ACC UPDATE
2014
Navigating the New Health Care Horizon

Mike Valentine, MD, FACC
ACC Treasurer
Board of Trustees
Indiana Legends

ACC Presidents

Dimond
Fisch
Knoebel
Martz

Popp
Surawicz
Williams
Zipes
<table>
<thead>
<tr>
<th>Armstrong</th>
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<td>Bailey</td>
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<td>Feigenbaum</td>
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<td>Frye</td>
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<td>Hermiller</td>
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<td>Hillis</td>
<td>Watanabe</td>
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<td>Jackman</td>
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<td>McHenry</td>
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<td>Miles</td>
<td>Windle</td>
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<td>Mirro</td>
<td>Weyman</td>
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Personal Mentors

Sam Wann
Mike Mirro
Dick Kovacs
Minnow Walsh
Rick Chazal

So... Why am I here?
1. Indiana

2.

3.

4.

5.

6.

7.

8.

9.

10.
Member Questions/ Concerns

1. What have you done for me lately?
2. Why should I pay my dues?
3. Do you guys have any clue of what you are doing?
4. Where will the ACC be in 5 years?
5. How can you help my practice improve?
“Will you still love me tomorrow?”

(Carole King 1970)
After Surgery, $117,000 Bill For Doctor He Didn’t Know

Patients Wake Up to Charges They Never Expected, and Had No Choice In
1. What have you done for me lately?

A. 5 Year strategic plan
B. MOC Battle/War
C. Guidelines reform
D. Digital Strategy
E. Advocacy- In office testing/HOPPS
The ACC is the PROFESSIONAL HOME for cardiovascular specialists and the care team.

The ACC is the PROFESSIONAL HOME for cardiovascular specialists and the care team.
Focus on Strategic Area: Membership Value and Engagement

Position the college as the professional home for the entire CV care team.

Sustain physician and CV care team membership by creating and communicating member value, focusing on subspecialty and special interest areas.

Recruit, engage and develop Fellows in Training (FIT), Training Director and Early Career members.

Create strategic partnerships with other CV societies, as well as other medical specialty groups.
Focus on Strategic Area: Transformation of Care

• Support members in the appropriate use of new, transformational scientific technologies and therapies.

• Explicitly integrate the Triple Aim into all aspects of the College’s activities in order to help members navigate the transition from a volume-based health care system to one that is focused on value.

• Define and support optimal CV team-based care, including related workforce and scope of practice considerations.
Focus on Strategic Area: Purposeful Education

• Provide and promote a personalized, competency-based, clinically relevant educational experience.

• Leverage new delivery technology and evolving learning methods to facilitate continuous performance improvement, optimal practice management and improved outcomes across patient populations.

• Focus on educational tools and programs that improve members’ clinical, administrative and leadership competencies and position them for success in a transformed system.
Implications

• Position *members* for evolving U.S. system
• Expand input and export of information internationally (science and process)
• Position ACC for evolving finances
  – Data
  – Industry discretionary
  – Large meeting
• Real prioritization
ACC Survey: ABIM-MOC Changes

- Online survey distributed by U.S. ACC Chapters to chapter members.

- Survey live April 23 – May 19, 2014. At least one reminder email sent.

- n=3,914 ACC members completed the survey
2014 MOC Favorability

- Not quite nine out of every ten members (87%) oppose the new ABIM MOC requirements and almost all of this opposition (72%) is strong. Interestingly, this opposition is universal – there is no significant difference by tenure/career stage.

Q. Do you favor or oppose the new ABIM MOC requirements?
**Recommended MOC Process Revisions**

- Clearly members (92%) want the MOC process revised. Having ACC certify (45%) is most popular followed by removing MOC as a requirement (38%), reverting to the pre-2014 requirements (29%), and getting rid of Part 4 (28%) and Part 3 (17%). Only 3% want to keep current MOC requirements in place.

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Have ACC assume certification responsibilities from ABIM</td>
<td>45%</td>
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<tr>
<td>Remove MOC as a requirement for practicing cardiologists</td>
<td>38%</td>
</tr>
<tr>
<td>Revert to the pre-2014 certification process and requirements</td>
<td>29%</td>
</tr>
<tr>
<td>Keep Part 2 and get rid of Part 4</td>
<td>21%</td>
</tr>
<tr>
<td>Keep Part 2 and get rid of Part 3</td>
<td>17%</td>
</tr>
<tr>
<td>Keep Part 3 and get rid of Part 4</td>
<td>13%</td>
</tr>
<tr>
<td>Keep Part 3 and get rid of Part 2</td>
<td>2%</td>
</tr>
<tr>
<td>Keep the revised current 2014 MOC Requirements in place / No need to revise</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
</tr>
<tr>
<td>Not sure/No answer</td>
<td>5%</td>
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Q. If you were tasked with revising the MOC process for cardiologists, which of the following would you recommend? Please select all that apply.
### Recommended ACC Support

- Two-thirds (68%) want the ACC to work with ABIM to revise the MOC requirements. Other suggestions include developing more Part 2 educational content (25%), a personalized learning portfolio (21%) and more Part 4 materials (20%).

