The Importance of Career Flexibility in Cardiology

Mary Norine Walsh, MD, MACC

Medical Director, HF and Cardiac Transplantation

Ascension St Vincent Heart Center, Indianapolis IN

Past President, American College of Cardiology

@MinnowWalsh

ASCENSION

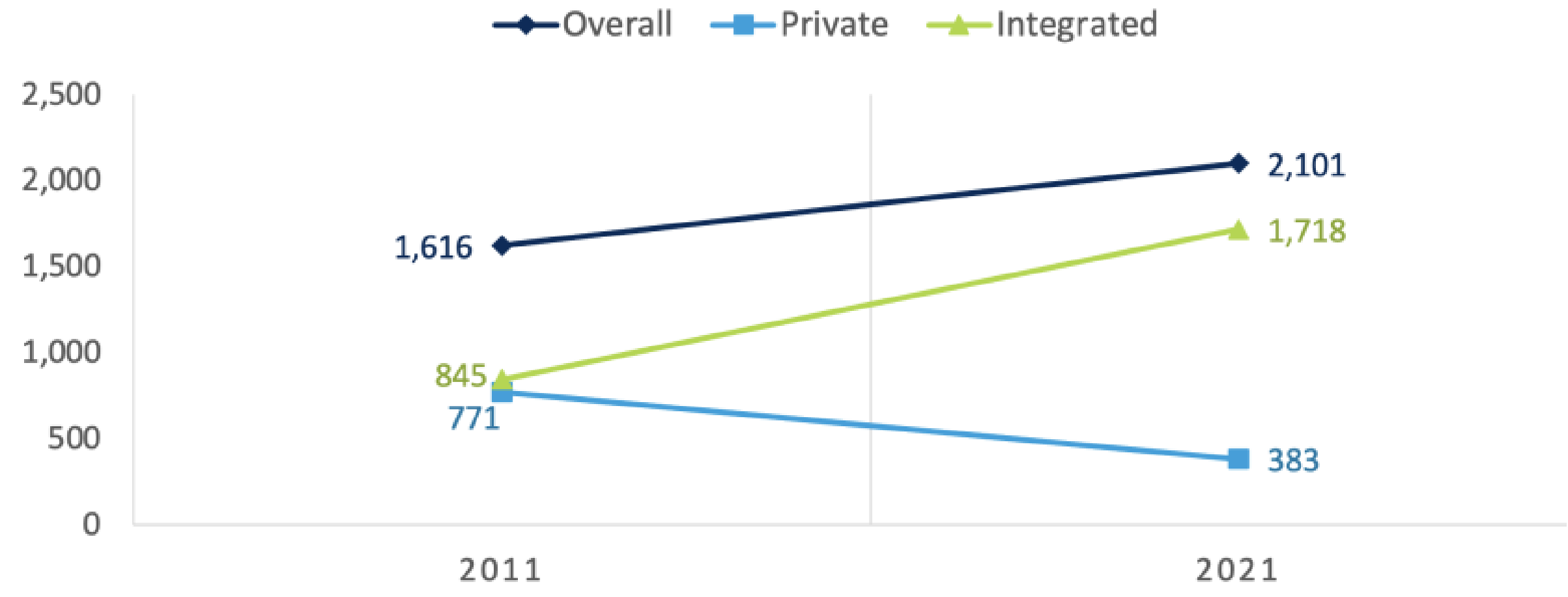
Cardiology

- Who we are
- How we feel
- How our field is perceived
- Why career flexibility matters
- How we can achieve it

