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CardioSurve Newsletter

The Voice of U.S. Cardiologists

ISSUE HIGHLIGHTS

Health Care's Perfect Storm: The Road to Reform

"The future is not some place we are going to, but one we are creating. The paths are not to be found, but made, and the activity of making them, changes both the maker and the destination."

– John Schaar

The intersection of a growing elderly population, high rate of uninsured Americans, weakened economy and changes in the CMS reimbursement structure has created a perfect storm that is testing the limits of the U.S. health care system and physician practice models. The numbers are staggering. According to U.S. Census reports, the number of persons age 65 years and older will more than double to 80 million by 2030 and the health care workforce is already showing signs of strain. The Robert Wood Johnson Foundation estimates that the number of Americans in 2010 without health coverage is 49.4 million individuals.

The road to reform is rocky and uncertain. This inaugural edition of the *CardioSurve Newsletter* seeks to share insights from our CardioSurve panel as we navigate the changes in the practice of cardiovascular medicine. This publication reflects the findings from over six months of research with 350 cardiologist panel members. Clearly the U.S health system is at a crossroads; our ability to create the future begins now.

Is This the End of Private Practice?

"The death of private practice in this area is imminent. It is impossible to provide appropriate patient services facing markedly reduced reimbursements and 60% overhead."

– Cardiologist in San Francisco, Calif.

No issue has been of greater concern to the majority of cardiologists than that of U.S health care changes and reform. In February, we focused our lens on understanding the impact that the changes to the CMS Fee Schedule would have on cardiovascular care and found that the private practice model is, in fact, struggling to survive.

This decay in private practice cardiology is largely the result of a financial burden that is more easily absorbed in other practice models. When asked to rate their financial health, cardiologists working at private practices were less likely to be optimistic about it. Only 29% of private practitioners rated the financial health of their organization as good while almost half (48%) of cardiologists from non-private models reported the health of their practice as good or better.

ACTIONS TAKEN BY PRIVATE PRACTICES

Reduce staff to save expenses	**57%**
Limit services	17%
Reduce office hours and availability	8%
Retire	4%
Limit number of new Medicare patients	4%
Close practice	1%
Develop a physician-owned Accountable Care Organization	0%
Opt out of Medicare completely	0%
Other	20%
Nothing	28%

Q: Which of the following activities have you or your practice undertaken in the past 30 days? (n=119)

For more information or answers to your questions about CardioSurve, contact Paul Theriot at *ptheriot@acc.org*.

Is This the End of Private Practice?

continued.

This bleak financial outlook has forced private practices to take drastic actions to support their viability. Private practices are 2.5 times more likely to have taken some form of cost-cutting action in the past 30 days compared to other practices. The first line of defensive actions that private practices are taking are aimed at the staff level – more than half (57%) have reduced the number of staff or staff salaries to save expenses and a small portion (4%) have decided to retire or close the practice (1%). The second line of defensive maneuvers more directly affect patients include limiting services, reducing hours and availability, and limiting the number of new Medicare patients.

Private practices have also been forced to re-evaluate their business model which has resulted in a growing trend toward hospital integration. Hospital integration is the solution of choice for private practices at a rate of three to one with nearly one-third (30%) of migration plans focusing on hospital systems while significantly fewer (8%) are looking to merge with another practice to help stem the financial burden. An additional 25% are in the consideration phase of hospital integration or practice merging and have not yet been moved to action.

TREND TOWARD PRACTICE MIGRATION

	Private Practices
Integrating With A Hospital (Net)	**30%**
Have begun discussions on hospital integration	18%
Have recently integrated into a hospital setting (within past 6 months)	3%
Have integrated into a hospital – more than 6 months ago	9%
Merging With Another Practice – (Net)	**8%**
Have begun discussions on merging with another practice	3%
Have recently merged with another practice (within past 6 months)	0%
Have merged with another practice – more than 6 months ago	5%
Other	13%
Considering an integration or a merger	**25%**
Nothing, practice has no plans to merge/integrate	25%

Q: Which of the following best describes the actions taken by your practice regarding integration or merging? (n=119)

Clearly the migration by private practices to hospital systems represents a significant change in the cardiovascular practice landscape. According to the membership records at the American College of Cardiology, the vast majority of practices are private; with approximately 59% of all domestic cardiologists – about 15,700 – working in a private practice setting which is defined as solo practitioner, cardiology group or multi-specialty group. The changing practice structure has the potential to profoundly affect both patient care and costs. ■

Guidelines: The Bedrock of Reform

"The most expensive individual to treat is the one that is not being treated correctly."
– Joseph S. Bailes

The bedrock of reform is rooted in the science and practice guidelines, since evidence-based guidelines standardize the quality of care. Guidelines are good medicine and good business.

