



ACCf Industry Advisory Forum

‘The New Information Age and
Implications for Cardiovascular Care’

December 10, 2025

Summary Report

Enclosed are the following:

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

Tuesday, December 9, 2025
IAF Welcome Reception (optional) 5 - 6:30pm EST
KEA, Heart House, Washington, DC

Wednesday, December 10, 2025
IAF Meeting 9am – 3pm EST
MPR, Heart House, Washington, DC

ACC IAF MEETING AGENDA

Topic – The New Information Age and Implications for Cardiovascular Health

8:00 am – 9:00 am	BREAKFAST, TAKE SEATS & SETTLE IN
9:00 am – 9:15 am	Welcome to IAF, Opening Remarks & Introduction Edward Fry, MD, MACC – IAF Work Group Chair, ACC Past President
9:15 am – 9:25 am	ACC Update Christopher Kramer, MD, FACC - ACC President
9:25 am – 9:35 am	ACC Advocacy + Q&A Nick Morse, MBA, ACC Vice President Advocacy
9:35 am – 10:20 am	Keynote – “Reclaiming Reality in American Healthcare” Anne Zink, MD - 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	BREAK
10:30 am – 11:30 am	Panel: Health Information in 2025 – Adapting to Patient & Clinician Needs Moderator: Katie Berlacher, MD, MS, FACC - Clinical Director of Cardiology, Associate Chief of Education, University of Pittsburgh Medical Center Panelists: <ul style="list-style-type: none"> Communicating the science in the journals - Gilbert Tang, MD, MSc, MBA, FACC – Editor-in-Chief JACC Case Reports and Professor, Department of Cardiovascular Surgery and Medicine, Mount Sinai Health System CV Care Team & Patient Voice – Amy Simone, PA-C, FACC – Chair, ACC Cardiovascular Team Section AI for Clinical Decision Support – Ami Bhatt, MD, FACC – Chief Innovation Officer, ACC Role of Social Media - Muhammad Siyab Panhwar, MD, FACC - Interventional cardiologist, Sanford Bemidji Medical Center
11:30 am – 12:15 pm	Small Group Discussions and Report Out
12:15 pm – 1:15 pm	Group Picture & LUNCH (60 minutes)



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

Executive Summary

Opening Remarks: The American College of Cardiology (ACC) convened its December 2025 Industry Advisory Forum (IAF) at Heart House in Washington, DC, bringing together ACC leadership, clinician members, and 30 industry partners across cardiovascular medical device, biopharma, and health technology organizations. IAF work group chair and ACC Past President **Edward Fry, MD, MACC**, opened the session building on the July IAF's focus of implementation science and setting the tone for the day by **emphasizing the urgency of restoring trust in cardiovascular science and the importance of collaboration between ACC, clinicians, and industry**. Dr. Fry highlighted the explosion of information and data in healthcare, noting both the opportunities for care transformation and the challenges, such as misinformation, workforce constraints, and the need for creative solutions, that ACC and its partners must address together. He underscored ACC's unique role as a content expert and convenor, and industry's position as an engine of innovation, inviting attendees to engage in open dialogue and active problem-solving.