ASCENSION

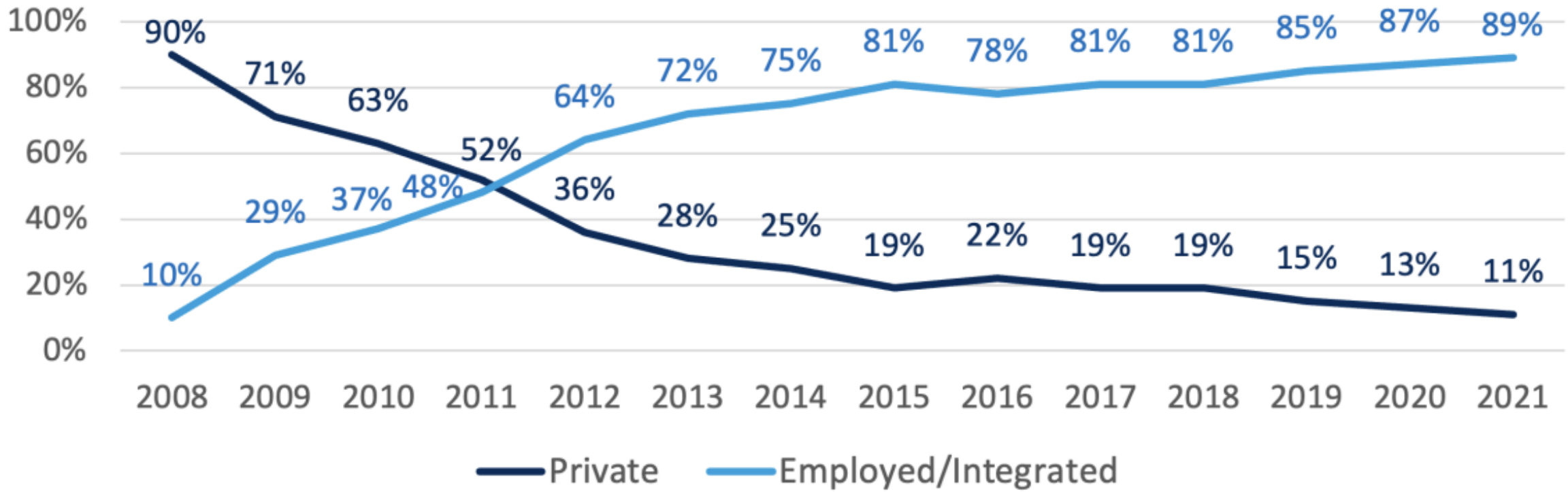
Who We Are

Figure 2: Number of Cardiologists in Annual Compensation Survey



2022 Medaxiom Provider Compensation and Production Survey

Figure 16: Cardiology Programs by Ownership Model



2022 Medaxiom Provider Compensation and Production Survey

Figure 38: 2021 Age Distribution of Cardiologists (Full & Part Time)