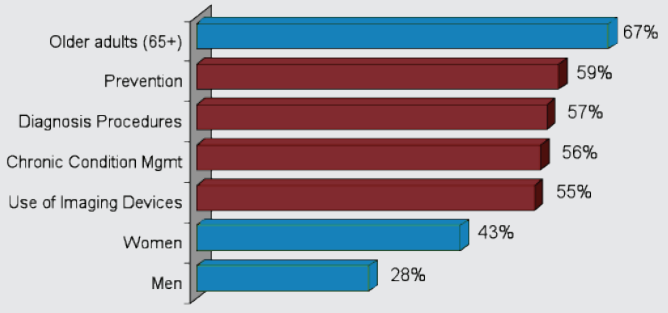
In April, we focused on guidelines and discovered that of the current tools and products available to cardiologists to help implement guidelines, guideline text is used most often (61%) followed by pocket guides (52%) and appropriate use criteria (29%). Over half (55%) often refer their colleagues to practice guidelines. Obviously, guidelines play an important role in the care of patients with heart disease.

The top three challenges practitioners face when implementing guidelines are patient involvement/compliance (39%), staff resources (33%) and patient comorbidities (27%). Given these challenges, it is not surprising to find that practitioners desire tools to overcome barriers. Specifically, more than two-thirds of cardiologists indicated that they would refer to guidelines more often if their recommendations took into account co-morbidities or patient age specifications while 60% would access guideline-based information from their handheld device if made available. Nearly half (49%) of cardiologists would find patient education tools on guideline recommendations most useful for implementing guidelines.

The top care-specific topics that cardiologists would like to see for future guideline tools are prevention (59%), diagnosis procedures (57%), chronic condition management (56%) and use of imaging devices (55%).

The top patient-specific topics for future guideline tools are older adults ages 65+ (67%), women (43%) and men (28%). ■

DESIRED FOCUS FOR FUTURE GUIDELINE TOOLS



Q: For which of these care-specific/patient-specific topics would you find it most helpful to have guideline tools developed? (n= 178)

EMR Adoption: Bumps in the Road

"The role of information is transforming the nature of the economy."

– Kenneth Arrow

In 1994, Nobel Prize winner and economist Kenneth Arrow understood the growing significance of information technology in shaping the economy. The same is true for the effect that information technology is having on health reform.

Recognizing the importance of electronic medical records (EMRs), the U.S. government has developed an electronic health record strategy that will impact the delivery of health care. The Health Information Technology for Economic and Clinical Health Act (HITECH) provides financial incentives for EMR implementation. Findings from the CardioSurve panel indicate that the cardiovascular profession is at the forefront of the EMR adoption curve.

More than half (58%) of cardiologists are already using an EMR. Additionally, another 36% indicate that they will adopt an EMR within the next two to three years. This means that 94% of these practices have/will have an EMR within the next two to three years. Of interest, we have seen the number of cardiologists who have acquired or are planning EMR adoption increase from 84% recorded in 2008 to 94% today.

A survey released by SK&A in February 2010 found a 36% EMR adoption rate in U.S. medical offices compared to 33% percent last year at the same time. The 58% adoption rate recorded by CardioSurve suggests that the cardiology practices are more likely to be using EMRs. The type of medical specialty plays an important role in adoption. SK&A research reveals that allergy/immunology, general surgery, and general practice are less likely to have an EMR.

Not surprisingly, practice size also plays an important role in adoption rate. Large practices (81%) and medium-size practices (66%) are more likely to have an EMR in place, while only 34% of small practices have adopted an EMR. However, small practices represent a substantial growth segment for EMRs as more than half of them (58%) expect to adopt an EMR in the next two to three years.