<table>
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<tr>
<th>Suggestion</th>
<th>Percentage</th>
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<tr>
<td>Work with ABIM to revise the MOC requirements</td>
<td>68%</td>
</tr>
<tr>
<td>Develop more Part 2 materials</td>
<td>25%</td>
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<tr>
<td>Develop personalized materials for each cardiologist detailing their status regarding MOC requirements</td>
<td>21%</td>
</tr>
<tr>
<td>Develop more materials focused on procedural assistance and guidance through the entire MOC process</td>
<td>20%</td>
</tr>
<tr>
<td>Develop more Part 4 materials</td>
<td>20%</td>
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<tr>
<td>Develop patient survey modules</td>
<td>14%</td>
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<tr>
<td>Other</td>
<td>14%</td>
</tr>
<tr>
<td>Nothing</td>
<td>2%</td>
</tr>
<tr>
<td>Not sure</td>
<td>7%</td>
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Q. Recognizing that the ABIM is a completely separate and independent entity from the ACC, how could the ACC best serve its members regarding the MOC requirement changes from ABIM? Please select all that apply.
ACC’s Recommendations to ABIM

• Creation of dual pathways for recertification
• Harmonization of CME with MOC credits Recognition of ongoing, hospital-based quality improvement and patient surveys as qualifying for MOC accreditation
• Elimination of the “double jeopardy” faced by those who have to pass both the general cardiology and sub-specialty boards
• Reduction of fees
• Improvement in ABIM web site
• Research into the value of MOC
ACC Sends Letter to Members on Aug. 20

August 20, 2014

Dear [Name],

Since our last ACC member communication, the ACC continues to represent your interests.

The ACC supports the principles of striving for excellence and professionalism. However, the current state of many ACC members' dissatisfaction and frustration with ACC's new MOC requirements for Maintenance of Certification (MOC) is concerning. The ACC's leadership team recognizes the importance of addressing these concerns and has taken steps to address them in several ways.

The ACC sent a letter to ABIM to discuss the MOC process and to express concerns about the new MOC requirements. The ACC also recommended changes to the MOC process to improve transparency, fairness, and accountability.

The ACC continues to work closely with ABIM to address these concerns and to develop solutions that will benefit all members. The ACC will continue to keep members informed of developments in this area.

Sincerely,

[Signature]

Michael J. Abbott, MD, MACC
President, ACC
The American Board of Internal Medicine (ABIM) implemented changes to its Maintenance of Certification (MOC) program for board-certified internists on January 1, 2014. The ACC and other members of the internal medicine community received a letter from the ABIM Board of Directors responding to a number of the concerns previously outlined by ACC and other professional organizations regarding the revised requirements for the ABIM Maintenance of Certification (MOC) Program. In this letter ABIM committed to further to changes in the MOC process to address these concerns — read the ACC in Touch blog to learn more.

In the interim, we are continuing our efforts to educate our members about the new requirements and provide them the tools and resources necessary to help them meet these requirements as efficiently as possible. ACC has created this site with details about ABIM's current MOC program — check out the links below to learn more. We will continue to make updates to this information as specific information about the MOC changes become available.

For information about your personal MOC status please login to ABIM’s website and check your MOC Status Report.
Overview

Let ACC help you earn points toward the ABIM’s Maintenance of Certification program AND learn valuable information in the process! ACC’s Patient Safety MOC module can help you with four key things:

1. Earn 10 MOC Part II Points
2. Complete ABIM’s Patient Safety requirement
3. Earn 2 AMA PRA Category 1 CME Credits™
4. Identify common errors that result in reduced patient safety / adverse outcomes and learn tactics to prevent future errors from occurring.

We are pleased to make this MOC module FREE to both ACC members and nonmembers. To get started, simply login or register.

ACC’s MOC modules feature ABIM-quality questions that not only allow you to assess your current level of knowledge, but help you learn from a detailed commentary that accompanies each question explaining why the right answer is the best choice, and also why the other answer choices are suboptimal. Our convenient online format allows you to get feedback on each question as you go and submit your scores to the ABIM for MOC credit in just a few easy clicks. This module features 30 multiple-choice questions.

This module has been approved to meet ABIM’s Patient Safety requirement. Upon completion and submission for MOC points, you will automatically receive credit from ABIM for meeting this requirement.

