

**Indiana Chapter Annual Meeting**  
**What is Impacting CV Providers**  
**in 2018**  
**Report from the ACC**

**Dick Kovacs, MD, FACC**  
**ACC Vice President**



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# Disclosures

Nothing to disclose



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# Questions I Hope to Answer

- The state of the College?
- The new 5 year strategic plan?
- Status of ABIM Maintenance of Certification?
- What are the opportunities for participation at the chapter and national level?
- What will be priorities for my year as ACC President?



# ACC by the Numbers

**54,000+** members across the entire cardiovascular care team



**More than 85 percent** of U.S. cardiologists are ACC members

**48** Domestic Chapters

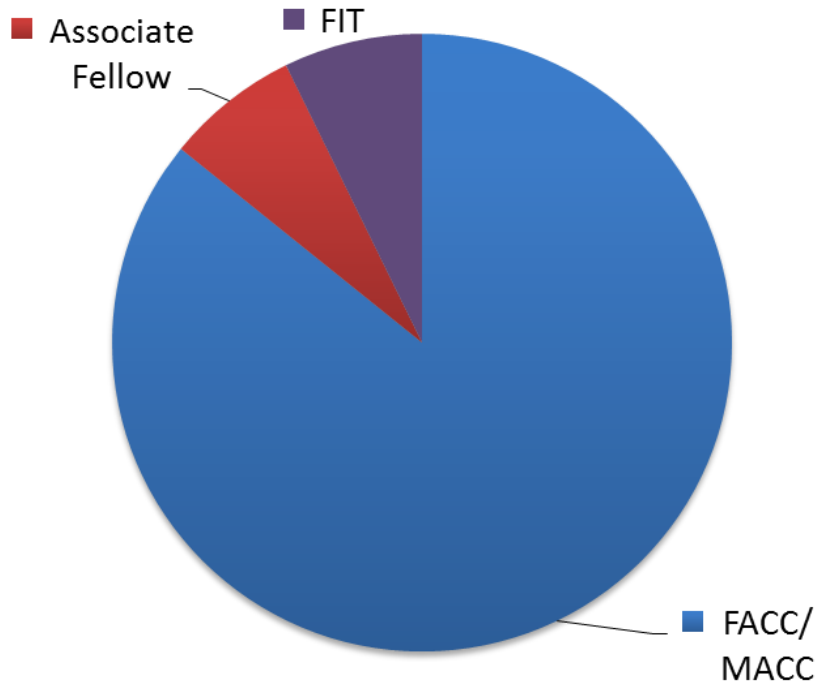
**42** International Chapters

**10** NCDR Registries

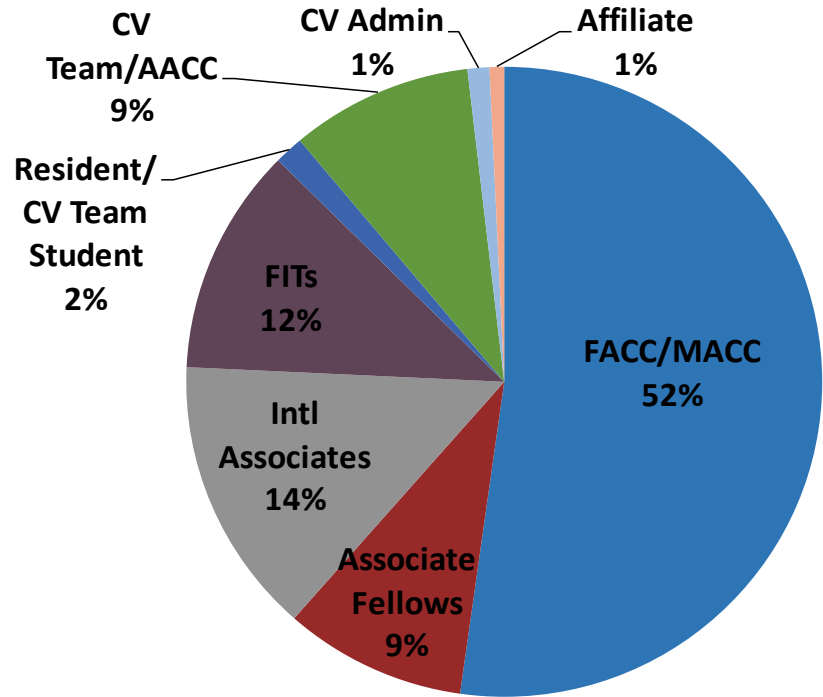


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## ACC in 2000 (26,000 Members)



