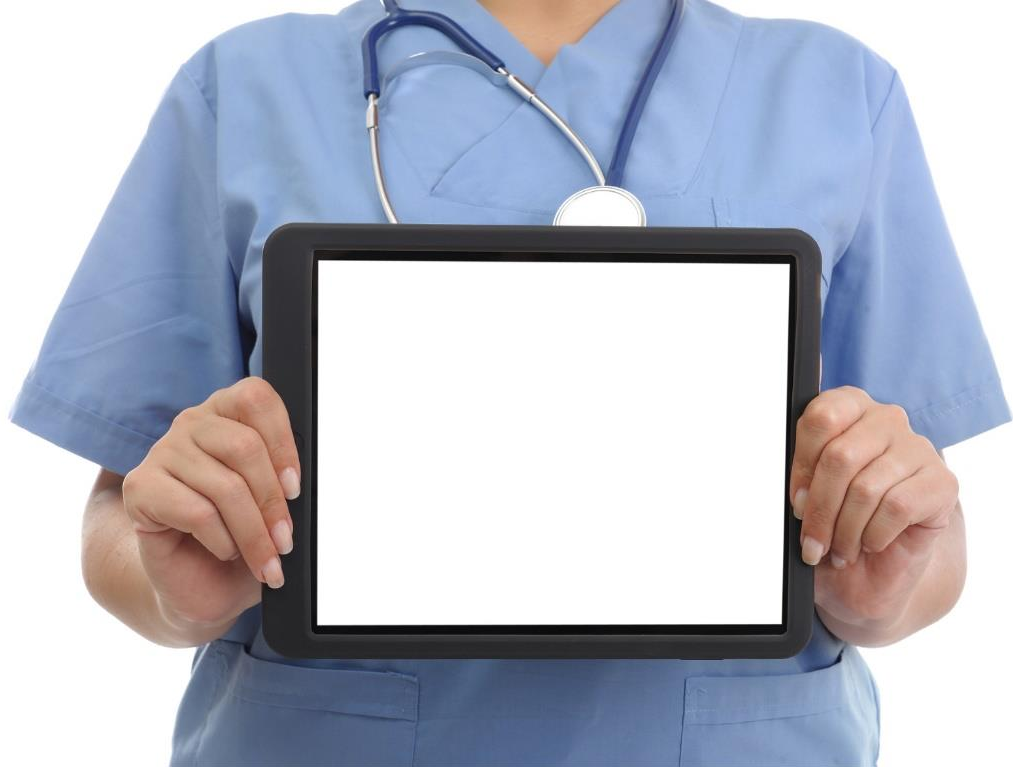
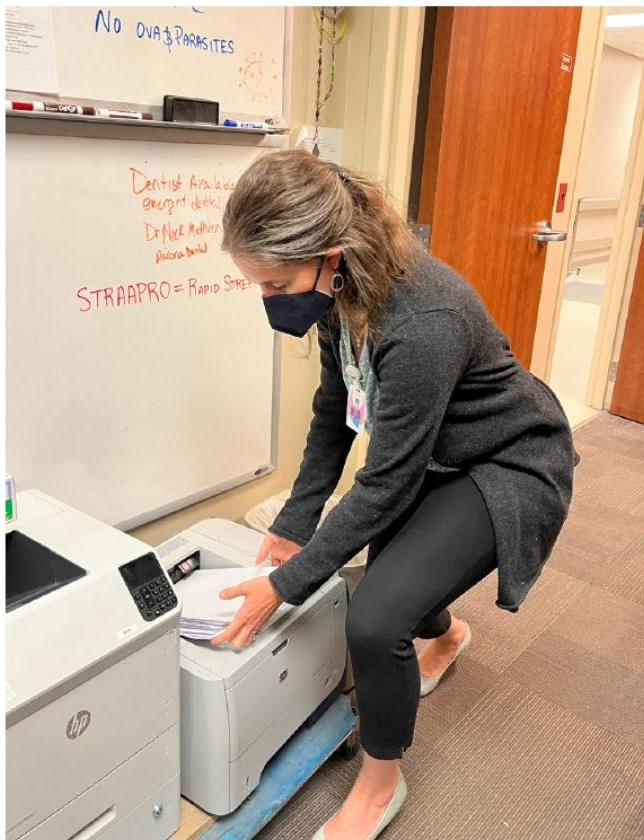
By Donna Rosato

Last updated: January 28, 2020

Do you know where your data's going?