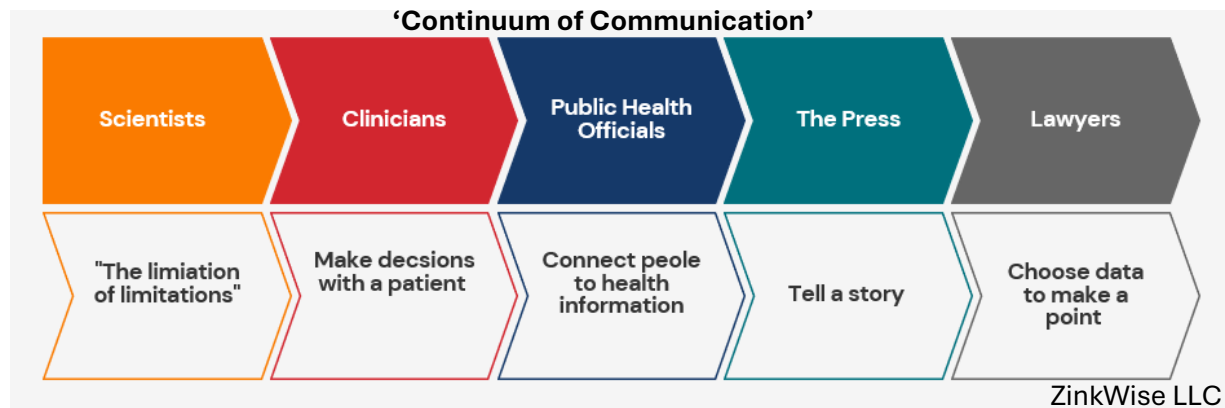
Current ACC President, **Christopher Kramer, MD, FACC**, followed with an update focused on the College's commitment to actionable knowledge and transparent communication. He announced [ACC's strategic partnership with OpenEvidence](#), a generative AI platform designed to deliver guideline-based, footnoted recommendations directly within clinician workflows. Dr. Kramer explained that this initiative aims to bridge the gap between rapidly evolving science and everyday clinical practice, making trusted information accessible at the point of care.

Advocacy Update: ACC Vice President of [Advocacy](#) **Nick Morse, MBA**, provided context on the evolving policy landscape, with particular attention to the new **CMS ACCESS program**. He described ACCESS as a voluntary, 10-year model designed to test outcome-aligned payment approaches for value-based, technology-enabled chronic disease management. Morse also emphasized ACC's ongoing efforts to advocate for reimbursement predictability, telehealth flexibilities, and the alignment of financing models with technology-enabled care, positioning ACC as a leader in shaping the future of cardiovascular health policy.

Keynote: "Reclaiming Reality in American Healthcare": Drawing on her experiences as Alaska's former Chief Medical Officer and as current clinical leader in emergency medicine and public health, **Anne Zink, MD** framed trust as both



a duty and a discipline. She urged attendees to treat the ‘continuum of communication’ as integral to clinical impact.



Zink emphasized that communication must be local, visual, contextual, and actionable, pairing evidence with narrative to counter health rumors and politicization. Her core message, that **trust in healthcare is built through accountable, authentic communication across every link in the continuum** resonated across the forum. Zink described practical tactics such as pre-bunking likely myths, debunking with facts plus alternative explanations, avoiding repetition of false claims, and closing with clear calls to action. She continuously reminded the audience to "show, not just tell" and to anchor messages in patients' lived environments.

Panel 1: Health Information in 2025 — Adapting to Patient & Clinician Needs

Moderator **Katie Berlacher, MD, FACC** opened the discussion by framing the challenge of information overload and the erosion of trust in traditional sources. She emphasized the need for **adaptive strategies that meet clinicians and patients where they are, leveraging technology and partnerships to deliver accurate, actionable information.**



As Editor-in-Chief of *JACC Case Reports*, **Gilbert Tang, MD, FACC**, focused on the role of journals in the challenging task of **translating complex evidence into practical guidance for clinicians and patients.**



Key Messages:

- Journals must evolve beyond static publication models to deliver concise, clinically relevant summaries that fit into busy workflows.
- Transparency in peer review and open access to evidence are critical to maintaining trust.
- Patients want clarity on “what does this mean for me?” rather than epidemiologic metrics.

Representing the cardiovascular care team, **Amy Simone, PA-C, FACC** highlighted the **importance of patient-centered communication and shared decision-making.**

Key Messages:

- Clinicians need tools that translate guidelines into plain language for patients, reducing confusion and improving adherence.
- [CardioSmart](#) and AHA’s Essential 8 resources are effective but require broader integration into care workflows.
- Personalization and cultural sensitivity are essential for patient engagement in an era of information overload. Tools that integrate patient preferences into risk discussions can improve engagement and adherence.



