



Helping
Cardiovascular
Professionals
Learn.
Advance.
Heal.

ACC UPDATE 2014

Navigating the New Health Care Horizon



Mike Valentine, MD, FACC
ACC Treasurer
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Indiana Legends

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Williams

Zipes

Indiana Legends: National Leaders

Armstrong

Bailey

Fogel

Feigenbaum

Frye

Hermiller

Hillis

Jackman

McHenry

Miles

Mirro

Nasser

Nacarelli

Noble

Prystowsky

Ryan

Steinmetz

Watanabe

Wann

Williams

Windle

Weyman

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)

Times

Washington Edition

Today, cloudy, a shower or thunderstorm late, high 86. Tonight, an evening shower or thunderstorm, low 66. Tomorrow, cloudy, high 76. Details, SportsSunday, Page 12.

\$6.00



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



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.



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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 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

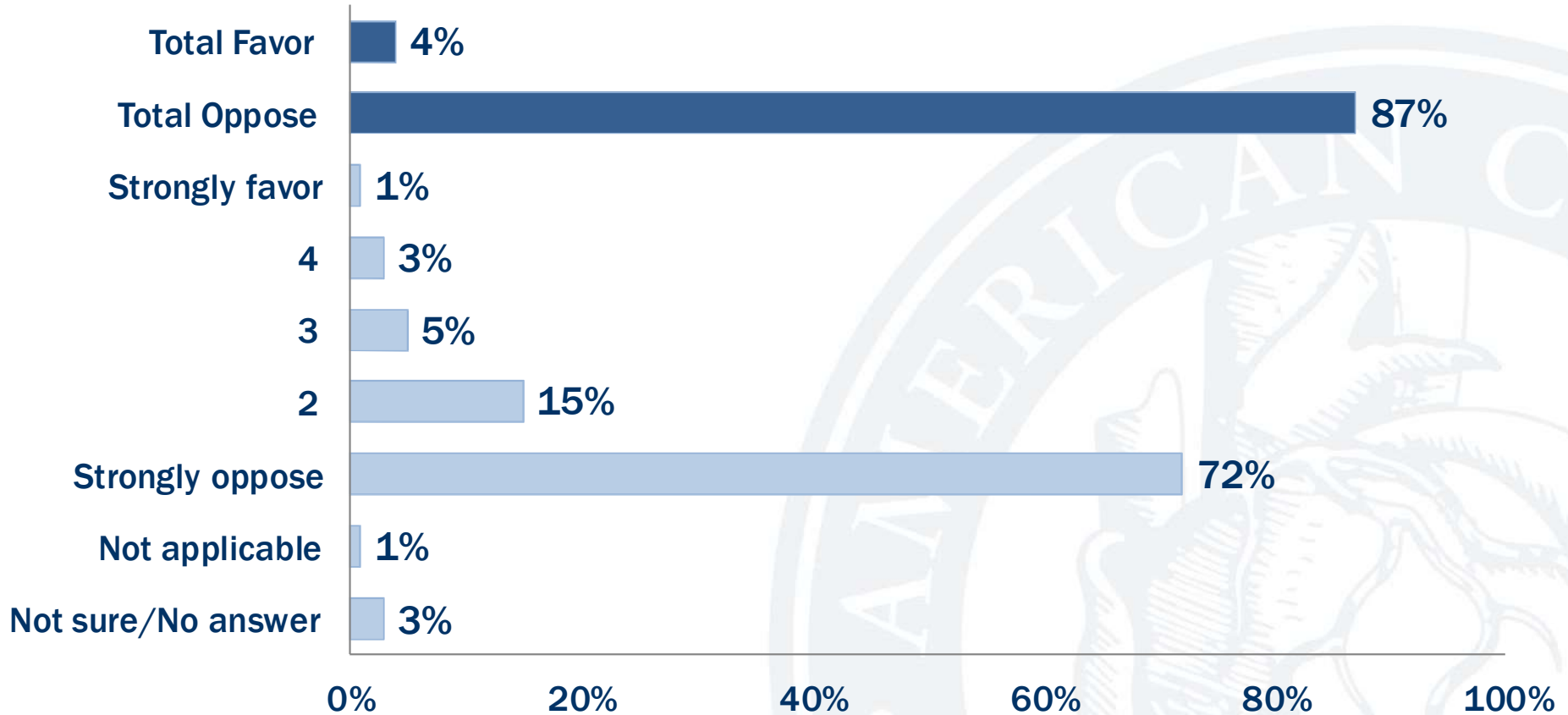
- Online survey distributed by U.S. ACC Chapters to chapter members.
- Survey live April 23 – May 19, 2014. At least one reminder email sent.
- n=3,914 ACC members completed the survey