Getty Images





Brief Report

## 4000 Clicks: a productivity analysis of electronic medical records in a community hospital ED

Robert G. Hill Jr. MD, Lynn Marie Sears MBA  , Scott W. Melanson MD

ZinkWise LLC

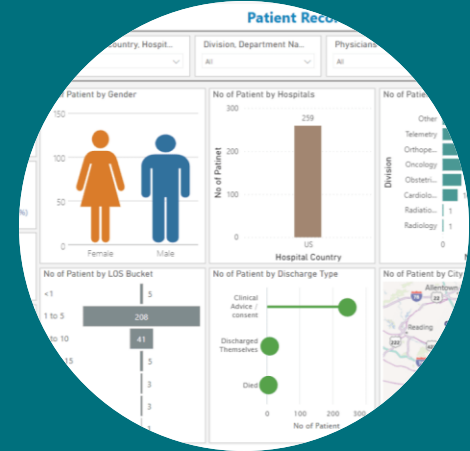
# Three Core Principles of Health Data



**Collect once and  
use often**



**Health data in the  
hands of patients**



**Population health  
data is public**

# Data Infrastructure and Capacity



# Making Great Data Essential Now



## Funding

Major federal and state payment reforms now tie dollars to shared performance metrics—agencies that can't pool data risk losing money.



## Shrinking Workforce

Both Medicaid offices and health departments are short-staffed; linking datasets cuts duplicate work and lets the same people do more.



## AI is Here

Predictive tools and chat-based member services only work when claims, public-health, and social-needs data live in the same sandbox.



## New Care Models Demand It

Value-based contracts and whole-person pilots (housing, food, HCBS) succeed or fail on cross-agency data feeds.



## Misinformation & Public Trust

Rapid, transparent reporting from a single source of truth is the best defense against politicized "bad data" narratives on why data and why now.



# Why now ..



**AHEAD Model**



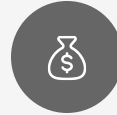
**ACCESS Model**



**Rural Transformation**



**Physician Shortage**



**Cost of Care**



**Data and Technology  
Advancements**

## When doctors get involved

# Washington State Medicaid: “Seven Best Practices” (ER Is for Emergencies)

- **Goal: Save \$10 M / yr by restricting Medicaid to the paying on the first three visits**
- **Doctors pushed back and proposed the 7 best practices:**
  - Share ED visit histories across hospitals
  - Educate patients on ED vs. primary/urgent care
  - Case-manage frequent ED users with care plans
  - Arrange fast primary-care follow-ups post-ED
  - Tighten narcotic prescribing guidelines
  - Use the Prescription Monitoring Program (PMP)
  - Track metrics + feedback for accountability
- **Saved \$33.6 M in the first year**

# Aligning with Industry

1. Employer and often the insurer
2. Where We Spend Most of our time
3. Expertise that is desperately needed in healthcare and government



# When Systems Align for Patients

**Lose weight**

Lower blood sugar

Lower blood pressure

Stop smoking, vaping, or chewing

Be active

Reduce chances of demer



## Lose weight or prevent diabetes

Do you want to lose weight or stay at a healthy weight so you can prevent diabetes?

Alaska's health department supports programs to help you meet those goals. Thousands of Alaska adults have joined.

## Looking for a program near you?

That's available in some communities across the state.