ACC’s Chief Innovation Officer, **Ami Bhatt, MD, FACC**, focused on the intersection of AI, patient education, and workflow integration. Her remarks highlighted both **the promise and the pitfalls of conversational AI tools in healthcare.**



Key Messages:

- AI-driven platforms, such as chatbots, can deliver standardized information and escalate to a human when questions fall outside predefined parameters. This approach helps extend care without overburdening clinicians.
- Healthcare systems need to design user-friendly, trustworthy digital experiences to prevent patients from relying solely on consumer AI tools.
- Transparency, clinician oversight, and clear boundaries are essential to mitigate risks and maintain trust.

As a social educator with over 600K followers on TikTok, **Muhammad Siyab Panhwar, MD, FACC** described **social media as the modern battleground for health information**. He called for ACC and clinicians to proactively mobilize unbiased content and trusted digital ambassadors.



Key Messages:

- Social media is a primary source of health information—clinicians must engage or risk losing ground to misinformation.
- “Meet patients where they are,” whether TikTok, Instagram, or other platforms, to guide them to accurate information in the spaces they trust.
- Social media videos can correct misconceptions and influence patient behavior positively (e.g., statin adherence).

Small Group Discussion — Morning Report Out

Odd Table Questions

1. What strategies or initiatives have you seen work well in combating misinformation in cardiovascular health care?

Participants emphasized using short, relatable content to correct misconceptions as mentioned by the panel, and tailoring outreach to the audience. Supplementing those approaches, groups cited patient stories and trusted messengers, plus coordinated digital campaigns (e.g., ADA outreach, CVS flu-shot text prompts, Kaiser myth-busting) as practical models that have shown impact in shifting behavior toward evidence-based care.

2. How can ACC and industry jointly support clinicians in navigating information overload and misinformation?

Attendees called for workflow-embedded, explainable tools that surface footnoted, guideline-based answers at the point of care (mirroring the uptake clinicians

described for OpenEvidence), along with plain-language summaries and personalized risk discussions that reflect what matters most to the patient (e.g., disability vs. mortality vs. cost).

3. What other organizations, campaigns or tools have been successful in reaching patients to improve outcomes?

Groups referenced CardioSmart embedded in after-visit summaries and highlighted ADA, CVS and Kaiser campaigns that pair simple calls-to-action with distribution in everyday settings (e.g., text reminders, waiting-room content). They urged ACC to coordinate with industry and advocacy partners to replicate these coalition models across CV conditions.



Even Table Questions

1. What strategies can ACC and industry partners implement together to reinforce trust in published cardiovascular science among clinicians and patients?

Report-outs stressed transparent, individualized communication and encouraged ACC to expand explainable decision support with linked references that clinicians can use in real time, along with community-anchored messengers who can credibly carry evidence into local contexts.

2. How can we leverage social media and AI tools to counter misinformation effectively?

Clinicians described success with clinician-authored short videos and posts that clarify common misconceptions, coupled with an intake step asking, “Where do

you get your information?” to guide outreach. Groups noted chatbots can handle structured education and discharge follow-up, but must escalate to humans for complex queries, maintaining transparency and safety.

3. What messaging gaps exist between what industry communicates (DTC campaigns) and what patients bring to clinicians, and how can these be addressed?

Tables identified gaps where DTC content sets expectations that aren't aligned with clinical guidance. They recommended plain-language, preference-sensitive materials co-developed by ACC, clinicians, and industry; and delivered in the same channels patients already use, so clinicians can reconcile marketing messages with evidence-based care pathways at the point of care.



Key Takeaways

- Trusted messengers and coalition approaches (ACC + industry + patient advocates) are pivotal to combat misinformation.
- Embed credible, plain-language resources into routine workflows (e.g., after-visit summaries) and social channels where patients already seek information.
- ACC should establish shared data standards and integrity metrics to enable cross-stakeholder information sharing.
- Personalization and prompt training improve AI-assisted education and reduce confusion for clinicians and patients.