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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.



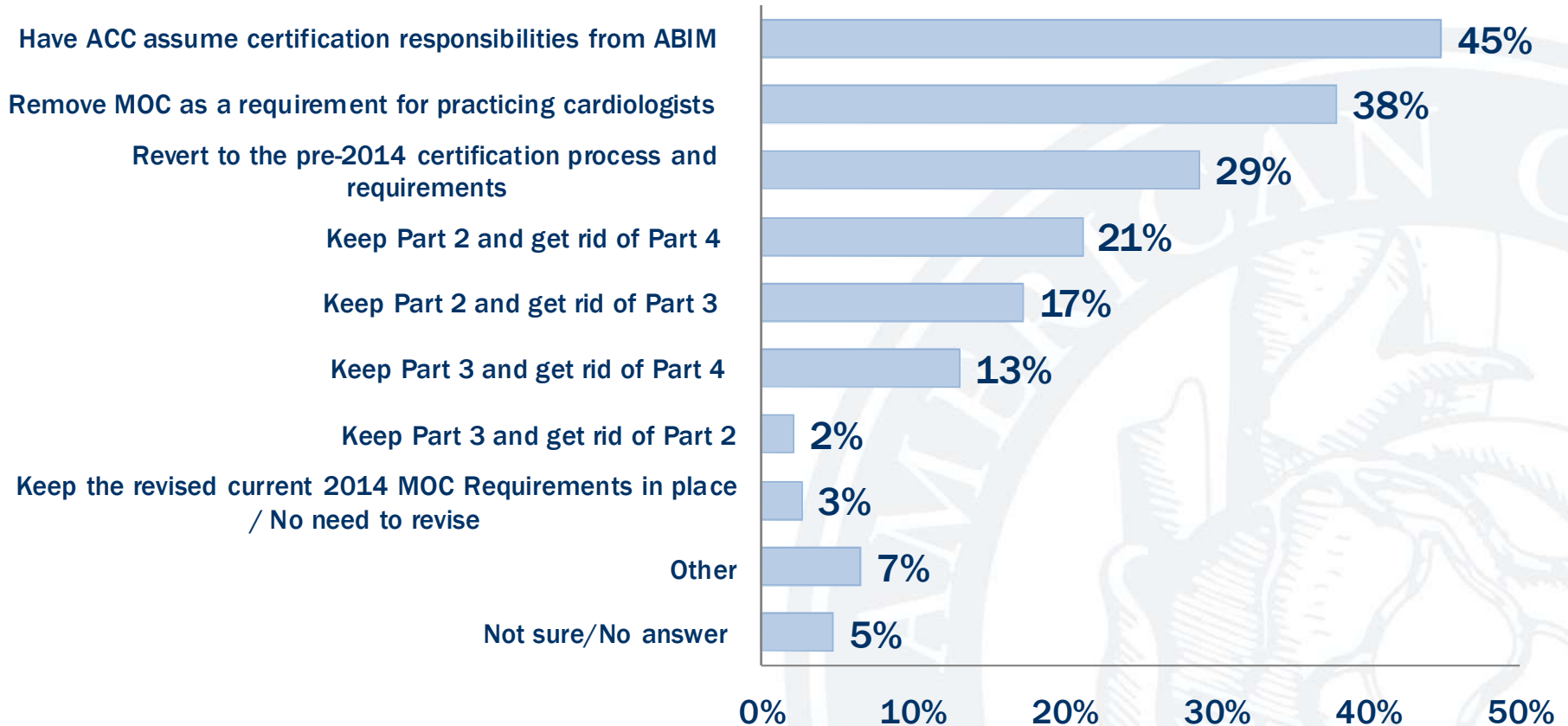
Q. Do you favor or oppose the new ABIM MOC requirements?