## Looking for a program that's an option, no matter where you live in Alaska?



# Life Expectancy & Health Expenditure



# Know your destination and adjust your route



**Risk =**  
**Probability x**  
**Consequences**





# Relationships Matter







Enjoy the  
Journey



# Do what is right for your patient and the rest is noise

The stories you hold are tools for transformation

Creating  
opportunities for  
agency through  
partnerships will  
reclaim reality in  
American  
healthcare.



# THANK YOU!

# **Health Information Now:** **Adapting to** **Patient & Clinician Needs**

Industry Advisory Forum  
December 2025



# Our Esteemed Panel



**Katie Berlacher**  
UPMC  
ACC.25/26 Chair



**Gilbert Tang**  
Mount Sinai  
Editor, JACC Case  
Reports



**Amy Simone**  
Edwards Life Sciences  
ACC CVT Section  
Chair



**Ami Bhatt**  
ACC  
Chief Innovation  
Officer



**Muhammad Siyab  
Panhwar**  
Sanford Bemidji  
Interventionalist,  
SoMe Educator

Priority

Boomer

Gen X

Millennial

Gen Z

Work Flexibility



Technological Adaptability



Career Development



Experiences Over Possessions



Environmental/ Social Responsibility



Work-Life Balance



Job Stability



Material Wealth



Low



Moderate

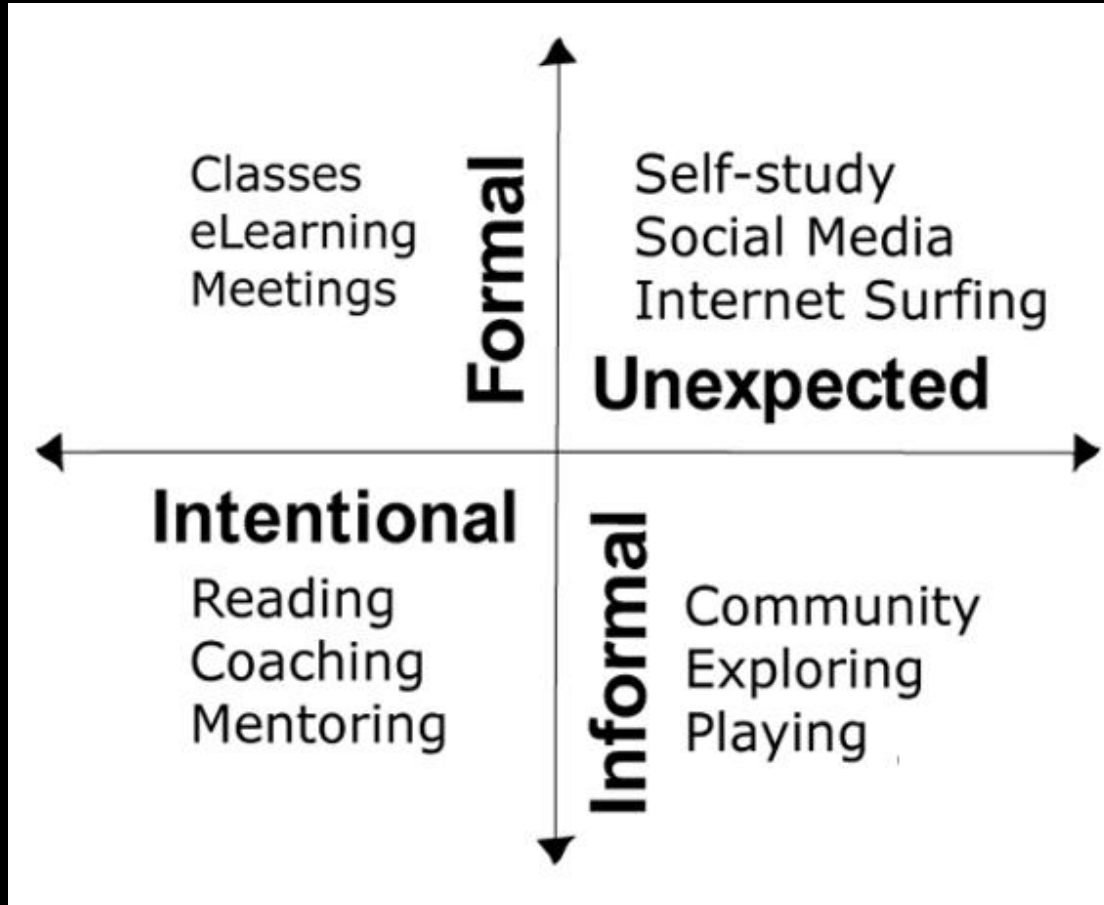


High



Very High

# Learning can be...



# Current State of ACC Education

- **Live Conferences** - Annual meetings, International meetings, CV Transforum, NY Symposium, Chapter meetings
- **Online Activities** – Courses, Webinars, Podcasts, Patient cases, Certificates, Guideline education
- **Digital Products** – Self-Assessment Programs (SAPs), ACC Anywhere, ECG drills, Heart Songs, NCDR learning center, CardioSmart\*\*
- **Journals** – JACC Journal Clubs, CME, Podcasts
- **Social Media & Apps**



*This is NOT comprehensive!*



# Challenges

- Vast amount of information
- Translation of science into practice
- Wide spectrum of learners