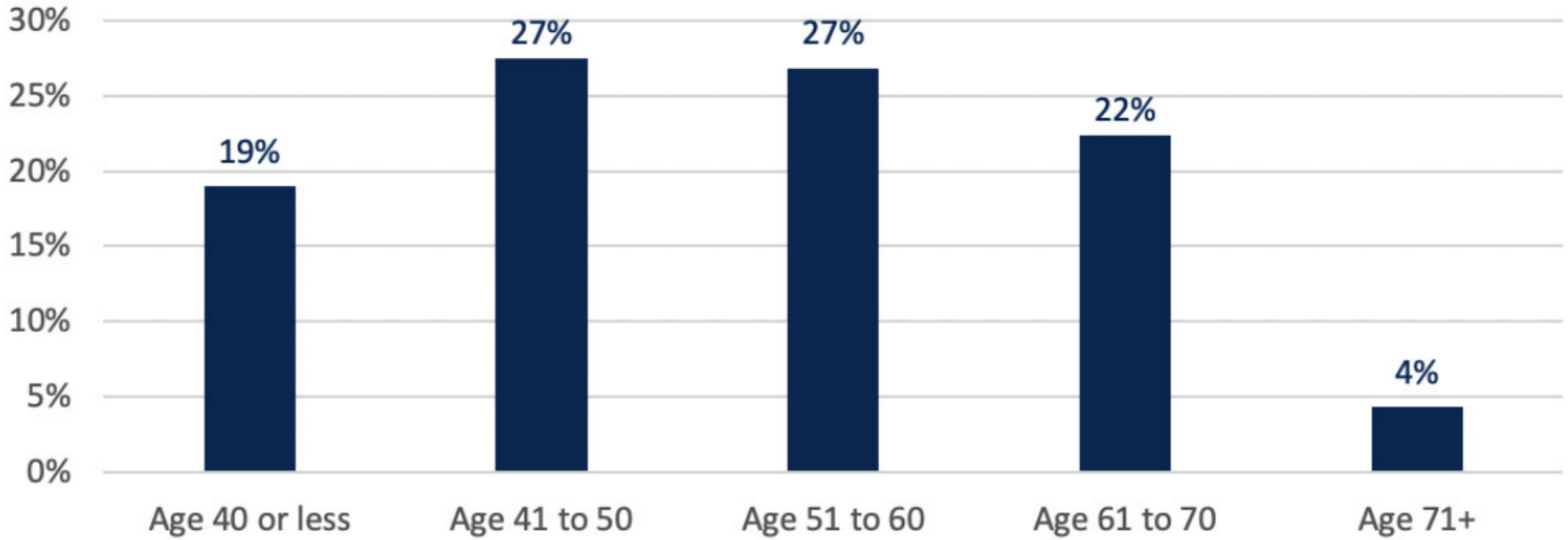
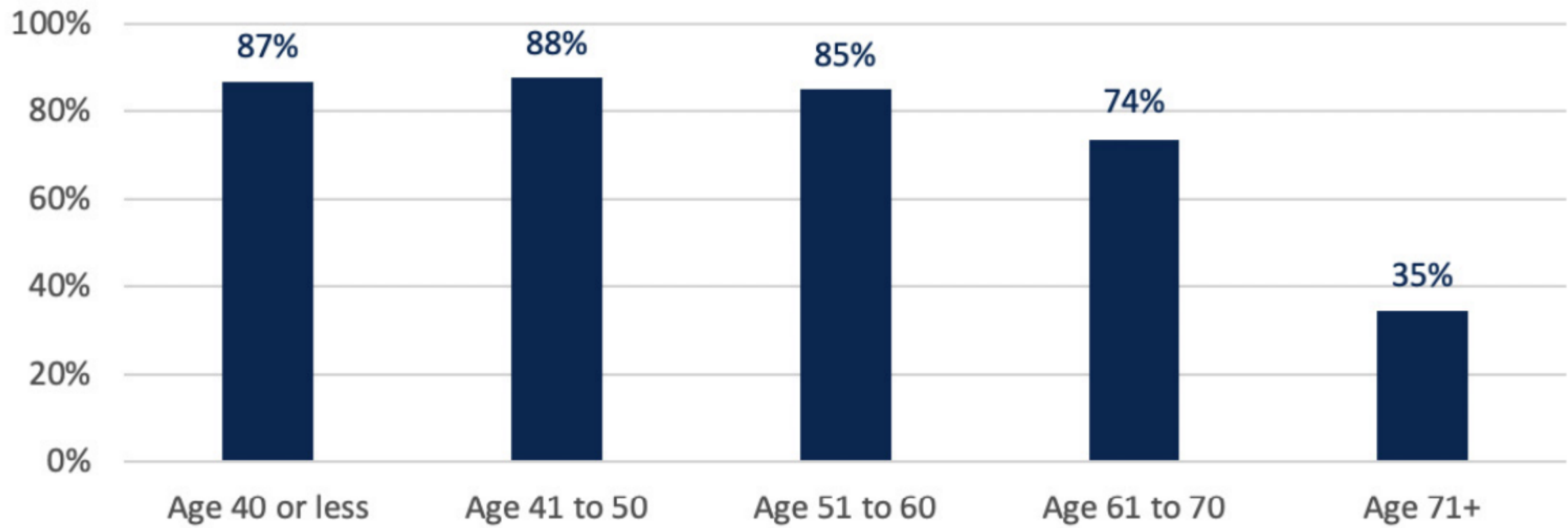