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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.



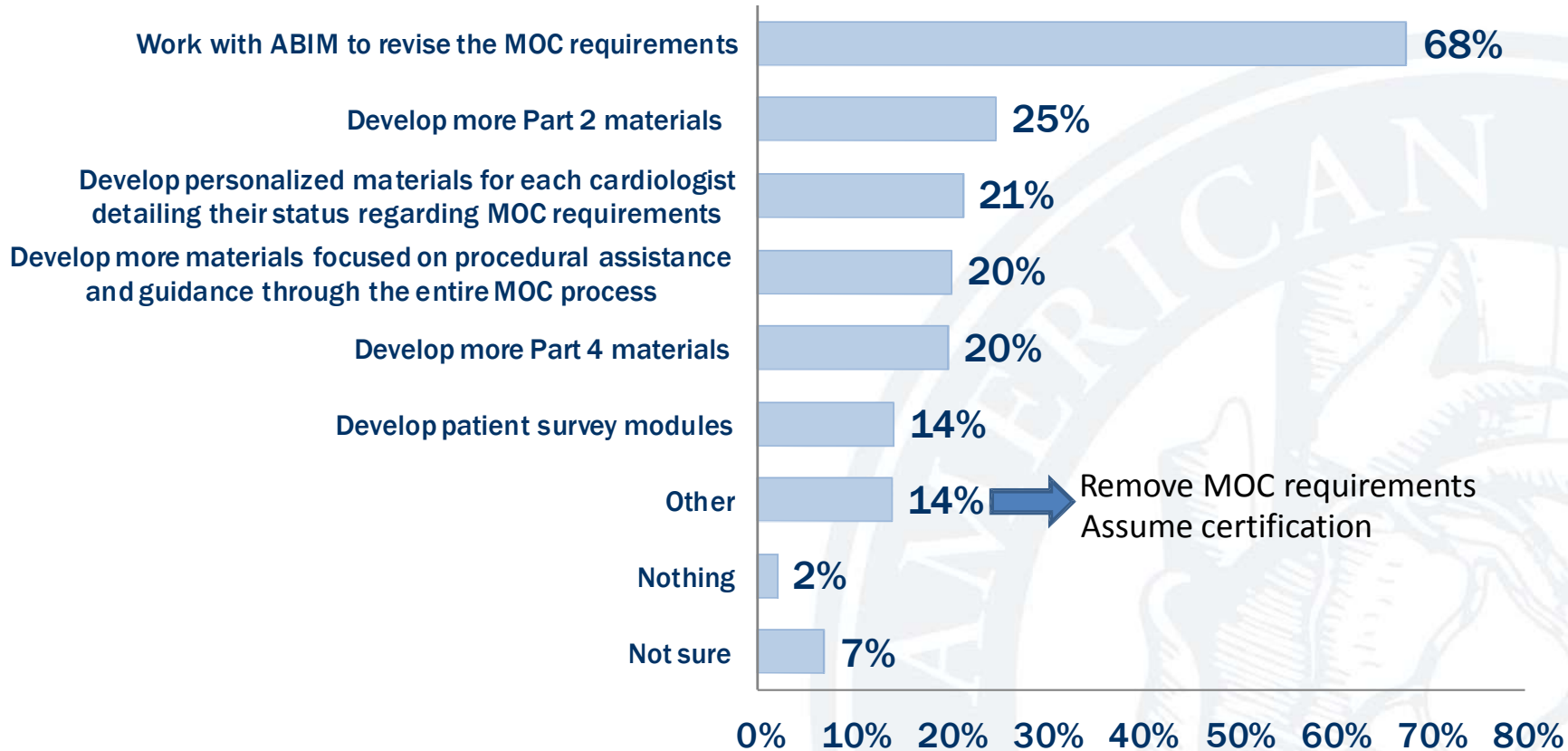
Q. If you were tasked with revising the MOC process for cardiologists, which of the following would you recommend? Please select all that apply.