- Misinformation
- Information overload
- Artificial Intelligence
- Dissemination of information



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**Ami Bhatt**  
ACC  
Chief Innovation  
Officer



**Muhammad Siyab  
Panhwar**  
Sanford Bemidji  
Interventionalist,  
SoMe Educator

# Small Group Discussion 1

## ODD TABLES

- What strategies or initiatives have you seen work well in combating misinformation in cardiovascular health care?
- How can ACC and industry jointly support clinicians in navigating information overload and misinformation?
- What other organizations, campaigns or tools have been successful in reaching patients to improve outcomes?

## EVEN TABLES

- What strategies can ACC and industry partners implement together to reinforce trust in published cardiovascular science among clinicians and patients?
- How can we leverage social media and AI tools to counter misinformation effectively?
- What messaging gaps exist between what industry communicates (DTC campaigns) and what patients bring to clinicians, and how can these be addressed?



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# The ACC Thanks You For Your Partnership!



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# Implementation 2.0 – Building Trust with Technology & Care Beyond the Clinic

Jennifer Silva, MD, FACC



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# Our Esteemed Panel



**Jennifer Silva**  
Washington  
University



**Efstathia "Effie"  
Andrikopoulou**  
University of  
Washington



**Steve Steinhubl**  
Perdue University



**Thomas Maddox**  
Washington  
University

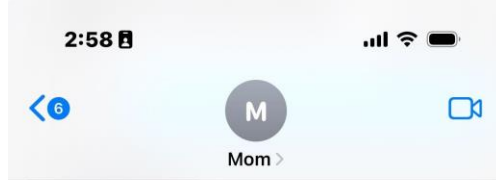


**Modele Ogunniyi**  
Emory University



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Wed, Jun 4 at 5:18 AM

Today is [REDACTED] birthday.

Sun, Nov 16 at 8:57 PM



**ecg-20251116-21  
5325.pdf**

PDF Document · 129  
KB

Please see mom's ekg done  
on Kardia.