## ACC in 2018 (54,000 Members)



Source (Right): Data compiled from 2017 Year End Official Member Count

# Fiscal and Staff Growth in the Last Quarter Century (1990 – 2018)



## 1990 Highlights

**Members: 18,700**

FTEs: 80+

Operations Revenue: \$18.3M

Investments: \$19.4M

Total Net Assets: \$28.8M

Debt: \$0



## 2018 Highlights

**Members: 54,000+**

FTEs: 525+

Operations Revenue: \$140M

Investments: \$120M

Total Net Assets: \$87.3M

Debt: \$60.9M



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# New ACC CEO: Tim Attebery

## Previous roles:

- System VP of CV Services (Holston Valley Medical Center, Kingsport, TN)
- CEO of CV Associates, P.C. (Kingsport, TN)
- CEO of South Carolina Heart Center, P.A. (Columbia, SC)
- CEO of Heart Group, P.C. (Indiana)
- Served on Boards of the Cardiology Advocacy Alliance and Cardiology Leadership Alliance
- Played key role in development of MedAxiom

## Education:

- B.A. in Business Administration from Western Governors University (Salt Lake City)
- Masters in Business Administration from University of Tennessee-Knoxville, Haslam College of Business
- Completing Doctorate in Health Service Administration at University of Alabama at Birmingham



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# New Governance Year 3

- Board of Trustees now at 14 ( felt to be optimal for good governance)
- More opportunities for national committee participation and leadership
- Decentralized decision making has uncovered need for bidirectional communication



# ACC Prepares to Embark on Next Strategic Plan

- **Shaped by countless hours of thoughtful discussion** with ACC members, stakeholders, staff and partners over the last 18-months
- Designed to **meet the growing and changing needs of CV Professionals around the world** as CV Disease remains #1 cause of mortality worldwide
- Built to leverage new and emerging technologies to drive **innovations in how we deliver knowledge** to support optimal patient care and learning
- ACC will **continue to be THE trusted source for defining standards and delivering tools** that optimize cardiovascular care and outcomes

ACC's 2019-2023 Strategic Plan seeks to ensure that the **College remains the place for CV Professionals to LEARN, GROW and SHARE**—as it has been the last seven decades

# Strategic Planning: Development

## *Key Elements*

**Mission:** Why does the organization exist?

### Strategic Plan

**Vision:** What is the change resulting from the organization's work?

**Goals:** What are the organization's desired outcomes?

**Metrics:** What measurable impacts will the organization hold itself accountable to?

**Strategies:** What choices will ACC make to achieve its goals?

**Core Values:** What will guide ACC's actions, behaviors, and decisions?



# ACC 2019-2023 STRATEGIC PLAN



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## MISSION

To transform cardiovascular care and improve heart health

## VISION

A world where innovation and knowledge optimize cardiovascular care and outcomes

## CORE VALUES

Patient-Centered  
Teamwork and Collaboration  
Professionalism and Excellence



## STRATEGIC GOALS

# A strategic plan to further our mission, aligned with our vision and based on core principles

## Mission:

*To transform cardiovascular  
care and improve heart health*



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## Vision:

*A world where innovation and  
knowledge optimize cardiovascular  
care and outcomes*

*In every decision ACC is*

**Patient-Centered**

*We are stronger through*

**Teamwork &  
Collaboration**

*We strive for*

**Professionalism &  
Excellence**



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# ACC 2019-2023 High-Level Strategic Plan

## Mission Statement

## Vision Statement

## Core Values

To transform cardiovascular care and improve heart health

A world where innovation and knowledge optimize cardiovascular care and outcomes

Patient-Centered  
Teamwork & Collaboration  
Professionalism & Excellence

**Goal: Increase relevance as the CV professional home**

- Provide **indispensable value** to CV professionals
- Engage with **Health Systems and Service Lines**
- Increase **member diversity and inclusion**
- Promote **clinician wellbeing**

**Goal: Generate and deliver actionable knowledge**

- **Discover** user needs and **envision** the future product portfolio
- Transform how ACC knowledge is **created**
- Establish a robust infrastructure to **manage** ACC knowledge and make it easily available
- Transform the ACC product portfolio to utilize new infrastructure for **dissemination**

**Goal: Advance quality, equity, and value of CV care**

- Develop **partnerships** to deliver standards and support solutions
- Develop **solution sets** that integrate the **patient voice**
- Enhance the **scope and utilization of ACC data**
- Support members and engage stakeholders in the transition from a **volume to value-based payment environment**