EMR ADOPTION BY PRACTICE SIZE

	Large Practices (26 + Cardiologists)	Medium Practices (5 – 25)	Small Practices (1 – 4)
Already using an EMR	**81%**	**66%**	34%
Yes, will adopt an EMR within the next 2 – 3 years	19%	27%	**58%**
No, will not adopt an EMR within the next 2 – 3 years	0%	5%	5%
Not sure	0%	1%	3%

Q: Do you think you, your practice or work setting will have to adopt an EMR within the next 2 – 3 years? (n= 160)

CardioSurve also investigated the important influencers in EMR adoption. The three most important factors that cardiologists and cardiovascular practices take into consideration when making a decision to acquire an EMR are the monetary investment needed (67%), staff and training requirements (64%), and Medicare/government regulation and impact on reimbursement (61%). Not surprisingly, the bottom line impact of EMR to the business remains a powerful determinant in acquisition.

John Glaser, vice president and chief information officer of Partners Healthcare in Boston, recognizes the challenges that universal EMR adoption will present. "The implementation plans are good plans. Change of this magnitude will bring very real progress, but it will also bring a period of time that will be bumpy," he said. "The strategy is ambitious, multifaceted and sophisticated. This journey faces many uncertainties and will not be easy." ■

Note from the ACC President

Since its inception in the fall of 2009, CardioSurve has indeed lived up to its motto of becoming the "Voice of U.S. Cardiologists." The thought-provoking and insightful feedback that the more than 350 cardiologist panel members have provided to the American College of Cardiology has allowed us to better understand and act upon the issues affecting cardiovascular medicine today.

Within the first six months of the initiative, the ACC investigated the effects of declining reimbursement on practices, explored EMR adoption issues, reviewed how guidelines are used and how they could best be designed in the future, evaluated the perception and treatment of atrial fibrillation, and covered a number of other timely and relevant topics.

CardioSurve has been ground-breaking in its data collection speed, which allows the ACC to more closely look through the eyes of our members and gather their perspective on issues affecting them now. The results give us the edge so that we may be better equipped to serve their needs and fulfill the overall ACC mission to transform care and improve heart health.

In the coming months, the leadership of the ACC will look toward the new findings from our research in CardioSurve as a trusted source to aid us as we move forward with initiatives of the College set in place from listening to the "Voice of U.S. Cardiologists." We hope that you find the same value and insight that we have from tapping into the "voice." Good luck in your efforts to navigate the currents of health care reform and strive for continuous improvements in heart health!

Ralph G. Brindis, M.D., M.P.H., F.A.C.C.
ACC President

CARDIOSURVE

CardioSurve™ is a unique, insightful panel of 300-350 cardiologists which provides an in-depth perspective of what U.S. cardiologists think.

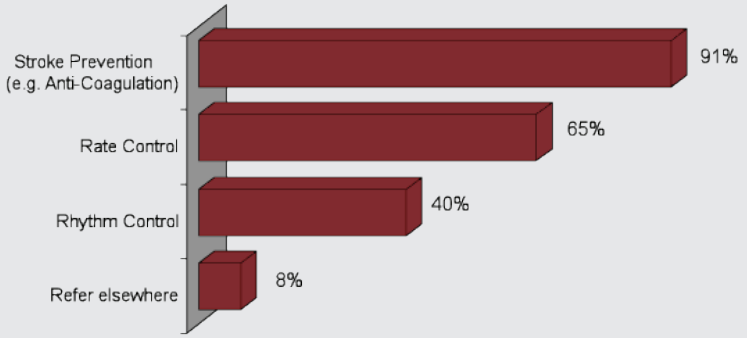
For additional information about this report or CardioSurve™, please contact Paul Theriot at 202-375-6357 or ptheriot@acc.org.

Disease Spotlight: Atrial Fibrillation

According to the ACC/AHA/ESC 2006 Guidelines for the Management of Patients with Atrial Fibrillation (AF), over the past 20 years there has been a 66% increase in hospital admission for AF due to an aging population and a rising prevalence of chronic heart disease. Of the 466,750 deaths due to disorders of heart rhythm, AF and flutter mortality rates totaled 11,555 with a reported prevalence of greater than 2.2 million. The lifetime risk for development of AF is one in six and as high as one in four for men and women 40 years of age and older. What makes AF so clinically and economically costly is the fact that it increases the risk of stroke five-fold. AF is responsible for between 15 and 20 percent of all strokes, which account for one in 17 deaths in the United States, and ranks third among all causes of death, behind heart disease and cancer.