Panel 2: Health Information in 2025 — Adapting to Patient & Clinician Needs

Moderator **Jennifer Silva, MD, FACC** framed the afternoon session around trust and technology, sharing a vignette about her 78-year-old mother using a consumer ECG, “She actually trusted the determination of an AI algorithm over her daughter who she paid to attend medical school”, to illustrate how patient trust in tools can outpace trust in clinicians. **Emphasizing that empathy and communication must accompany technical advances.**



Thomas M. Maddox, MD, FACC cautioned against “technology-as-panacea,” focusing on designs that **give clinicians time back, translate evidence into practice, and expand care settings without piling on cognitive load.**

Key Messages:



- AI’s value is in reallocating clinician time (ambient documentation, triage, predictive focus) and embedding guideline-based recommendations directly in workflow - “For the love of God, don’t give us another dashboard.”
- Trust requires explainability, validation across diverse populations, and clear data sources; ACC can help establish shared standards and exemplary implementation sites.
- Early success models (e.g., ACC’s Transform & Driving Urgency in LDL Screening projects) show the power of workflow-integrated prompts and a hybrid ecosystem pairing humans and AI to reduce signal/noise.

Efstathia “Effie” Andrikopoulou, MD, FACC reframed her topic saying, “There’s no such thing as patient-centered AI. **There’s patient-centered care, and AI is one of the tools.**” She offered a cardio-oncology case where wearable trends (rising resting HR preceding pericarditis episodes) created actionable insight.

Key Messages:

- Focus on high-value, interpretable information that changes management; more data ≠ better data, and more tools ≠ better systems.
- Success hinges on co-design with clinicians, seamless real-world workflow integration (no extra platforms/dashboards), and standardized outcomes tracking.



- ACC can catalyze progress via standardized validation for data quality, clinician–industry interaction, and implementation playbooks.

Steve Steinhubl, MD, FACC described the rapid evolution from belt-clipped accelerometers to medical-grade wearables (continuous HR/RR/temp and hourly non-cuff BP), **arguing wearables are transformational and require new care systems rather than retrofitting old pathways.**



Key Messages:

- Wearables should be designed around patient needs and a human endpoint and paired with AI triage to surface actionable signals and personalize continuous care.
- AFib clinics and prospective hypertension management programs are examples that illustrate how wearables, when paired with AI triage, can personalize care and improve early detection.
- Policy momentum, such as CMS ACCESS (digital health reimbursement) and FDA TEMPO (risk-based clearance), enables use of these technologies; ACC and industry should match this momentum and move with tech's sense of urgency.

Modele Ogunniyi, MD, MPH, FACC focused on **whole care team mobilization** and grounded the discussion in the realities of practicing at a safety-net hospital (Grady Health in Atlanta, GA), where coordinated care extends beyond the hospital and clinic. Community health workers (CHWs) play a vital role in bridging the gap between hospital and home. She described how mobile integrated health teams visit patients within seven days of discharge, and how remote patient monitoring (RPM) data flows directly into the electronic health record with protocols designed to prevent information overload.

Key Messages:

- A hybrid, team-based care approach, combining clinicians, CHWs and mobile integrated health teams, paired with remote monitoring and AI documentation tools can reduce clinician overload.
- **Equity through design is essential**, this includes bedside SDOH assessments, scheduled post-discharge calls/visits, transportation support, and patient-facing web tools that increase access and communication (e.g., SmartHF enrollment; enabling MyChart messaging for previously disconnected patients).
- Advocacy for policy change that recognizes and reimburses CHWs is needed locally and nationally; encouraged ACC chapters to engage state/federal legislators to do this.



Small Group Discussion — Afternoon Report Out

Odd Table Questions

1. **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?**

Participants reported that many AI tools are procured outside clinical leadership and implemented off-workflow, limiting adoption; success depends on early clinician involvement, explainability, clear provenance, workflow integration and responsibility assignment for data and recommendations. Successful integrations highlighted explainable AI that “footnotes everything” and fits the conversational workflow (e.g., OpenEvidence), plus imaging AI that prioritizes clinician review and predictive models, while noting portability/calibration challenges across populations.