Figure 36: 2021 Cardiology Full Call Participation by Age



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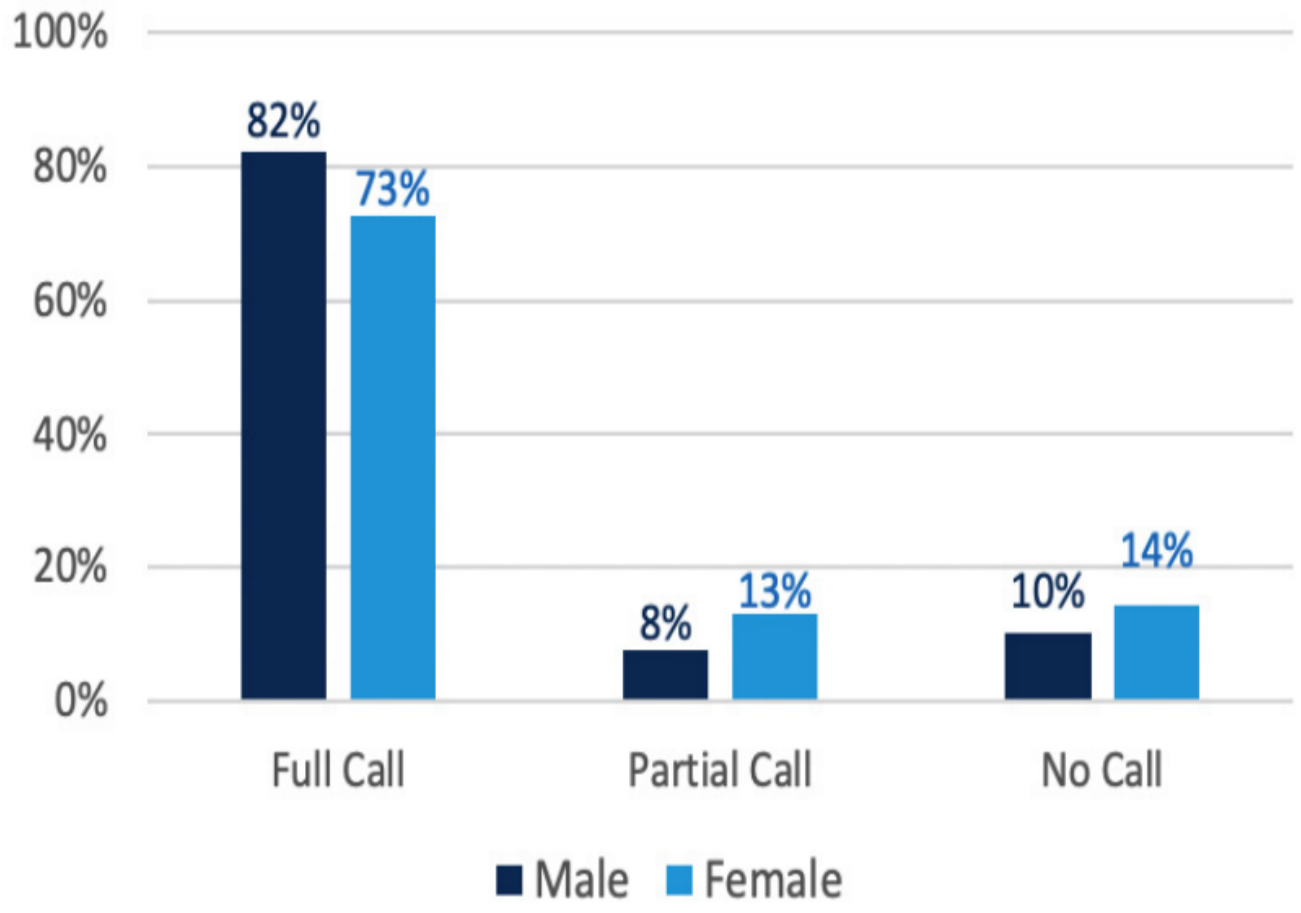
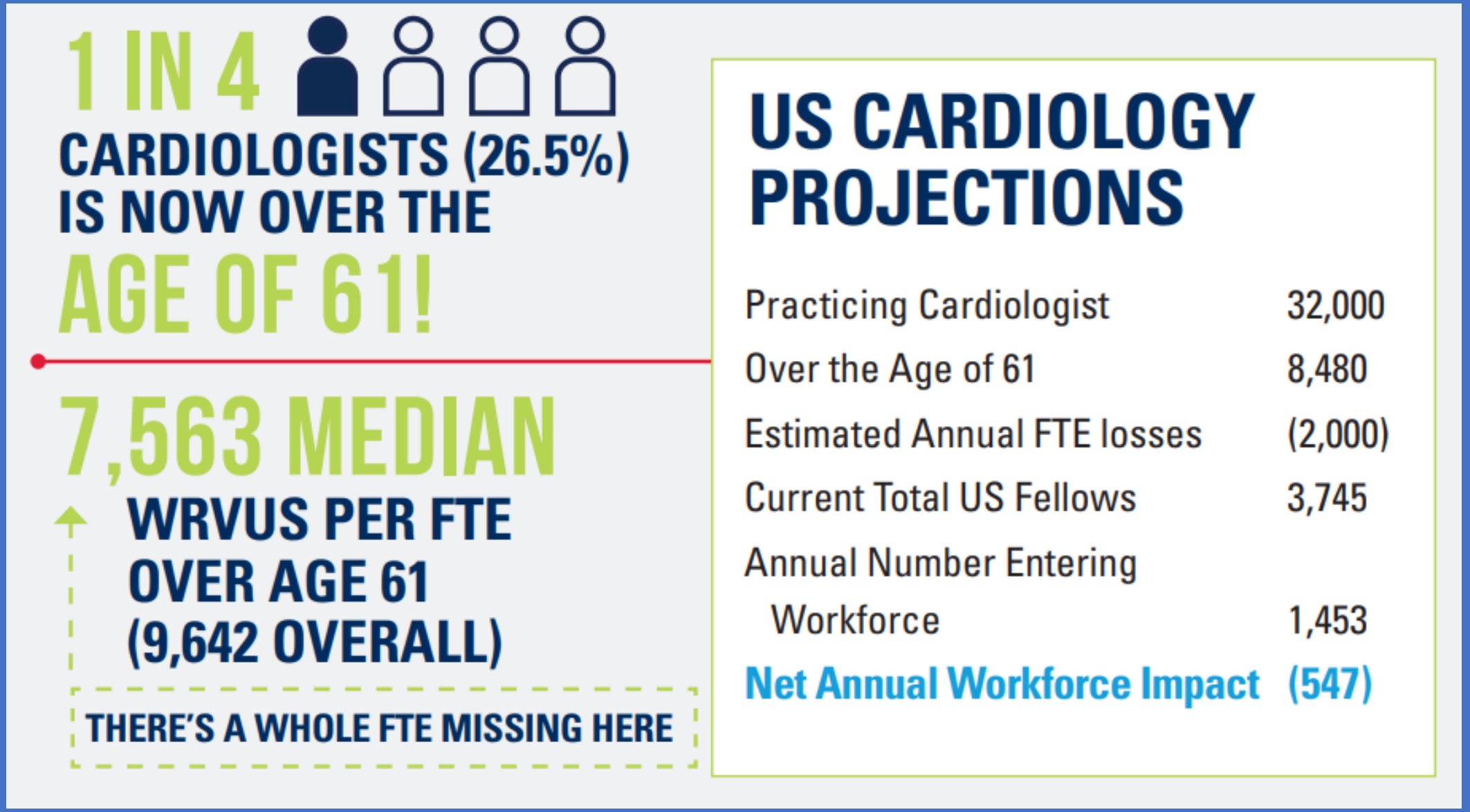