**Goal: Ensure organizational growth and sustainability**

- Create **innovative projects to drive the mission** of ACC
- Expand and deliver **leadership development** curriculum
- Enhance **organizational efficiency**



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# ACC 2019-2023 STRATEGIC PLAN



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PROFESSIONAL  
HOME



## Increase relevance as the CV professional home

*ACC is the indispensable resource for all CV professionals, providing both clinical and non-clinical solutions at all stages of their careers*

STRATEGIES

### Provide indispensable value to CV professionals

Personalize and localize engagement tactics; improve communications on offerings using non-traditional communication channels; expand offerings and mentoring for Early Career members, FITs, and other trainees

### Engage with Health Systems and Service Lines

Lead health systems to recognize ACC as a credible and reliable source of data, information and best practices; address clinical and non-clinical needs

### Increase member diversity and inclusion

Integrate diversity and inclusion efforts across the organization; identify and understand the barriers to entry into the field of cardiology; ensure ACC leadership reflects diversity of membership

### Promote clinician wellbeing

Advocate and develop new products related to best practices for successful EHR integration; support team-based care; cultivate relationships to develop interventions that improve wellbeing





## Generate and deliver actionable knowledge

*ACC is the trusted source of consumable knowledge that is integrated with the daily activities of the CV team and fully accessible when needed*

### STRATEGIES

#### Discover user needs and envision the future product portfolio

Understand how, when, and where users want to access and learn actionable knowledge and identify market opportunities, partnerships and rapid cycle pilots

#### Transform how ACC knowledge is created

Transform knowledge formats to be more modular and “byte-sized” and transform knowledge creation processes to be more agile

#### Establish a robust infrastructure to manage ACC knowledge and make it easily available

Establish a robust infrastructure for storing, updating, and enabling retrieval of ACC knowledge and define (or identify) a scheme for organizing and classifying ACC knowledge

#### Transform the ACC product portfolio to utilize new infrastructure for dissemination

Leverage partner platforms and channels to expand dissemination and be where the users are and develop new product lines that deliver actionable knowledge

# ACC 2019-2023 STRATEGIC PLAN



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CARE  
DELIVERY



## Advance quality, equity, and value of CV care

*ACC defines and promotes all aspects of quality, equity, and value of care delivery*

STRATEGIES

### Develop partnerships to deliver standards and support solutions

Combine ACC's existing knowledge and data assets with partners to inform and influence the actions of clinicians, and build a deeper understanding of how to deliver higher quality CV care

### Develop solution sets that integrate the patient voice

Target discrete gaps in care at actionable, hinge points in decision making with decision support protocols and care plans that engage the patient voice to better understand the impact and influence of care decisions

### Enhance the scope and utilization of ACC data

Supplement existing NCDR data sets with cost data and patient reported outcomes for more actionable data, while improving visualizations of data to examine cost, value, and equity

### Support members to assess and improve value of care

Support members and engage stakeholders in the transition from a volume to value-based payment environment





ORGANIZATIONAL  
SUSTAINABILITY

## Ensure organizational growth and sustainability

*ACC's growth and sustainability is supported by enhanced revenue diversity and investment, efficiency, and a strong pipeline of leaders*

STRATEGIES

### Create innovative projects to drive the mission of ACC

Invest in Core, Adjacent and Transformational projects (including acquisitions), balancing mission-plus-revenue vs. mission-only while ensuring the protection of ACC's intellectual property

### Expand and deliver leadership development offerings

Cultivate leadership positions in the College by establishing an intentional portfolio of core and audience-focused leadership development curricula, expanding offerings and their accessibility, and increasing mentoring

### Enhance organizational efficiency

Divest less core-centric and / or underperforming businesses and control the cost of shared services / SG&A as a percentage of revenue



# ACC 2019-2023 Strategic Plan: What's Next?

Strategic Initiatives have been identified for funding in the 2019 Budget as priority efforts to start implementation of the Strategic Plan

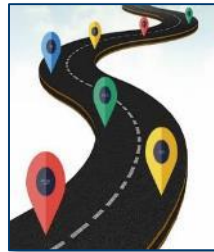
## ACC 2019 – 2023 Strategic Plan

Mission, Vision, Core Values, Goals



## ACC 2019 – 2023 Enterprise Roadmap

5-Year Plan to Achieve Goals



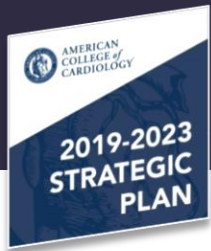
## 2019 Initiatives Priority Efforts for 2019 Selected by Board