2. **How can technology help address cardiovascular workforce shortages while maintaining quality and trust in care delivery?**

Groups cited ambient documentation, AI triage/predictive focus, and chatbots for structured tasks to reallocate time to higher-value care; paired with transparency, informed consent, and patient choice to preserve trust. They cautioned about over-reliance among trainees and emphasized knowledge retention alongside tool use.



Even Table Questions

1. **What role should ACC and industry play in expanding care models like hospital-at-home or remote monitoring?**

Groups recommended ACC publish toolkits or playbooks for hospital-at-home and [RPM](#) (protocols, staffing, data flows, consent scripts, etc.), and coordinate predictable financing linked to outcomes to sustain technology-enabled care with clear guardrails for liability, data management, and inbox burden.

2. **How can we ensure equity in the use of AI tools to identify care gaps and personalize outreach for diverse patient populations?**

Participants stressed the utilization of diverse training datasets, addressing broadband & language access, and using community-anchored teams (e.g., CHWs) to translate digital insights into actionable support. They urged culturally tailored education and transparency about the functionality of “AI-powered” features.

3. **What are the critical factors necessary to accelerate adoption of trustworthy, tech-enabled care models globally?**

Groups emphasized demonstrating clinical utility in real environments, ensuring explainability/localization, and aligning with value-based payment; storytelling in local contexts helps engagement, and physician-in-the-loop validation sustains safety and confidence.

Key Takeaways

- Integrate tools into clinician workflows and involve clinical leaders early; prioritize explainable AI with clear origin.
- Advance equity through diverse training datasets, consideration of broadband and language access, and culturally tailored education.
- Develop ACC playbooks for CHW-enabled care, hospital-at-home and RPM; pair with predictable, outcomes-based financing (e.g., ACCESS).
- Tools must be created with guardrails for liability, data management, and triage to prevent inbox overload while keeping physicians central to validation.

Throughout the day participants voiced additional recommendations to ACC which included:

- Taking the lead in creating shared validation and data-quality standards for AI/ML-enabled cardiovascular tools, including equity benchmarks. This approach could enable cross-stakeholder information sharing that is not possible without an unbiased, trusted organizer.
- Prompt-training for AI assistants to improve accuracy and reduce confusion.
- Convene clinician–industry co-design sprints to translate guideline evidence into workflow-integrated, bite-sized guidance.

The forum concluded by thanking participants for their deep engagement and with the request for additional feedback from ACC’s industry participants as to how the IAF can be improved. Participants were encouraged to continue sharing ideas for future topics as well as implementation collaborations.





List of Participants –December 10, 2025

ACC Leadership

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

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

Christopher Kramer, MD, FACC

President, American College of Cardiology

Richard Kovacs, MD, MACC

Past President, Chief Medical Officer, American College
of Cardiology

Roxana Mehran, MD, FACC

Vice President, American College of Cardiology

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

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

ACC Industry Advisory Forum Work Group

Paul N. Casale, MD, MPH, MACC

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

Paul L. Douglass, MD, MACC

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

Ty Gluckman, MD, FACC

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

Modele Ogunniyi, MD, MPH, FACC

Professor of Medicine
Emory University/Grady Health System

Jennifer Silva, MD, FACC

Director, Pediatric Electrophysiology
Professor, Pediatrics & Biomedical Engineering

Faculty Fellow in Entrepreneurship
Washington University School of Medicine

ACC Members & Faculty

Efstathia Andrikopoulou, MD, MBA, FACC

Associate Professor
University of Washington

Katie Berlacher, MD, MS, FACC

Clinical Director of Cardiology, Associate Chief of
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University of Pittsburgh Medical Center

Akshay Khandelwal, MD, MBA, FACC

Treasurer, American College of Cardiology
System Chair for Department of Cardiovascular
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Viet Le, PA-C, FACC

Associate Professor of Research and Preventative
Cardiology
Intermountain Health

Thomas Maddox, MS, MSc, FACC

Executive Director, Healthcare Innovation Lab
Washington University School of Medicine