2022 Medaxiom Provider Compensation and Production Survey

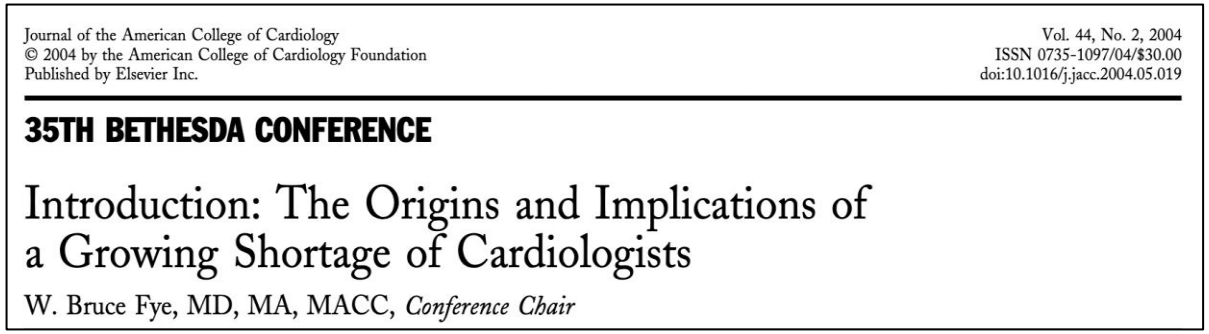
REGARDLESS OF AGE OR GENDER, MEDIAN INCOME