**NEXT**

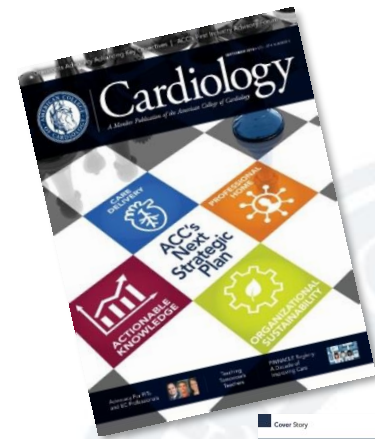
**Q4 2018** Complete Implementation Planning

**2019** Begin Year 1 of Plan



# Some Top-Level Communications to Look For...

- Toolkit for Chapter Leaders
  - Slides, Graphics, Talking Points – Will be at [www.acc.org/leadershipslides](http://www.acc.org/leadershipslides) week of Oct. 8
- Pocket Cards Now Available
- Cardiology Magazine Cover Story
  - *September Issue*
- JACC Leadership Page
  - *Authors: Drs. Valentine, Kovacs, Itchhaporia*



# State of Our Members

## What's Missing From the Triple Aim of Health Care?

It's time to prioritize worker satisfaction, along with the aims of patient experience, population health, and cost reduction.

BY LARRY SOBAL, MBA, MHA, CMPE, AND SUZETTE JASKIE

### From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider

Thomas Bodenheimer, MD<sup>1†</sup> and Christine Sinsky, MD<sup>2,3</sup>

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#### Abstract

The Triple Aim—enhancing patient experience, improving population health, and reducing costs—is widely accepted as a compass to optimize health system performance. Yet physicians and other members of the health care workforce report widespread burnout and dissatisfaction. Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs. Burnout thus imperils the Triple Aim. This article recommends that the Triple Aim be expanded to a Quadruple Aim, adding the goal of improving the work life of health care providers, including clinicians and staff.



# Reduce Members' Administrative & Professional Burdens

**Description:** Increasing administrative and professional burdens are taking caregivers away from what they do best – providing care. These pressures are leading to clinician burnout, increasing overhead costs, and impacting the appeal of cardiology as a career field. The initiatives related to this priority aim to address particular challenges with regulations, EHR usability and interoperability, quality reporting, payment transformation, MOC, and data collection.

2018 Initiatives Category	Proposed Strategic Initiatives / Projects Submitted by Committees and Staff To be tracked on the Enterprise Strategic Dashboard
Clinician Wellbeing	1 Advocate for reduced administrative burdens, including prior authorization, electronic health record usability and interoperability, and improved consistency/validity of quality measures and reporting
	1 Advocate for and educate members on <u>changes in payment</u> , including MACRA/QPP and alternative payment models
	Launch working group to determine path forward on <u>non-clinical best practices, CV team management, and clinician well-being</u>
Maintenance of Certification	2 Support maintenance of CV certification for physician members
	3 Further expansion of CME/MOC offerings on JACC.org
	Continue negotiations with ABIM on Society Maintenance Pathway
Reduce Data Burden	4 Continue efforts to <u>reduce participant data collection</u> burden by enhancing NCDR's integration with EHRs and other electronic data sources

*Direct input from Member Committees: (1) Health Affairs, (2) LLOC, (3) PECC, (4) NCDR MB*

# The ACC's Three-Pronged Approach to MOC

Serve as the trusted source of information about the changes for members.

Provide a wide range of educational materials for members who choose to participate in MOC.

Work with ABIM to improve the MOC process.



# ABIM MOC SoFar...

- MOC: Current Scorecard
  - **Part I** – good, never a serious objection to licensure
  - **Part II** – excellent, multiple opportunities provided live and online by ACC
  - **Part IV** – permanently suspended by ABIM, sufficient but not necessary for MoC
  - **Part III** – the “Final Frontier”
    - Three possible options:
      - Ten-year (long form) assessment
      - Two-year “Knowledge Check-Ins” beginning for CV in 2019
      - Collaborative Maintenance Pathway (CMP) currently under negotiation with ABIM