Pamela Morris, MD, FACC

Professor of Medicine in Cardiology
Paul V. Palmer Chair of Cardiovascular Disease
Prevention
Director, Seinsheimer Cardiovascular Health Program at
the Medical University of South Carolina

Muhammad Siyab Panhwar, MD, FACC

Interventional Cardiology, Sanford Health

Amy Simone, PA-C, FACC

Chair, ACC CVT Section

Steve Steinhubl, MD, FACC

Vincent P. Reilly Professor of Biomedical Engineering
Purdue University

Gilbert Tang, MD, MSc, MBA, FACC

Professor, Department of Cardiovascular Surgery and

Medicine (Cardiology)
Mount Sinai Health System

Anne Zink, MD
Senior Clinical Fellow and Attending Physician
Yale, Mat-Su Emergency Physicians Alaska

Industry Advisory Forum Members

Abbott
Carole Bruner, MBA
Head of Professional Relations & Education

Meredith Weir
Senior Manager, Digital Strategy

Alnylam
Gale Tucker, PharmD
Associate Director, Medical Science Liaison

Amgen
Shushama Alam, PharmD
Medical Director, External Engagement

Eavan Kennedy, MPH
Manager, Corporate Affairs

AstraZeneca
Colleen Vineer
Advocacy & Alliance, US CVRM

Bayer
Rob Perkins, MD
VP, Cardiovascular & Renal

Tamara Windau-Melmer, MPH
Director of Advocacy Relations, Cardiovascular & Renal

Boehringer Ingelheim
Joseph Abrajano, PhD
Senior Associate Director

Jennifer Tepper
Director, Patient Advocacy & Professional Relations,
CRM

Boston Scientific Corporation
Gina Hrach, MSN, RN, MBA
Associate Director

Katie Canepa
Vice President, Medical Affairs and Medical Education

BridgeBio Pharma, Inc.
Kristen Binaso, RPh
Senior Director, Professional Society Engagements and
Educational Partnerships

Bristol Myers Squibb
Josh Roll
Director, Strategic Alliances & Issue Advocacy

Kristie Yadro, RDN, PharmD
Head of CV Professional Societies and Associations

Cleerly Health
Annie Schlemmer, RPh
Senior Director, Advocacy and Education

Michelle Gearheart, PharmD
VP, Medical Affairs

CVRx
Jonelle Burnham, JD
VP, GC

Bonnie Handke, RN, MBA
SVP, Patient Access, Reimbursement & Healthcare
Economics

Cytokinetics
Addie Lucas
Associate Director, Patient Advocacy & Engagement

H. Andrew Wilsey, PharmD
Therapeutic Medical Scientist

Eli Lilly

Kate Thomas
US Director, US Obesity Care Advocacy and Professional Relations

Patrick Flight, PhD
Executive Director

Esperion Therapeutics

Lisa Kerr Ringley, DMSc, PA-C
Associate Director, Medical Communications and Data Analytics

Vincent Dorsey, PharmD
Director, Medical Communications

iRhythm

Jay Shah, MD
Chief Medical Safety Officer, VP, Clinical Oversight & Innovation

Mintu Tarakhia, MD
Chief Medical and Scientific Officer and EVP, Advanced Technologies

Jazz Pharmaceuticals

Jessica Alexander, PhD
Neuroscience Area Lead, Global Medical

Diane Robertson, PhD, JD
Partner

Johnson & Johnson

Kardigan

Wendy Borsari
Director, Patient Advocacy

Kelly Kleeman, PharmD
Senior Director, Medical Asset Lead

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Market Development Program Manager

Terri Buehler
Global Market Development Consultant

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Deanna Marshall, MPH
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Andra Stevenson, PhD
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John Sandstrom, PharmD
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NewAmsterdam Pharma

Nancy Ortiz, PharmD
Global Medical Strategy and Evidence Generation

Jeremy Smart, PharmD
Medical Director

Novartis

Novo Nordisk

Michele Fetterman-John, MBA
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Carol Austin, MD, MSc
Medical Director

Mark Vaughan, PharmD
Director, Field Medical Outcomes

Regeneron Pharmaceuticals

Aaron Kithcart, MD, PhD
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Amanda Seeff-Charny, M.Ed.

