



I. Mission Statement

To improve the cardiovascular care of women with or at risk for cardiovascular disease through data-driven and multidisciplinary clinical care, cutting-edge research, community engagement and political advocacy. This can be accomplished by cardiologists who want to start a heart center for women or focus on managing the care of women with cardiovascular disease.

Definition of an expert in cardiovascular disease in women: A cardiologist who understands the sex differences in cardiovascular disease and has acquired knowledge through education, training and experience in treating women with cardiovascular disease.

II. Structure of Women's Heart Programs

- A. Academic: clinical, research, industry, training fellows, community outreach
- B. Private Practice: clinical, community outreach, research optional
- C. Other/Rural/Underserved Areas: clinical, community outreach, research optional, advocacy
- D. Infrastructure
 - 1. Comprehensive intake questionnaires
 - 2. Women's health-focused educational handouts
 - Resources for women (dietitian, psychologist, physical activity), virtual or onsite
 - 4. Collaborations and mechanisms for easy referral between disciplines

III. Financial Support For Creating Space and Programs

- A. Academic: institutional, philanthropy
- B. Private Practice: practice, philanthropy
- C. Underserved Populations/Areas: grants, philanthropy

IV. Areas of Focus of Women's Heart Centers

- A. Prevention: risk factor identification and modification
- B. General Cardiology
- C. Myocardial infarction with nonobstructive coronary arteries (MINOCA), ischemia with nonobstructive coronary arteries (INOCA), spontaneous coronary artery dissection (SCAD), stress-induced cardiomyopathy
- D. Multidisciplinary: cardio-obstetrics, reproductive health, transgender care, cardiooncology, neuro-cardiology (stroke, migraines, cardio-cognitive movement disorders), cardiorheumatology, cardio-metabolic, psychology, and psychiatry
- E. Cardio-Gynecology: menopause-related issues

V. Research

- A. Registries: A goal is for registries to be incorporated into the NCDR
- B. Randomized Clinical Trials: investigatorinitiated; industry-sponsored
- C. Review Papers: collaborate with other cardiology organizations such as AHA, HRS, NLA, ASNC, SCAI, TCT, etc.
- D. Quality
- E. Patient-Reported Outcomes
- F. Methodologies/Behavioral Research Interventions

VI. Advocacy

Advocacy and other mission-related categories to "move the needle" on matters related to women's health, such as reproductive rights and domestic violence.





ACADEMIC HEART CENTER FOR WOMEN

Structure

Note: Support is needed from the chief of cardiology.

- A. Clinical. Develop a general cardiology program that could include cardio-ob, cardio-oncology, etc.
- B. Education. Ensure that topics related to women's heart health are part of a core curriculum for CME and GME offerings. Incorporate educational goals for training peers, advance practice providers (APPs), fellows and medical residents. Incorporate the diversity, equity and inclusion (DEI) perspective to ensure that sex differences, in addition to race and ethnic differences, are included in all presentations.
- C. Community Outreach. Educational programs for the community to decrease health care disparities.

Financial Support For Creating Space and Programs

A. Academic. Institution and philanthropy (work with philanthropy department to engage grateful patients).

Areas of Focus of Women's Heart Center

- A. Prevention. Risk factor identification and modification using coronary artery calcium (CAC) scores. Breast arterial calcifications may increase cardiovascular risk, and women with these findings should undergo cardiovascular risk evaluation. If possible, imaging modalities such as PET and coronary flow reserve (CFR) for women and low-radiation imaging (stress-only nuclear, PET or prospective CT) should be available to improve diagnostic sensitivity.
- B. General Cardiology.
- C. Multidisciplinary. Cardio-ob, reproductive health (could include cardio-ob, transgender care, menopause, etc.), cardio-oncology, cardio-cognitive, genetics, etc.

Research

- A. Registries. The HOPE and other disease-based registries should be included, with the goal of these being incorporated into the NCDR.
- B. Randomized Clinical Trials. Investigator-initiated; industry-sponsored.
- C. Review Papers. Collaborate with other cardiology organizations such as AHA, HRS, NLA, ASNC, SCAI, TCT, etc.







PRIVATE PRACTICE HEART CENTER FOR WOMEN

Structure

- A. Clinical. Develop a general cardiology program that could include cardio-ob, cardio-oncology, etc.
- B. Community Outreach. Educational programs for the community to decrease health care disparities.