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Prepared for

Sex

Age

Date of Birth

## EKG Recording Overview

Recorded on:

Heart Rate:  
129 BPM

Duration:  
30s

### Kardia Determination:

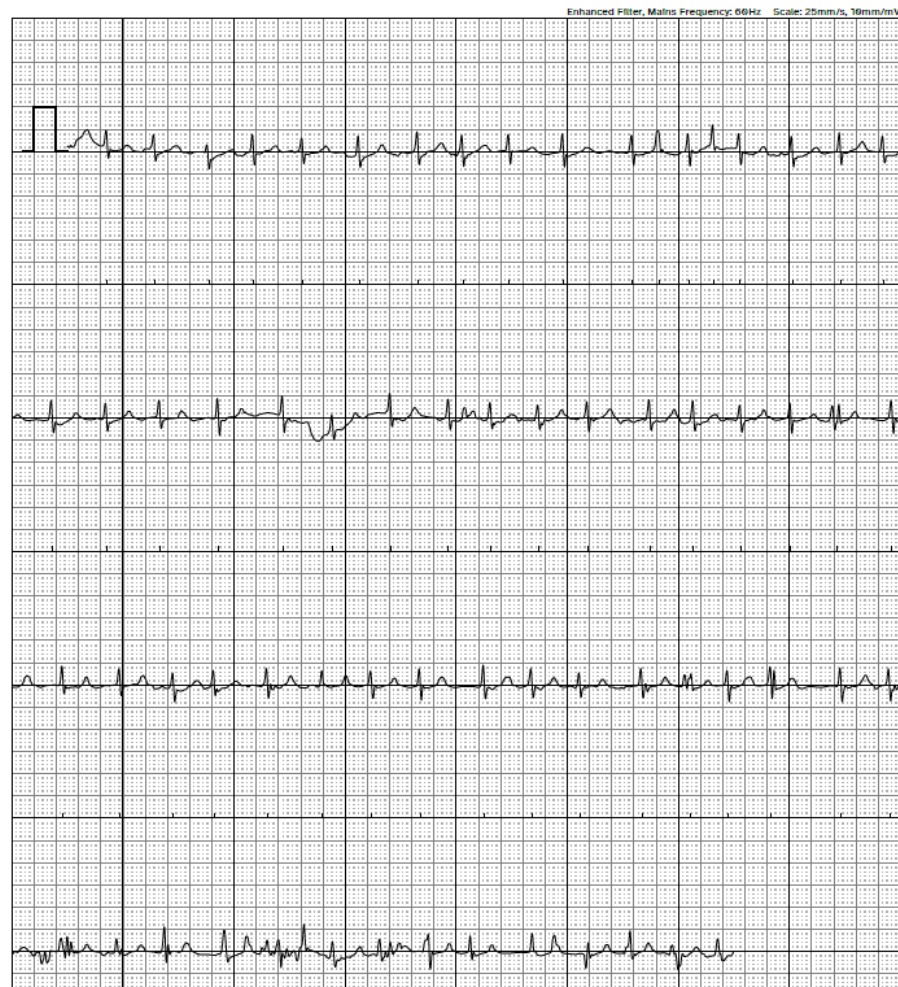
### Possible Atrial Fibrillation

**Tags:**

No tags to display

### Notes:

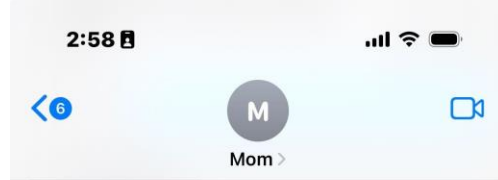
No notes to display



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Today is [REDACTED] birthday.

Sun, Nov 16 at 8:57 PM



**ecg-20251116-21  
5325.pdf**

PDF Document · 129  
KB

Please see mom's ekg done  
on Kardia.

Looks like atrial fibrillation.  
When did she start having  
symptoms?

Delivered

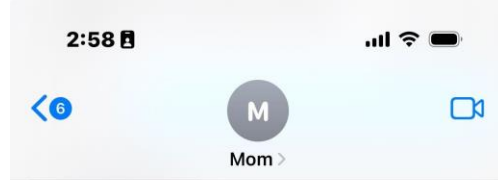
This prompts a call to my parents...



