CardioSurve Newsletter

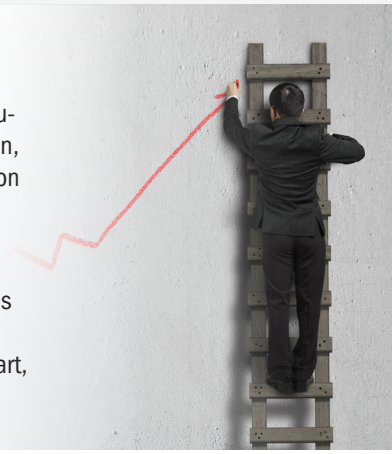
The Voice of U.S. Cardiologists

December 2015

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*.

Progressing Toward Improved Heart Health

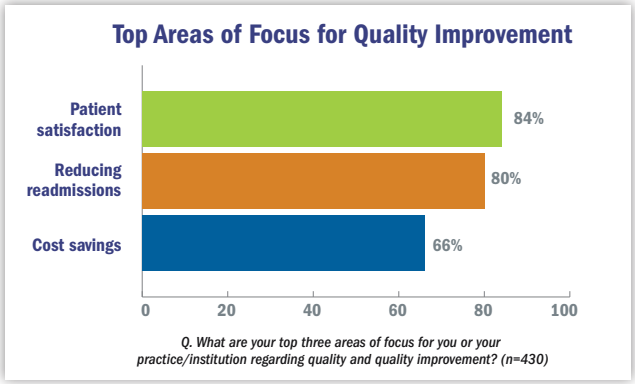


Since its inception, the ACC has been at the forefront of progress in cardiovascular care and heart health around the world with a focus on purposeful education, transformation of care, providing value for its members, and improved population health. For more than 60 years the initiatives of the College have had an enormous impact on improving patient care efforts of all health care providers.

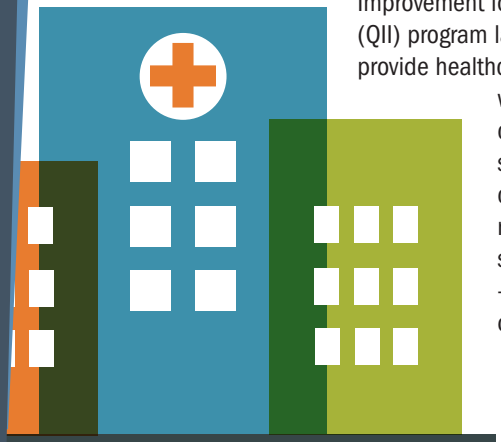
In this Fall 2015 edition the CardioSurve Newsletter explores how ACC programs are helping to reduce the burden of cardiovascular disease through its quality improvement tools and resources, patient support and initiatives via CardioSmart, and mentorship which is helping to shape the cardiologists of tomorrow.

ACC Quality Improvement Initiatives: Supporting Patient Outcomes at Hospitals and Institutions

Quality improvement (QI) has been an imperative in healthcare for over a decade, and, not surprisingly, QI is especially critical to all involved in providing cardiovascular care at hospitals and institutions across the United States. In July 2015, CardioSurve surveyed nearly 450 quality directors, cardiology department chiefs/directors, and registry participants to explore perceptions of QI at their institutions.



Overall, the study finds that QI at hospitals and institutions is primarily hinged on increasing patient satisfaction (84%), improving outcomes/reducing admissions (80%), and reducing costs (66%). To that end, the ability to compare institutional data to national norms and track overall improvement in quality and outcomes in a timely, efficient manner is vital.



The ACC launched its Quality Improvement for Institutions (QII) program last year to provide healthcare institutions with a comprehensive suite of cardiovascular registries and service solutions - supporting quality clinical care and improving patient outcomes. As captured by the QII tag line "Simple Solutions/Big Impact," QII pulls together in one program the College's suite of NCDR hospital and outpatient registries, clinical toolkits to help close identified gaps in evidence-based care, and quality improvement initiatives, such as Hospital to Home, Patient Navigator, and Surviving MI, which target specific areas of improvement.