DECREASES BY MORE THAN 40% FOR PARTIAL CALL AND 50% FOR NO CALL



2022 Medaxiom Provider Compensation and Production Survey

Not a New Problem: "Déjà Vu All Over Again"



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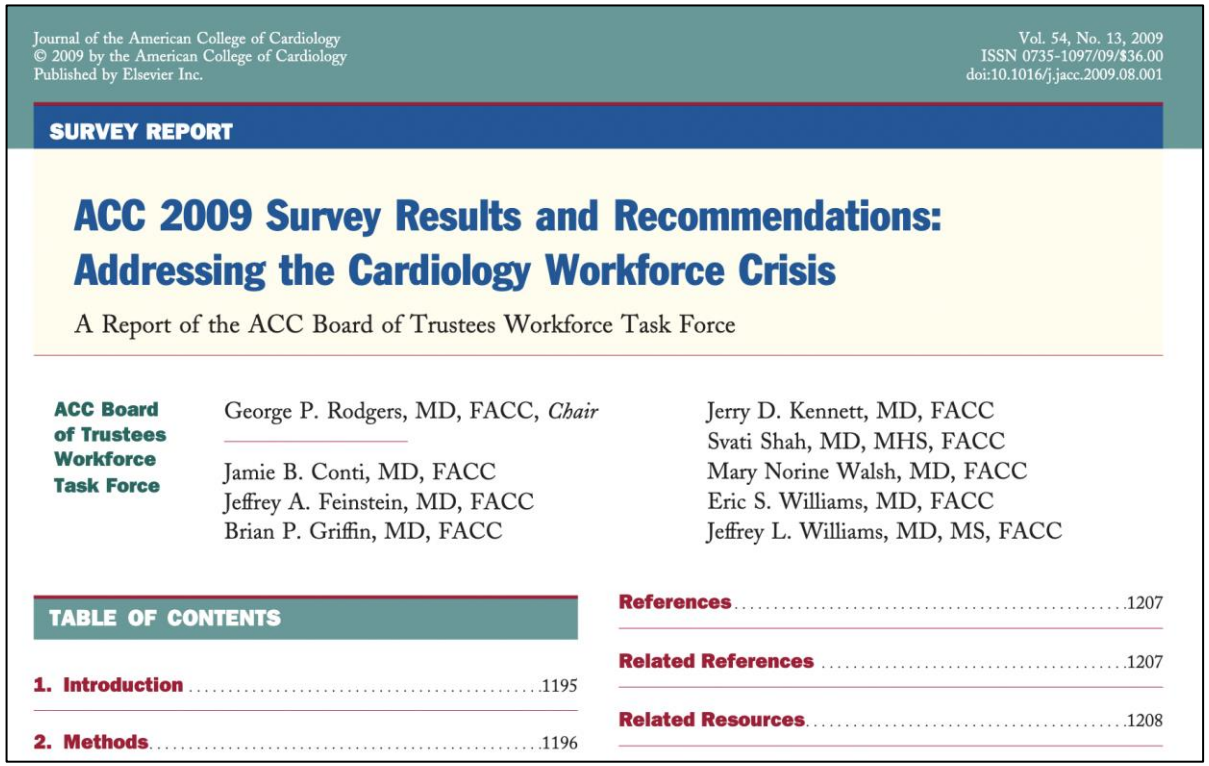
doi:10.1016/j.jacc.2004.05.019

35TH BETHESDA CONFERENCE

Introduction: The Origins and Implications of a Growing Shortage of Cardiologists

W. Bruce Fye, MD, MA, MACC, *Conference Chair*

Fye BW, et al JACC 2004;44:221-232



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doi:10.1016/j.jacc.2009.08.001

SURVEY REPORT

ACC 2009 Survey Results and Recommendations: Addressing the Cardiology Workforce Crisis

A Report of the ACC Board of Trustees Workforce Task Force

ACC Board of Trustees Workforce Task Force

George P. Rodgers, MD, FACC, *Chair*
Jamie B. Conti, MD, FACC
Jeffrey A. Feinstein, MD, FACC
Brian P. Griffin, MD, FACC
Jerry D. Kennett, MD, FACC
Svati Shah, MD, MHS, FACC
Mary Norine Walsh, MD, FACC
Eric S. Williams, MD, FACC
Jeffrey L. Williams, MD, MS, FACC