# Collaborative Maintenance Pathway

- An alternative to the Ten-year Assessment or the Knowledge Check-in
- Initial discussions with ABIM and ACC, ASCO and ACP
- ACC – CMP would be based on ACC's ACCSAP product
- ACC has active, productive collaborations to develop subspecialty CMP-SAPs with
  - SCAI
  - HRS
  - HFSA



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# ACC's ACCSAP-Based CMP

- Formative and Summative Components
- **Formative Component** – lifelong learning model
  - Five-year comprehensive, modular review of CV medicine
  - Nine volumes of didactic material, studied on diplomate's timeline
  - More than 600 “practice” questions
  - Provides more than 150 CME credits and 150 Part-II MoC points over 5 years
    - Fulfills all MoC Part-II requirements and most State licensure CME requirements
    - Supplemental State-required training (e.g. patient safety, opioid, HIV) can be added at no additional cost



# ACC's ACCSAP-Based CMP

- Formative and Summative Components, as required by ABIM
- **Summative Component** – required by ABIM
  - Online, secure assessment with 2 factor identification
  - No web camera
  - Periodic presentation of “performance” questions, at home or office computer
  - Modular, not comprehensive, in scope
  - One module per year
  - More than one attempt to successfully complete the module
  - Five-year cycle
  - With success, ABIM will maintain diplomate’s certification



# New SAP Approach

- ACCSAP – C<sup>3</sup>PO
  - **Formative only** – practice questions, no performance questions
  - ~150 hours of CME over 5 years
  - When completed, ACC will issue a “Certificate of Continuing Cardiovascular Professional Optimization” (C<sup>3</sup>PO) to the user
  - User can submit C<sup>3</sup>PO to:
    - State Licensing Boards



# ACC MoC Timeline - I

- January 2014 – new MoC requirements posted
- February 2015 – ABIM suspends practice assessment, patient safety, and patient voice requirements
- August 2015 – allows Part II credit for CME
- January 2016 – reversal of double jeopardy requirement for CV subspecialists
- September 2017 – began work on Collaborative Maintenance Pathway with ACC, ACP, and ASCO



# ACC MoC Timeline - II

- April 2018 – ABIM agrees to exclusivity with ACC for CMP
- July 2018 – ABIM agrees to 5-year exclusivity with ACC for CMP
- **2019 - Q1**
  - Publication of ACCSAP, EP-SAP, CathSAP
- **2019 - Q3**
  - Expected launch of CMP component of ACCSAP
- **2020 - Q3**
  - Expected launch of CMP component of EP-SAP and CathSAP



# ACC – ABIM Agreement - September 14, 2018

The American College of Cardiology (ACC) and the American Board of Internal Medicine (ABIM) have been working together in good faith toward providing an alternate pathway for cardiologists who wish to maintain their ABIM certification. The shared goal is to continually improve all educational and assessment processes for physicians to stay current in knowledge and practice – ultimately in the service of better patient care.

The ACC will have completed the updating of three self-assessment programs (ACCSAP, EPSAP, and CathSAP) in early 2019. The goal is to integrate lifelong learning with assessment. ACC and ABIM are hopeful that this will form the basis for a general cardiology Collaborative Maintenance Pathway (CMP) in Q3 2019. This CMP will serve as an additional option to maintain ABIM cardiovascular certification. We are hopeful that other cardiology subspecialty CMPs in electrophysiology and intervention will be available in 2020.

C. Michael Valentine, MD, FACC  
President, ACC

Richard J. Baron, MD, MACP  
President and CEO, ABIM



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# Dual ACCSAP Pathways

## *BOT approval 5.24.18*

- **ACCSAP - Certificate**
  - Review questions only
  - 155 hours of CME
  - When completed, ACC will issue a “Certificate of Continuing Cardiovascular Professional Development” to the member
  - ACC member can submit results to:
    - State Licensing Boards
    - Payers
    - Hospital Credentials Committees
    - NBPAS, others
- **ACCSAP – MoC (CMP)**
  - Review and performance questions
  - 155 hours of CME and Part II MOC credit
  - When completed, ABIM will recognize that the Diplomate has maintained certification for 5 years
  - ACC member may submit results to:
    - State Licensing Boards
    - Payers
    - Hospital Credentials Committees
  - (Final approval by ABIM/ACC pending)



**MOC Policy:**  
**Your ACC is**  
**Also Watching:**

- Multiple state legislative activities could impact the future of MOC
- Recent DOJ Comments in MD
- Initial legislation has addresses and prohibited the use of MOC in licensing activities
- Potential limits on MOC use for hospital or payer credentialing

# What will 2019-2020 hold?



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