Participants in ACC's QII offerings recognize the positive impact that these resources have had on patient care in their facilities. According to health professionals, patient registries such as NCDR (73%) are among the most commonly participated in QI resources, and more than half of NCDR participants (54%) believe that these registries have made a strong contribution to their institution's quality of cardiovascular services.

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Mentoring: An Investment in the Future

Investing in the professional success of others is paramount to ensuring continued progress in a field. A recent CardioSurve survey of 153 cardiologists reveals that nearly three out of four cardiologists had at least one career mentor during their subspecialty training. In addition, the majority of cardiologists (80%) believe that having a supportive role model or mentor in their field and receiving positive encouragement to pursue their field of choice was an integral factor in the success of their professional development.

The benefits of mentoring also extend beyond those boundaries that are strictly professional. Roughly 70% of respondents express the importance of seeing role models in their field of choice successfully balance their professional and personal responsibilities. Interestingly, Early Career and Mid- to Late-Career cardiologists share similar views regarding the positive impact of having a mentor/mentee relationship.

While four out of five cardiologists testify to the importance of having a mentor for professional development, only 36% state that they are currently serving as a mentor. Of the cardiologists actively serving as a mentor, nearly nine out of 10 (89%) say they serve as a role model for their mentee's career activities; however, others indicate that they serve their mentees in other ways as well, such as assisting with career planning and decision making (80%), assisting with connections for job placement (64%), inviting him/her to participate in research (51%) and serving as a role model for non-career issues (49%).

Additionally, mentoring is viewed as beneficial for the mentor as well as for the mentee. Of the cardiologists surveyed, 97% report having a positive experience serving as a mentor. To quote one cardiologist, "(Mentoring) provides a great sense of accomplishment, responsibility, and the sense of giving back and assuring the future of the field to which I have dedicated myself."

Although they consider mentoring of less importance than the loftier educational, scientific and advocacy goals of the ACC, more than half of cardiologists (56%) believe that ACC should proactively work toward providing mentors for cardiologists in training. For more information on how to become involved as a mentor or a mentee through the ACC, visit *ACC.org/Mentoring*. The ACC Mentoring Program, a benefit of ACC membership, connects cardiovascular practitioners, researchers and faculty members, empowering Early Career cardiologists to enhance their skillset and promote intellectual growth.

ACC Quality Improvement Initiatives: Supporting Patient Outcomes at Hospitals and Institutions

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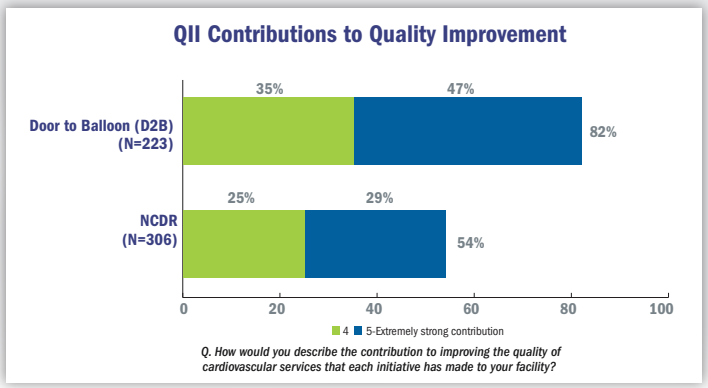
Additionally, more than half of professionals (54%) report participation in the Door to Balloon (D2B) Initiative, designed to help hospitals meet guideline-recommended D2B times of 90 minutes or less. More than 4 out of 5 D2B participants (82%) feel that participation in this program has strongly contributed to the improvement of their institution's cardiovascular services.

In general, the benefits of registry participation include benchmarking, improvement in outcomes and the ability to focus on specific areas of improvement. More than 3 out of 4 participants (76%) report that they address QI challenges through the use of benchmarking, tracking and monitoring. A similar percentage (75%) indicate that they have created special quality improvement teams and/or committees to address quality concerns. In addition, two out of three professionals (67%) believe that opportunities to share insights regarding best practices and improving practices related to patient care are the most desired support for their institutions in their quality improvement efforts.