Similar to the trends reported in the 2006 guidelines document, in March two-thirds of CardioSurve panelists (64%) reported the incidence of AF on the rise and approximately one out of five (18%) of their patients being treated for AF. Stroke prevention, followed by rate control, was the most popular way of treating AF.

ATRIAL FIBRILLATION COMMON TREATMENT STRATEGIES



Q: For what percentage of your Atrial Fibrillation patients, excluding acute episode patients with clinical deterioration requiring urgent intervention, do you utilize the following treatment strategies? (n=176)

In the study, cardiologists expressed confidence in their ability to treat AF using cardioversion, anti-coagulation strategies, rate control, pharmaceutical therapies and rhythm control. They said that they were less confident in their understanding of cardio-ablation and cardio-mapping techniques. Pharmacological, rhythm, anti-coagulation and ablation treatments are areas that panelists said they would like to expand their knowledge.

The top three sources for clinical education on AF are print journals, newsletters and monographs (83%), followed by in-person attendance at national meetings, grand rounds and other local meetings (69%), and educational/informational websites (62%).

These findings suggest an opportunity for educators as evidenced by a desire for education. The largest learning gaps are in cardiac mapping, cardio-ablation, pharmacologic treatments and rhythm control. Clearly, these are areas in which cardiologists would most benefit from relevant education linked to strategies to overcome barriers such as anti-coagulation and pharmacological challenges, as well as patient compliance. ■

CardioSurve Panoply

The following items are a collection of other interesting insights gleaned from CardioSurve:

- **The top three changes that cardiologists would like to see their patients make in 2010 are:** stop smoking, exercise more frequently and strive for a healthy weight. (January 2010)
- **More patients are taking an active role in their care with the help of increased direct-to-patient advertising.** Cardiologists report that on average, one out of every seven patients (14%) are requesting a drug or treatment they have seen advertised. Moreover, research conducted two years ago found that in the absence of any science, guidelines or clinical trials, physicians are more likely to prescribe the therapy requested by the patient which bodes well for the companies doing the advertising. (January 2010)
- **On average, cardiologists say that they utilize a product resource** (i.e.: samples, product information, disease state information, indigent patient support, etc.) during an office visit for approximately 23% of their patients. (January 2010)
- **Patient compliance (82%) and pharmacological interventions (67%) are the two most effective ways of reducing cardiovascular disease;** imaging technologies (25%), genomic medicine (21%) and invasive procedures (19%) are less important. (May 2010)
- **Three-quarters (75%) of cardiologists report that they use a hand-held device** such as a PDA, smartphone or iPhone to assist with work. (April 2010)
- **Two-thirds (66%) of cardiologists in private practices are currently compensated on a fee for service basis exclusively** and, similarly, nearly two-thirds (62%) of these private practice cardiologists indicate that their ideal compensation is fee for service. Conversely, more than three-fourths (81%) of the cardiologists who are not in private practice currently receive a salary as their primary source of income. However, it is interesting to note that only 56% of these cardiologists state that a salary is their ideal form of compensation. Fee for service (19%) and a mixed compensation system (27%) gain traction as a form of ideal compensation among this group. (June 2010)
- **In-person meetings (70%) are most preferred by cardiologists for CME.** This is consistent between private practices and those cardiologists not in private practice. After that, grand rounds are preferred more strongly by cardiologists not in private practices. However, cardiologists in private practice prefer online modules over grand rounds. In terms of MOC, online modules (43%) are the most popular among cardiologists. (June 2010)
- **Ambulatory registries hold appeal for the benefits they provide,** specifically: ability to compare yourself and/or your practice to national benchmarks, improve the quality of care you deliver, gain access to quality improvement insights and best practices, demonstrate that your practice delivers the best quality care to your patients, and receive quarterly benchmark reports that show how you compare on a practice, location and provider level. (April 2010) ■