Format

This product is available exclusively online.
MOC/ACC Action II
Ongoing Discussions with ABIM

- Part II: Integration of MOC and CME
- Part IV: Credit for institutional CQI activities
- Recertification: Creation of dual pathways
- Multiple Certifications: Elimination of the “double jeopardy” for general cardiology and sub-specialty boards
- Fees
- ABIM Website
- Research on value of MOC
How can ACC help you fulfill the Part II & IV requirements?

<table>
<thead>
<tr>
<th>ACC MOC Activity Title</th>
<th># MOC points</th>
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<tbody>
<tr>
<td>General Cardiology Cardiology Collection (13 modules) FREE to members</td>
<td>130 Part II points, 10 per modules</td>
</tr>
<tr>
<td>Interventional Cardiology Collection (8 modules) FREE to members</td>
<td>80 Part II points, 10 per module</td>
</tr>
<tr>
<td>Electrophysiology Module 1 FREE to members</td>
<td>10 Part II points</td>
</tr>
<tr>
<td>Echocardiography Module 1 FREE to members</td>
<td>10 Part II points</td>
</tr>
<tr>
<td>Update ACC/AHA Guidelines for Valvular Heart Disease FREE to members</td>
<td>10 Part II points</td>
</tr>
<tr>
<td>ACCSAP 8: Adult Clinical Cardiology Self Assessment Program</td>
<td>80 Part II points, 10 per module</td>
</tr>
<tr>
<td>CathSAP 4: Cardiac Catheterization &amp; Interventional Cardiology Self Assessment Program</td>
<td>80 Part II points, 10 per module</td>
</tr>
<tr>
<td>2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults FREE to members</td>
<td>10 Part II points</td>
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How can ACC help you fulfill the Part II & IV requirements?

<table>
<thead>
<tr>
<th>ACC MOC Activity Title</th>
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</thead>
<tbody>
<tr>
<td>Championing Care for the Patient with Aortic Stenosis module</td>
<td>10 Part II points</td>
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<td>FREE to members</td>
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<tr>
<td>Journal Club Activity</td>
<td>10 Part II points</td>
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<tr>
<td>FREE to members</td>
<td></td>
</tr>
<tr>
<td>Professional Liability, Risk Management &amp; Patient Safety Module</td>
<td>10 Part II points, fulfills patient safety</td>
</tr>
<tr>
<td>FREE to members</td>
<td>requirement</td>
</tr>
<tr>
<td>Patient Safety Module</td>
<td>10 Part II points, fulfills patient safety</td>
</tr>
<tr>
<td>FREE to members</td>
<td>requirement</td>
</tr>
<tr>
<td>Imaging in Focus – Practice Assessment Activity</td>
<td>20 Part IV points</td>
</tr>
<tr>
<td>The Evolution of Anticoagulation Management – Atrial Fibrillation Practice Assessment</td>
<td>20 Part IV points</td>
</tr>
<tr>
<td>Activity</td>
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Guidelines

• New methodology: more easily searchable
• Accessible at point of care
• Topics upcoming:
  Lower Limb Arterial Disease
  Syncope
  Hypertension
  PCI Focused Update
  STEMI Focused Update
  Adult Congenital Heart Disease
  SVT
Digital Strategy
ACC.org Initial Release Goals

- Provide easy and intuitive access to clinical content
- Enable mobile-friendly access to ACC offerings
- Present personalized views based on interests and specialties
- Facilitate community engagement
HOPPS

• Hospital Outpatient Prospective Payment System
  – Implemented by CMS in 2000
  – Pays for certain outpatient services
  – Results in higher payment for hospital OP services than those done in other OP sites

• MedPac position:
HOPPS Elimination Implications

- “More fair” for independent physicians
- Potential strain on hospitals
- Potential salary adjustments for integrated physicians
- Increased competition
Choosing Wisely

1. Don’t perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.

2. Don’t perform annual stress cardiac imaging or advanced non-invasive imaging as part of routine follow-up in asymptomatic patients.

3. Don’t perform stress cardiac imaging or advanced non-invasive imaging as a pre-operative assessment in patients scheduled to undergo low-risk non-cardiac surgery.

http://www.choosingwisely.org/doctor-patient-lists/american-college-of-cardiology/
Choosing Wisely

4. Don’t perform echocardiography as routine follow-up for mild, asymptomatic native valve disease in adult patients with no change in signs or symptoms.

5. In response to new science showing that complete revascularization of all significantly blocked arteries leads to better outcomes in some heart attack patients, the American College of Cardiology (ACC) has withdrawn its Choosing Wisely recommendation that patients and caregivers examine whether this practice is truly necessary.
Scientific Rationale for Change

Complete Versus Lesion Only PRimary-PCI Trial (CvLPRIT): Patients undergoing complete revascularization had better outcomes and experienced fewer major adverse cardiac events compared to those who had only their “culprit” artery revascularized.