Despite these recognized benefits, many challenges still exist to the implementation of QI initiatives at facilities. Lack of time (66%), staffing resources (57%) and cost (50%) continue to inhibit institutions from taking on new quality improvement initiatives. To quote one healthcare professional, "I'm overwhelmed with data and projects. Resources are shrinking, and unless I can show concrete benefits it's hard to imagine tackling something else."

Moving forward, the ACC has opportunities to reach key decision makers, quality directors, cardiovascular chiefs and hospital executives in order to effectively communicate



to them the benefits of the QII program and how its features can address some of the challenges to QI implementation in healthcare facilities. In addition to the larger perspective provided by the NCDR registries, programs such as Door to Balloon (D2B), Hospital to Home (H2H), Surviving MI, and other initiatives can demonstrate how focused quality initiatives and toolkits are designed to support local efforts in achieving specific goals. The insights from the study support the need for the QII program and its goal of promoting continuous collaboration and the dissemination of practical lessons learned.

In the end, for any QI program to be successful it should follow a simple formula, as one professional noted, "Continue to find new ways to assist hospitals and providers to focus on and improve the quality of care we deliver to our patients." For more information about ACC's Quality Improvement for Institutions program, please visit *CVQuality.ACC.org*.

Smoking Cessation – An Ongoing Challenge

Research has shown the benefits of smoking cessation in reducing cardiovascular events, overall mortality, post-myocardial infarction mortality, stroke, aortic disease and peripheral vascular disease.[1] However, in a CardioSurve survey of 146 cardiologists, more than one-third (37%) note that smoking cessation remains a primary challenge to patient self-care and treatment.

According to the survey results, nearly all cardiologists (94%) personally advise patients who smoke to quit smoking and most cardiologists (85%) asses if a smoker is interested in quitting. When it comes to assisting patients with cessation, 69% say they are comfortable referring patients to a smoking cessation program. Only half provide pharmacologic therapy (53%) or nicotine replacement therapy (51%), while even fewer (42%) arrange a follow-up with a health care provider or smoking cessation program.

While there are many barriers to implementing smoking cessation in patients, 74% of clinicians say that the biggest barrier is that patients are simply not motivated to stop smoking. "My biggest problem with smoking cessation is that in this current era patients are well aware of the harms of tobacco usage, but still have little motivation to quit," one cardiologist writes. Time constraints on physicians are also an issue – 46% cite a lack of time to engage in smoking cessation related activities and 36% cite a lack of time for clinic or hospital care teams to do the same.

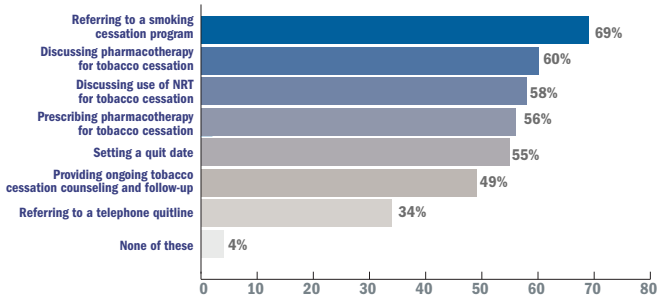
However, most cardiologists are interested in becoming better equipped to help their patients quit smoking. More than 4 out of 5 clinicians (82%) note that patient education materials on cessation strategies, use of nicotine replacement therapy, pharmacotherapy, and the effectiveness of counseling support would be useful in their practices. While more than half (56%) believe that they have an adequate understanding of current cessation guidelines for counseling, prescribing nicotine replacement therapy or pharmacotherapy, and tobacco cessation follow-up, 75% of cardiologists are interested in learning more about effective strategies to assist their patients in successful tobacco cessation. Additionally, 53% believe they would be more motivated to engage in cessation counseling if adequate reimbursement was available.