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Recommended ACC Support

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



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.



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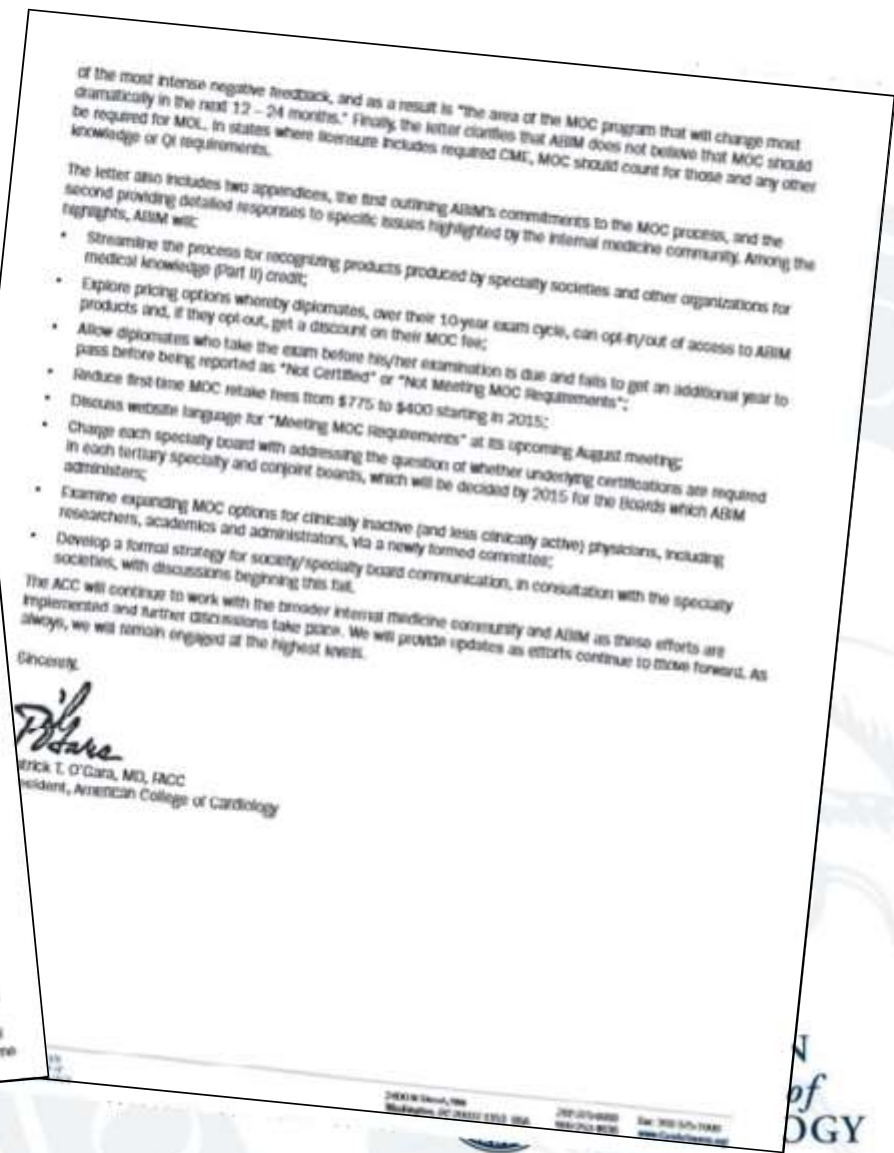
ACC's Recommendations to ABIM

- 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



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ACC Sends Letter to Members on Aug. 20



ACC's MOC Hub on CardioSource.org

Home > Lifelong Learning and MOC > Maintenance of Certification Information Hub

Maintenance of Certification Information Hub

 Tweet  Facebook  LinkedIn  Email  ShareThis

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 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.

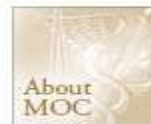
For information about your personal MOC status please login to ABIM's website and check your MOC Status Report.