Infrastructure

- A. Comprehensive intake questionnaires.
- B. Women's health-focused educational handouts.
- C. Resources for women (dietitian, psychologist, physical activity), virtual or onsite.
- D. Collaborations and mechanisms for easy referral between disciplines.

Financial Support For Creating Space and Programs

A. Practice group, medical center or hospital; engage grateful patients.

Areas of Focus of Women's Heart Center

- A. Prevention. Risk factor identification and modification using mammograms and CAC scores.
- B. General Cardiology.
- C. Multidisciplinary. Cardio-ob, cardio-oncology, cardio-cognitive, genetics, etc.

Research

- A. Registries. A goal is for registries to be incorporated into the NCDR.
- B. Randomized Clinical Trials. Investigator-initiated; industry-sponsored.







POSITION DESCRIPTION FOR PROGRAM DIRECTOR OF A WOMEN'S HEART PROGRAM

I. Purpose and Scope

Women's cardiovascular health is an emerging discipline within adult cardiology focused on the delivery of comprehensive, multidisciplinary care to women with known or previously undiagnosed cardiovascular disease or at risk for cardiovascular disease, integrating cardiac imaging, electrophysiology, cardiovascular genetics, exercise physiology, interventional cardiology and other cardiovascular disciplines to best advance cardiovascular health. In this role, the director of a women's heart program ("Director") provides leadership to accomplish all the activities and goals of the center.

The Director will oversee clinicians, including physicians and APPs, assuring they are knowledgeable in the field's unique aspects to perform comprehensive assessments and give optimal recommendations for women with known or at risk for cardiovascular disease.

The Director will appropriately utilize cardiac imaging and exercise testing specific to patients; liaise with clinicians and administrators in the women's health service line to develop educational materials and clinical protocols.

The Director will engage with the primary care community and community members at large to further the understanding of cardiovascular disease in women, and to advance specific research relevant to this field. Developing a heart center for women ("Center") is integral to ensuring the robust cardiovascular health of the greater community.

II. Responsibilities and Duties

C. Performance Standards, Operational Policy and Efficiencies

- Establish and implement women's cardiovascular health screening programs to support multiple service lines.
- Develop cardiovascular imaging programs specifically associated with diagnosing cardiovascular conditions in women.
- Establish and monitor the programs to evaluate and treat cardiovascular disease in women.
- Develop and establish test protocols specific to women, including cardiac imaging, ECG, histopathology findings, arrhythmias, genetics and family history findings.
- Provide consultation on women's cardiovascular health issues concerning reproductive health, obstetrical care and gynecological care.
- Participate in developing cardiac rehabilitation programs for women.
- Responsible for physician and service performance metrics, quality data and operational policy of the Center.
- Assure compliance with performance standards that measure physician satisfaction, patient satisfaction, clinical competence, and billing/coding audits within the Center, ensuring patient and physician satisfaction meets or exceeds established targets.





Performance Standards, Operational Policy and Efficiencies Continued...

- Participate in developing and reviewing policies and procedures governing the delivery of care directed to advance women's cardiovascular care.
- Assure adequate, proper and timely medical records concerning all patients examined or treated by the Center.
- Identify opportunities to reduce the cost of maintenance and improve efficiencies through standardization as applicable through process improvement and utilization review.
- Review the clinical/cost performance of the Center and recommend actions for improvement as necessary.
- Develop a dashboard with clinical metrics including number of new referrals, source of referral (internal vs. external vs. self-referred), wait times for appointments, downstream referral, revenue, total clinical volume generated by the program.

D. Strategy Development, Communications and Implementation

- Assist in the strategic development, communications and deployment of new clinical programs and practices, including an integrated delivery model for women's cardiovascular health.
- Act as a liaison to the medical staff to encourage the proper and appropriate use of protocols for this patient cohort.
- Assist hospital administration with designing, implementing and coordinating resources to ensure efficient and effective processes.

E. Leadership

- Serve as the primary contact for all cardiology issues for all partnerships in delivering women's cardiovascular care.
- Responsible for developing and maintaining a close relationship with the primary care community to provide a multidisciplinary approach to women's cardiovascular care.
- Serve in a leadership role with all communications, meetings and initiatives related to women's cardiovascular health. Within the Center, responsible for clinicians' behavior, compliance with expectations, and ensuring appropriate and constructive communications.
- Provide a professional review for women's cardiovascular services offered to patients at any facility.
- Within the Center, identify clinician conflicts, including behavior and noncompliance, and ensure resolution.
- Collaborate with the members of the adult cardiology section to develop and implement policies and procedures to facilitate the adoption of evidence-based medicine and practice-based standards.
- Plan and implement new clinical programs as directed by the medical center/hospital leadership.