In terms of ACC offerings that would be helpful to practices, three out of four cardiologists note that online patient education resources such as "Stop Smoking" provided by the College's patient-focused website, *CardioSmart.org*, would be useful for improving the quality of their smoking cessation services. Additionally, half of cardiologists would consider a systematic review of evidence and ACC guidelines on tobacco cessation counseling, quit programs, smoke-free legislation and policies, and nicotine replacement therapy or pharmacotherapy helpful to them as well.

Given that population health is a strategic priority of the ACC, programs and tools to aid in smoking cessation will continue to play a big role in the prevention of cardiovascular disease. As another cardiologist notes, "I think this is an extremely important topic that can have a profound effect on our patients but also on others that have 2nd and 3rd hand smoke contact. Health outcomes can significantly improve if we are able to better manage this problem."

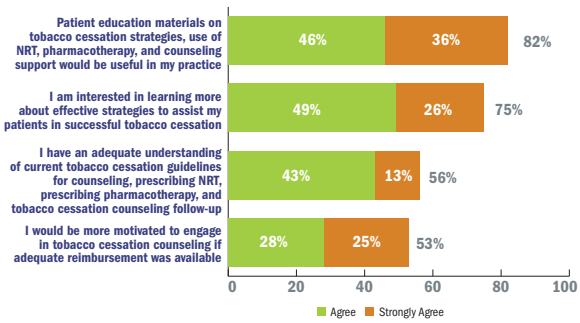
For smoking cessation resources for patients, visit CardioSmart.org.

Smoking Cessation Activities Comfortable in Using with Patients



Q: Which of the following activities are you personally comfortable using to assist smokers to quit? Please select all that apply. (n=144)

Cardiologist Evaluation of Smoking Cessation Related Topics



Q: Using the following scale, how strongly do you agree or disagree with the following statements? (n=143)

1. Hermanson B., Omenn G.S., Kronmal R.A., et al; Beneficial six-year outcome of smoking cessation in older men and women with coronary artery disease. Results from the CASS registry. *N Engl J Med*. 1988; 319:1365-1369.

Clinical Spotlight:
The Patient Perspective of Shared Decision Making

In the past year CardioSurve research has found that more than two out of three cardiologists (69%) believe they are very familiar with shared decision making. Additionally, more than four out of five have recently used shared decision making in their practice. But how aware are patients of this increasing level of involvement in their care and, more importantly, how do they perceive this new approach?

In order to better understand the patient view of shared decision making, the ACC has recently conducted a survey with 400 patients diagnosed with heart disease. The findings from this research suggest that the concept of shared decision making is not only becoming more and more mainstream to patients, but is also contributing to enhanced physician-patient discussions about specific prevention and treatment options.

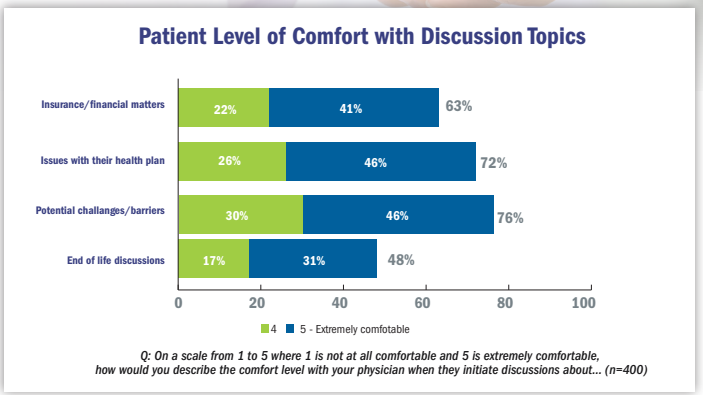
The vast majority (88%) of patients surveyed believe they experience a number of challenges as a result of their disease, including physical limitations (25%), dietary restrictions (11%) and medication side effects (11%). Aside from the physical impact, financial concerns were also noted by 15% of respondents.