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Wed, Jun 4 at 5:18 AM

Today is [REDACTED] birthday.

Sun, Nov 16 at 8:57 PM



**ecg-20251116-21  
5325.pdf**

PDF Document · 129  
KB

Please see mom's ekg done  
on Kardia.

Looks like atrial fibrillation.  
When did she start having  
symptoms?

Delivered



**ecg-20251116-22  
3147.pdf**

PDF Document · 129  
KB

Now it is normal. Tomorrow  
morning will call Dr [REDACTED]

+ iMessage



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Prepared for

[REDACTED]

Sex

Age

Date of Birth

[REDACTED]

## EKG Recording Overview

Recorded on:

[REDACTED]

Heart Rate:

88 BPM

Duration:

30s

Kardia Determination:

Normal Sinus Rhythm

## Tags:

No tags to display

## Notes:

No notes to display



Patient:

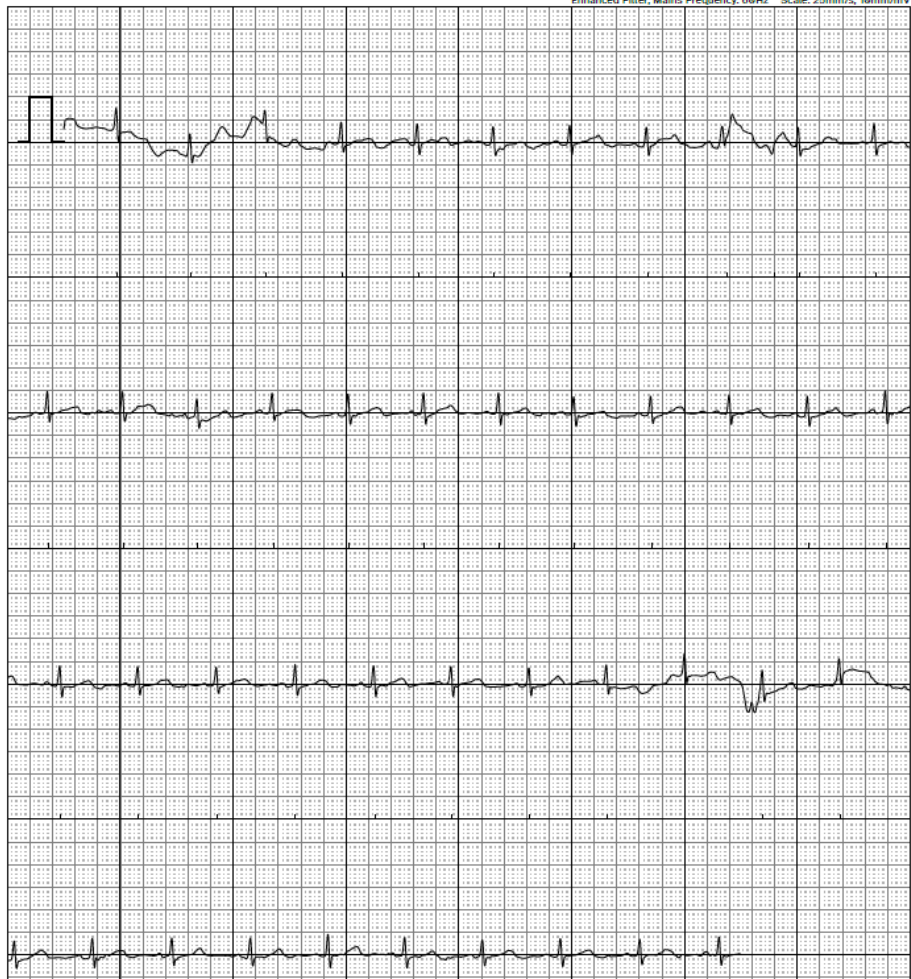
Records

Kardia Determination: Normal Sinus Rhythm

Heart Rate: 88 BPM

Duration: 30s

Enhanced Filter, Main Frequency: 60Hz Scale: 25mm/s, 10mm/mV



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University of  
Washington



**Steve Steinhubl**  
Perdue University



**Thomas Maddox**  
Washington  
University



**Modele Ogunniyi**  
Emory University



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# AI, Digital Health, and Workforce Capacity