F. Quality

- Advise medical center/hospital leadership and administration concerning the scope, availability and quality of care provided within the Center.
- Develop and recommend protocols related to women's cardiovascular health to be promulgated across health care delivery locations.
- Recommend changes/improvements to existing technologies, practices, techniques and equipment impacting the overall quality of care provided to patients within the Center.
- Encourage and identify professional development opportunities for physicians and staff associated with or interested in women's cardiovascular health.
- Participate in committee work and attend meetings dealing with women's cardiovascular health, including but not limited to morbidity and mortality conferences, departmental conferences, meetings with vendors, and local, state and national meetings, as needed.
- Responsible for patient satisfaction scores as relates to areas of responsibility.
- Responsible for referring physician satisfaction scores in the areas of responsibility.
- Share accountability for the medical center's/hospital's financial performance.

III. Knowledge and Abilities

This position requires a physician with advanced clinical and leadership skills. The Director will need to possess the following professional and personal attributes to execute the roles and responsibilities of this position successfully:

- Known and respected within the specialty for clinical excellence.
- Knowledge of evidence-based medicine and clinical advances in the discipline.
- Ability to plan and delegate assignments, review work and supervise other clinicians.
- Leadership style that emphasizes communication, collegiality, flexibility and the ability to work with a diverse, highly qualified medical staff.
- Ability to develop effective working relationships with physicians and administration.

IV. Educational Requirements

The Director must be licensed or qualified for licensure to practice medicine in the State. The Director must hold active certification from the American Board of Internal Medicine in the specialty of cardiovascular disease or a recognized subspecialty of cardiovascular disease.

V. Performance Metrics

Goals and objectives for the Director (and the team assigned to lead) will be developed jointly by the medical center/hospital system's facility and medical group management leadership in conjunction with the administration. These will be established annually to address: 1) quality, 2) value, 3) patient experience, 4) affordability and 5) growth. Regularly scheduled reviews of performance related to the established goals will occur, and corrective action work plans will be developed as needed.





HELPFULTIPS FOR SUCCESS

I. Seek Support, Advice Before Starting a Practice/Program/Center For Women

- A. Get support from your chief of cardiology, partners and administrators. State why this is important, emphasizing your goal is to improve the quality of care and bring patients to the practice.
- B. Get support from a champion of your multidisciplinary team, such as clinicians from obstetrics/ gynecology, psychology/psychiatry/neurology, nutrition, endocrinology, rheumatology, etc. Inform them of your plans, what you want to offer patients, and why it is essential to have this multidisciplinary team. Meet with the team as needed.
- C. Discuss your plans with the philanthropy staff and learn how to get philanthropic support from grateful patients and donors for financial support for research, educational and community activities, and mentoring.
- D. Educate yourself and others who will work with you on women's health in general. There are many women's health-focused conferences, allowing one to learn about specific health issues that affect women and become an expert in the discipline.

V. Focus First on Building Your Practice in Heart Disease For Women

- A. Building a physical office or center requires many resources and may only be possible for some. Start by marketing yourself as an expert in heart disease in women.
- B. Consider building a physical space only once you have established a robust practice and there is ongoing financial support with philanthropy or research funding.

III. Establish Yourself as an Expert in Women's Heart Health

- A. Join local/regional/national organizations to collaborate with others with heart centers/programs/practices for women.
- B. Volunteer your services to write papers or provide programs with others that educate, mentor and train other clinicians to focus on women with heart disease.

This toolkit was developed for the American College of Cardiology (ACC) by ACC's Women in Cardiology Member Section. It does not reflect ACC policy.

Toolkit Writing Group

Co-Chairs:

Annabelle Santos Volgman, MD, FACC and Laxmi Mehta, MD, FACC

Contributing Members:

Niti Aggarwal, MD, FACC Rachel Bond, MD, FACC Briana Costello, MD Eugenia Gianos, MD, FACC Abha Khandelwal, MD, FACC Sandra J. Lewis, MD, FACC Gina Price Lundberg, MD, FACC Margo B. Minissian, PhD ACNP, AACC Biljana Parapid, MD

Odayme Quesada, MD, FACC Stacey Rosen, MD, FACC Rupa Sanghani, MD, FACC Garima Sharma, MD, FACC Malissa J. Wood, MD, FACC