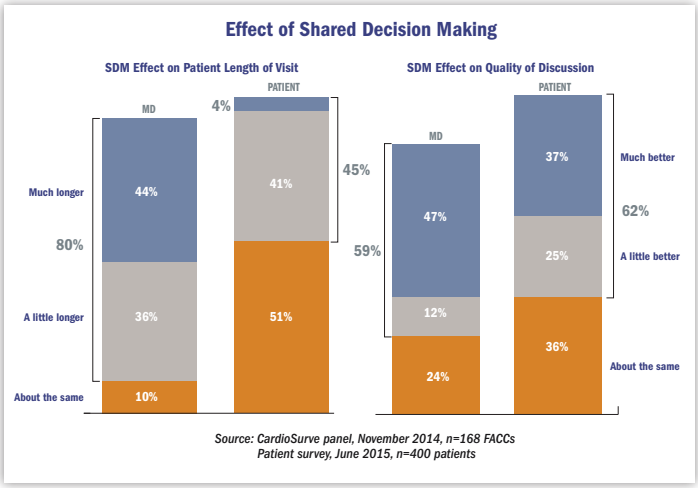
To that end, nearly 4 out of 5 patients (78%) state that they actively engage with their physician during the office visit to clarify treatment issues, prepare questions, discuss personal problems related to the illness, or discuss treatment options. Patients say they are very comfortable discussing potential challenges/barriers to treatment with their doctors (76%), challenges with their health plans (72%), and even financial matters (63%). However, end-of-life discussions are less comfortable (48%).

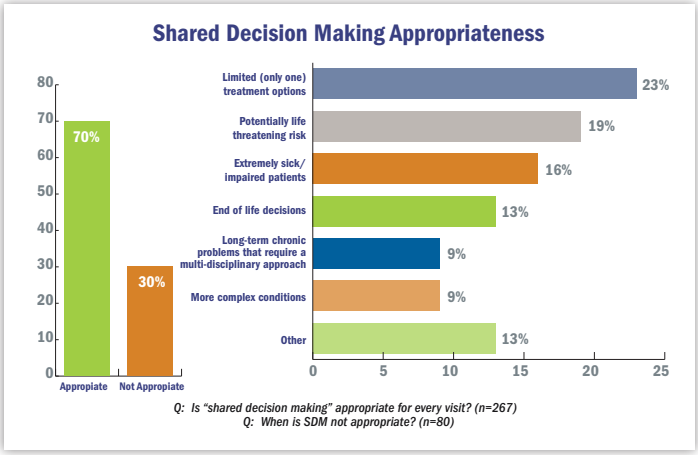
Even though these patients are coping with the burden of heart disease, most (84%) feel that they are very involved in decisions made about their heart disease treatment. When asked about shared decision making, more than half of patients (59%) indicate they are familiar with the concept, saying that it enhances the quality of discussions around treatment options. Printed materials are the most readily available decision aids for patients (59%) followed by 3-D visual-aide models (30%). Additionally, computer and web-based tools are available to approximately 1 out of 6 patients. More than two out of three patients (70%) feel that shared decision making is an appropriate approach for every visit; however, 30% of patients believe it would be inappropriate in instances where only one treatment option is available or in potentially life-threatening situations.

When asked about the ACC's new mobile patient decision aid for anticoagulation for non-valvular atrial fibrillation (AFib), more than three out of four rate the tool very favorably and 80% feel it would be very helpful. Additionally, almost 4 out of 5 patients (79%) would be very likely to use this type of tool to help facilitate a physician visit.

Interestingly, nearly an equal majority of physicians (59%) and patients (62%) agree that shared decision making improves the quality of treatment discussions. However, while there are common perceptions between physicians and patients about shared decision making, some gaps exist as well. For instance, physicians (80%) are much more likely to believe that shared decision making lengthens the overall patient visit as compared to patients (45%). Additionally, physicians report using shared decision-making (85%) more frequently than their patients indicate they encounter it (67%).







As the shared decision making approach evolves, the ACC is continuing to develop new resources to facilitate patient involvement in their care. Physicians can direct their patients to *CardioSmart.org* for infographics, videos, fact sheets and other tools. The shared decision making aid for AFib can be found at *CardioSmart.org/SDMAFib*. Additionally, the website *CVQuality.ACC.org* contains patient education resources among ACC's growing number of clinical toolkits found there.