Thomas M. Maddox, MD, SM, FACC

Director, Clinical Innovation, Department of Medicine

WashU Medicine

Trustee, American College of Cardiology

December 2025



**WashU** Medicine



# AI and digital tools are not panaceas for care delivery and workforce capacity



But when thoughtfully designed and implemented, they can:

- give clinicians time back
- translate evidence into practice more reliably
- extend care settings
- strengthen patient engagement
- enable more equitable cardiovascular outcomes

Maximizing this potential requires **trust, shared standards, and true co-development** between ACC, health systems, and industry

# AI's most valuable contribution is not replacing clinicians but reallocating their time to the highest-value tasks



- Automates administrative burden (documentation, care gap identification, authorization workflows)
- Provides real-time, guideline-based recommendations embedded in workflow
- Supports hybrid care models that extend clinician reach beyond the clinic
- Helps surface urgency and triage complexity, reducing noise and highlighting actionable needs

**Principle:** Technology expands capacity only when it reduces cognitive load, not adds to it

# Clinicians want bite-sized, contextualized guidance, not more dashboards



## Effective tools:

- translate evidence into next steps
- integrate seamlessly with EHR workflows
- align recommendations with patient context
- prioritize accuracy, timeliness, and usability

**ACC's Transform and LDL Screening initiatives show early success by embedding clinical prompts into real-world workflows, offering a model for future AI-assisted implementation.**



# Digital tools allow continuous, personalized care without requiring continuous clinician presence



- Remote monitoring paired with AI triage focuses attention on patients who need it
- Wearables, PROs, and digital biomarkers are underutilized but could meaningfully improve early detection and follow-up
- Consumer-generated data becomes clinically useful only when integrated with interpretation and prioritization

**Goal:** A hybrid ecosystem where clinicians, patients, and digital tools each operate at the top of their capabilities

# Trust depends on demonstrable reliability, transparency, and equity



## Essential components:

- Explainable recommendations clinicians can interrogate
- Validation across diverse populations
- Clear data provenance
- Co-design with clinicians and patients
- Rigorous evaluation across systems



# Opportunities for ACC–Industry Collaboration

## **Define Shared Standards for AI Use in Cardiovascular Care**

ACC is uniquely positioned to develop expectations for transparency, validation, and implementation frameworks for AI in clinical workflows.

## **Develop Exemplary “Implementation Sites”**

Co-develop pilots that:

- test workflow-integrated AI solutions
- demonstrate measurable value
- share best practices
- produce replicable playbooks

## **Improve Data Transparency and Accessibility**

Unified metrics across registries, clinical settings, digital tools, and device data to support implementation at scale.

## **Early Joint Design for Scalability**

Ensure realistic expectations, sustainable costs, and alignment with value-based models.

# Small Group Discussion 2

## ODD TABLES

- What AI-driven platforms (e.g., decision support tools) or data have been successfully integrated into clinical workflows to make evidence more actionable? What is critical for success in implementation?
- How can technology help address cardiovascular workforce shortages while maintaining quality and trust in care delivery?

## EVEN TABLES

- What role should ACC and industry play in expanding care models like hospital-at-home or remote monitoring?
- How can we ensure equity in the use of AI tools to identify care gaps and personalize outreach for diverse patient populations?
- What are the critical factors necessary to accelerate adoption of trustworthy, tech-enabled care models globally?



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**We look forward to seeing  
you at our next  
Industry Advisory Forum  
on July 15<sup>th</sup>**

Heart House  
Washington, DC



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# The ACC Thanks You For Your Partnership!



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