My MOC

Track your MOC progress.

[Find out more >>>](#)



About MOC

Learn more about ABIM's MOC program.

[Find out more >>>](#)



Faculty Tools and Resources

Find tools and resources designed to help ACC leaders educate their members, colleagues and constituents.

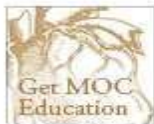
[Find out more >>>](#)



Member Tools and Resources

Get the information, tools and resources you need to understand and meet the new MOC requirements.

[Find out more >>>](#)



Get MOC Education

Discover ACC's MOC offerings for Part II and Part IV MOC credit. Plus, learn about MOC informational sessions offered at our live courses.

[Find out more >>>](#)



Feedback

Provide ACC with your feedback about MOC and learn the distinctions between ABIM and ACC.

[Find out more >>>](#)



Full Catalog View all »

Key Clinical Topics

Choose a clinical topic to focus on a specialty area.

Home > Lifelong Learning and MOC > Education > Self-Assessment Programs > ACC's Patient Safety MOC Module

This educational activity is certified by the American College of Cardiology Foundation

Self-Assessment Programs ACC's Patient Safety MOC Module

Start Program

Add to My Educational Activities Recommend (0)

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.

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.

You May Be Interested In

Cardiovascular Disease and Coronary Artery Disease: Training for Industry and Other Professionals

Format: Self-Assessment Programs Credits: 10.25

ACCF's Maintenance of Certification Collection Module 2

Format: Self-Assessment Programs Credits: 1.25

ACCF's Maintenance of Certification Collection Module 3

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 subspecialty boards
- Fees
- ABIM Website
- Research on value of MOC



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How can ACC help you fulfill the Part II & IV requirements?

ACC MOC Activity Title	# MOC points
General Cardiology Cardiology Collection (13 modules) FREE to members	130 Part II points, 10 per modules
Interventional Cardiology Collection (8 modules) FREE to members	80 Part II points, 10 per module
Electrophysiology Module 1 FREE to members	10 Part II points
Echocardiography Module 1 FREE to members	10 Part II points
Update ACC/AHA Guidelines for Valvular Heart Disease FREE to members	10 Part II points
ACCSAP 8: Adult Clinical Cardiology Self Assessment Program	80 Part II points, 10 per module
CathSAP 4: Cardiac Catheterization & Interventional Cardiology Self Assessment Program	80 Part II points, 10 per module
2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults FREE to members	10 Part II points

How can ACC help you fulfill the Part II & IV requirements?

ACC MOC Activity Title	# MOC points
Championing Care for the Patient with Aortic Stenosis module FREE to members participating in the Championing Care Initiative	10 Part II points
Journal Club Activity FREE to members	10 Part II points
Professional Liability, Risk Management & Patient Safety Module FREE to members	10 Part II points, fulfills patient safety requirement
Patient Safety Module FREE to members	10 Part II points, fulfills patient safety requirement
Imaging in Focus – Practice Assessment Activity	20 Part IV points
The Evolution of Anticoagulation Management – Atrial Fibrillation Practice Assessment Activity	20 Part IV points



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:
 - Jan 19, 2014: The Medicare Payment Advisory Commission votes unanimously to reduce or eliminate discrepancies in what Medicare pays for services done in hospital outpatient departments versus physician offices and ambulatory surgery centers.

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.



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**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
Academic

- Integrated

- 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/CVSummit2
015*** for more information!

Video Links

<http://bcove.me/knugw3sg>

MP4 Link:

[https://www.dropbox.com/s/lgubkr0yig5puxv/
CVSummit%202015%20Final.mp4?dl=0](https://www.dropbox.com/s/lgubkr0yig5puxv/CVSummit%202015%20Final.mp4?dl=0)

WMV Link:

[https://www.dropbox.com/s/xfnxmqxp0l29wh
h/CVSummit%202015%20Final_converted.
wmv?dl=0](https://www.dropbox.com/s/xfnxmqxp0l29whh/CVSummit%202015%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.



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