Executive Director, Patient Advocacy

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Susan Manganello, RN, BSN

Lead, Public Affairs & Patient Safety, Vaccines, US

Thinus Marais, MD

NA Medical Head-Flu-COVID Vaccines, US

Terumo Health Outcomes

Ryan Graver

Senior Vice President

Josh Hagerman

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ZOLL Medical

Ivan Chevere, PhD

Director

Andrea McMahon

Director of Product Marketing

ACC Staff

Jennifer Bae, MHSA

Executive Director, Global Innovation

Ami Bhatt, MD, FACC

Chief Innovation Officer

Andreea Candela, MBA, MA

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Sarah Culhane, RDCS

Director, Corporate Partnerships & Business Strategy

Katie Day

Associate Director, Global Corporate Partnerships

Joyce Donnellan, MSN

Vice President, Education

Megan Drewiske

Associate Director, Business Operations & Strategy

Melvin Echols, MD, FACC

Chief Health Equity Advancement and Inclusion Officer

Shalen Fairbanks

Chief Communications Officer

Cathleen Gates

Chief Executive Officer

Lisa Hix, JD

Executive Vice President

General Counsel

Neal Kovach, MBA

Chief Commercial Officer, Global Innovation & Clinical Transformation

Alyssa McCormick, MBA

Senior Director, Global Membership

Nick Morse, MBA

Division Vice President, Advocacy & Government Affairs

Brendan Mullen

Senior Executive Vice President, Business Strategy

Shilpa Patel

Managing Director, Innovation & Product Strategy

Sarah N. Sears, MA, CAE

Vice President, Membership

Julie Stephenson, BSN, MBA

Senior Director, Corporate Partnerships & Business Strategy

Miriam Surdin, MPA, CAE

Associate Director, Chapter Affairs

Justine Turco

Vice President, Publishing

Lear Zaborowski, MBA

Senior Director, Corporate Partnerships & Business Strategy

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

Answered: 11 Skipped: 0

4.5★
average rating



	DID NOT MEET EXPECTATIONS	(NO LABEL)	MET EXPECTATIONS	(NO LABEL)	EXCEEDED EXPECTATIONS	TOTAL	WEIGHTED AVERAGE
☆	0.00%	0.00%	9.09%	36.36%	54.55%	11	4.45
	0	0	1	4	6		

#	ADDITIONAL COMMENTS	DATE
1	Excellent engagment	12/16/2025 4:13 AM
2	Every aspect of the meeting was very well done.	12/11/2025 12:23 PM

Q2 What was your key takeaway from the December IAF Meeting?

Answered: 10 Skipped: 1

#	RESPONSES	DATE
1	Artificial intelligence is a tool that can help reduce physician burnout and improve patient-centered care. Industry and ACC can help support the adoption of AI	12/16/2025 4:13 AM
2	Rapid advances in technology will require innovative approaches to advancing cardiovascular care.	12/15/2025 4:56 PM
3	This was one of the best IAF meetings to date. The key note was phenomenal and one session flowed so well to the next.	12/11/2025 2:35 PM
4	Members are very engaged and great info and ideas were shared	12/11/2025 1:55 PM
5	Communication through multiple trusted channels is key to combating medical misinformation.	12/11/2025 1:47 PM
6	Information volume and complexity are outpacing the system. This extends to patients and HCPs not knowing how to effectively use new tech like AI, the system being unable to keep up with helpful tech updates that would streamline workflows, etc. Also improved communication at every level will only grow more important as these complexities increase with ever-growing data.	12/11/2025 12:33 PM
7	There is a great deal of work to do to catch up to patients and tech companies. The ACC can play a key role as an organizer and facilitator to help cardiology care catch up and even lead.	12/11/2025 12:23 PM
8	AI is complicated!	12/11/2025 10:08 AM
9	How to incorporate AI in cardiovascular medicine	12/11/2025 9:53 AM
10	I think there is a lot of interest around AI but I did not think either the fellows/clinicians nor the industry partners present were really able to provide actionable insight or ideas. I think most of the conversation swirled around general concerns, apprehension or excitement but did not dig deeper. Likely this is because from the clinical side they are not using much AI aside from scribing, and from the industry side, we are just starting to dip our toes into the AI waters and figure out our guardrails and involvement externally. It was hard to truly consider possible collaboration opportunities around this topic. I think we could have focused more on misinformation without introduction of AI. It all just sort of shifted toward discussing AI and social media rather than staying on the misinformation piece and figuring out next steps. I loved Anne Zink's presentation, I think taking a public health lens to the misinformation piece is critical and discussion questions should have more clearly built off of her presentation.	12/11/2025 9:38 AM