Preventive Angioplasty in Myocardial Infarction (PRAMI) Trial: Stenting all coronary arteries with major stenoses improves outcomes.

Questions remain about:
- the exact timing of the procedures
- whether certain patients benefit versus others
- whether FFR might guide decisions
- role of patient complexity and hemodynamic stability

COMPLETE trial, currently in the enrollment phase, will hopefully answer some of these questions over the next several years.
Cardiovascular Summit: Solutions for Thriving in a Time of Change

January 22-24, 2015
Hilton Orlando Bonnet Creek/Waldorf Astoria Orlando, FL

For more information, visit CardioSource.org/CVSummit2015
Cardiovascular Summit

Why Should You Attend?

1. Meets the top member needs

2. Best way to improve your practice and service line

3. Learn about topics and issues no other meeting will address
Cardiovascular Summit

Why Should You Attend?

The best solutions and strategies to survive and thrive in today’s rapidly changing health care environment.

This is the 1 meeting you must attend!

The ACC Delivers!
Addressing ACC Member’s Needs

- **Practice/Service Line/Operations and Leadership** — Mandatory Strategies for Brutal Times
- **Managing to a New Financial Reality** — The Unyielding Truth
- **Quality and Data** — Getting Credit for Doing the Right Thing
- **Creating Blueprints for Progress** — Combining Operations, Leadership, Data and Quality

For Your Practice and Service Line
Addressing ACC Member’s Needs

- **Business Practices** — optimizing business productivity and revenue streams

- **Leadership Strategies** — stretching leadership capabilities for a successful clinical and business enterprise

- **Improved Patient Care** — improve quality and efficiency in your practice
Business Practices Agenda Topics

• EMR Optimization — 4-hour preconference session
• Documenting and Coding
• Cost Reduction Strategies
• Reimbursement Models
• Value-based Compensation Models
• Collections: Revenue Cycle Management
• Bundled Payments
Business Practices Agenda Topics

- Business and Ethics — Avoiding Trouble
- Audits — Managing Them Properly
- Managing Clinician Performance
- Slow Down Models for Your Aging Partners
- Group and Hospital Staffing Issues
- Contracts and Negotiation — Critical for Your Success
- Improving Transparency with Your Practice and Hospital
Leadership Agenda Topics

- Physicians Leading Change
- Current State of Physician Leadership
- Creating Dyad Leadership between Doctors and Administrators
- Culture and Strategy — How to Improve Success
- Collaboration to Disintegration
- Strategic Planning — Lessons for Every Group
Process of Patient Care Agenda Topics

- 2-Midnight Rule — How to Survive Financially
- Health Care Reform 2.0 — Where Are We Headed?
- AUC – Incorporating It Successfully
- SMARTCare — A New Model for Quality
- Clinical Integration — Lessons from the Pros
- Clinician Specific Data — Finding and Using It
- Rounding Teams — A New Model for Group Satisfaction
- Outreach Clinics — Reach a New Level of Success
Who Should Attend?

• ALL Practices
  — Private — Integrated — Academic
• Bring Your ENTIRE team!
  – Cardiologists/FITs/Early Career
  – Practice Administrators /Service Line Directors
  – Nurses/Physician Assistants/Nurse Practitioners
  – Physician and Hospital Executives
  – Future Leaders
Come to the Summit!

- Best education for you and your entire team
- Over 30 NEW workshops for all skill levels and practices
- NEW family location in the midst of the magic of Walt Disney World® Resort

Our Members Asked for Help — The Summit Delivers It All!
Come to the Summit!

Visit CardioSource.org/CVSummit2015 for more information!
Video Links

http://bcove.me/knugw3sg

MP4 Link:
https://www.dropbox.com/s/lgubkr0yig5puxv/CVSummit%20202015%20Final.mp4?dl=0

WMV Link:
https://www.dropbox.com/s/xfnxmqxp0l29whh/CVSummit%20202015%20Final_converted.wmv?dl=0
Advocacy: Top 5 Issues

1. SGR Repeal (…again)

2. Preserve IOASE (In-Office Ancillary Services Exception)

3. HER interoperability

4. Registries (NCDR)- Quality/Value

5. NHLBI/Million Hearts/GME
Reasons to **Love** the ACC

The **Top 10** List

10. Community- (Sections, Committees, Chapters)
9. LLP- Lifelong Learning Portfolio (MDC/Journal Club)
8. JACC Journals- Still #1, growing
7. Cardiosmart- Training your patients
6. Guidelines reform/retool
5. The new ACC.org- game changer
4. ACC **Institution** (And QII)
3. Personal Service- A new **Era**?
2. CV Summit- Help for **every** practice
The #1 reason to Love your ACC for the next several years?
#1. The coolest, smartest people in the country run the A.C.C.