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

Answered: 10 Skipped: 1

#	RESPONSES	DATE
1	The current landscape of clinical trials and what ACC and industry are doing to support the common goal of clinical trial representativeness, and equitable enrollment, participation, and retention. Also supporting the site investigators and coordinators who do the groundwork in clinical trials	12/16/2025 4:13 AM
2	Role of industry/academic partnerships in advancing cardiovascular care, future of cardiovascular medicine, increasing diversity in cardiovascular research.	12/15/2025 4:56 PM
3	1. Optimizing care delivery in the setting of changing payment models and reimbursement, 2. Team-based care and models for successful care delivery, 3. Overcoming barriers to accessing medication in the setting of payment/policy reform	12/11/2025 2:35 PM
4	How and when to incorporate patient voice in bio-tech and research. Getting routine feedback from lived experience experts. Would be wonderful to hear directly from PAG or patient during each meeting on designated IAF meeting topic	12/11/2025 1:55 PM
5	Monitoring safety of drugs and devices.	12/11/2025 1:47 PM
6	Translating evidence for the real world - bridging guidelines and practice through better communication. Would love to see scalable suggestions for HCP education (that have HCP buy-in to ensure adoption), patient literacy, and storytelling in contextualizing data/guidelines	12/11/2025 12:33 PM
7	I think the topics covered were complicated and nuanced. I can see 3 separate meetings all with a primary focus on patient experience (therefore include patient representatives): 1. The role of patient-facing Generative AI in the future of cardiovascular care, 2. The role of wearable sensors in the future of CV care, and 3. What does the future of patient-centric healthcare look like in a "digital by default" future.	12/11/2025 12:23 PM
8	Healthcare costs	12/11/2025 10:08 AM
9	None at the time	12/11/2025 9:53 AM
10	Quality improvement projects, collaborative implementation science, health equity, changing needs of publication (now that lay people are reading scientific articles and misinterpreting it--should scientists and editors change how and where we list assumptions, limitations, key takeaways for an audience of non-scientists not used to reading through and interpreting an entire paper.)	12/11/2025 9:38 AM

Q4 Is there any additional feedback about the meeting you'd like to share?

Answered: 9 Skipped: 2

#	RESPONSES	DATE
1	Thanks to the ACC staff and the IAF committee members for putting together a great forum. Looking forward to future meetings	12/16/2025 4:13 AM
2	Many of these IAFs feel more like roundtable discussions rather than generating actionable next steps. Would like to see more measurable outputs to assess the value of these meetings.	12/15/2025 4:56 PM
3	the room was quite tight. you must supply power at the tables, as well.	12/11/2025 5:33 PM
4	Kudos on all the great work that went into this!	12/11/2025 2:35 PM
5	Look forward to attending the next.	12/11/2025 1:55 PM
6	Absolutely LOVED Anne Zink's presentation. Engaging, inspiring, informative.	12/11/2025 12:33 PM
7	I appreciate being invited.	12/11/2025 12:23 PM
8	Great topics and collaboration of ACC and industry	12/11/2025 9:53 AM
9	It was great getting to hear the panelists but I felt the discussion questions and discussion portion was a bit muddled with confusion around AI, hard for industry to really give any good insight or ideas on partnership with ACC.	12/11/2025 9:38 AM