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Rodgers GP, et al JACC 2009;54:1195-1208

Drivers (Pre-COVID)

- Aging: cardiologists, population
- Pt. complexity and co-morbidity
- Increased regulation/compliance
- Rise of "Hyper-Sub-specialization"
- Paradox of success = Chronic Dz
- Burnout – Retire or Other Career

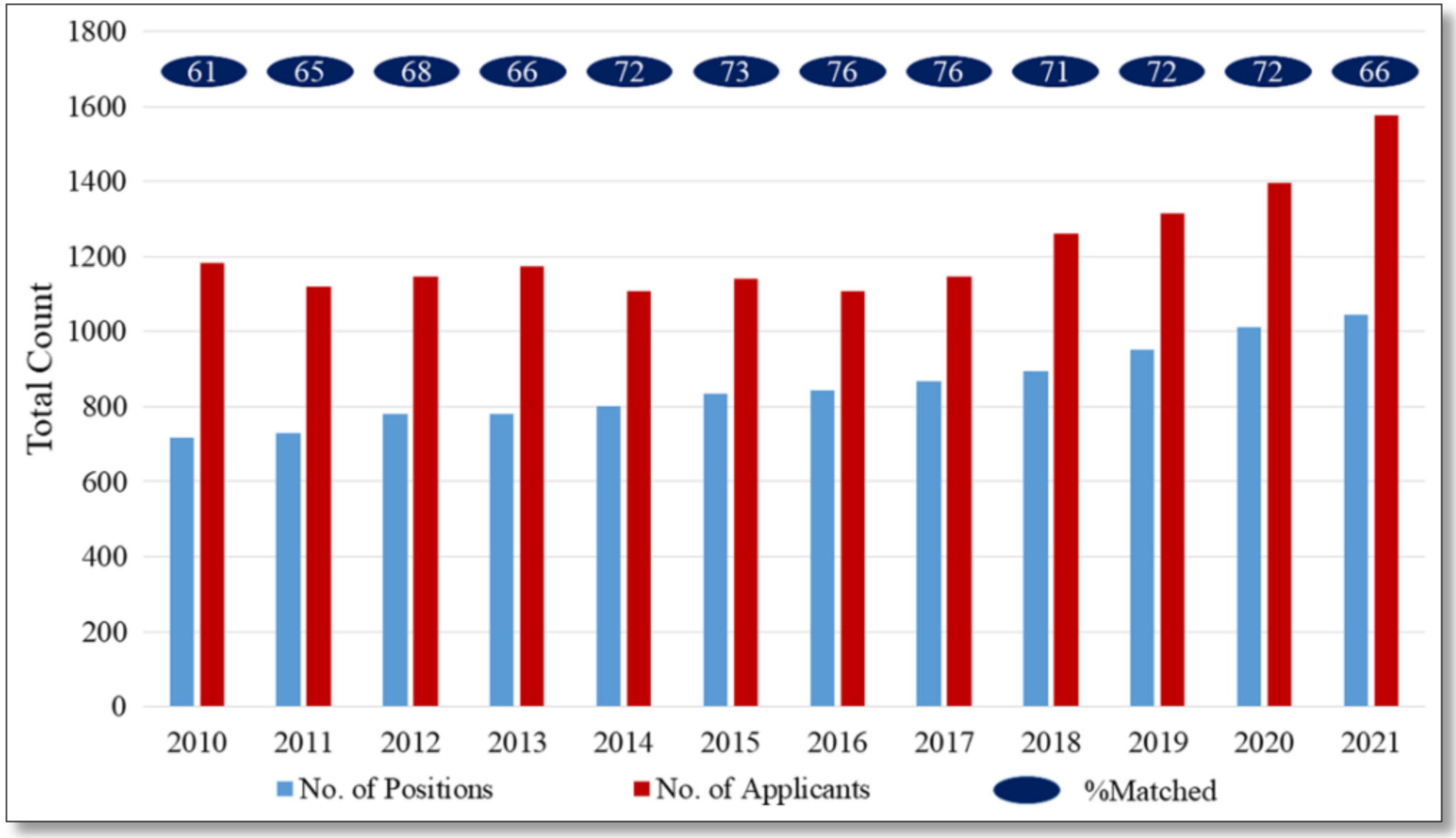
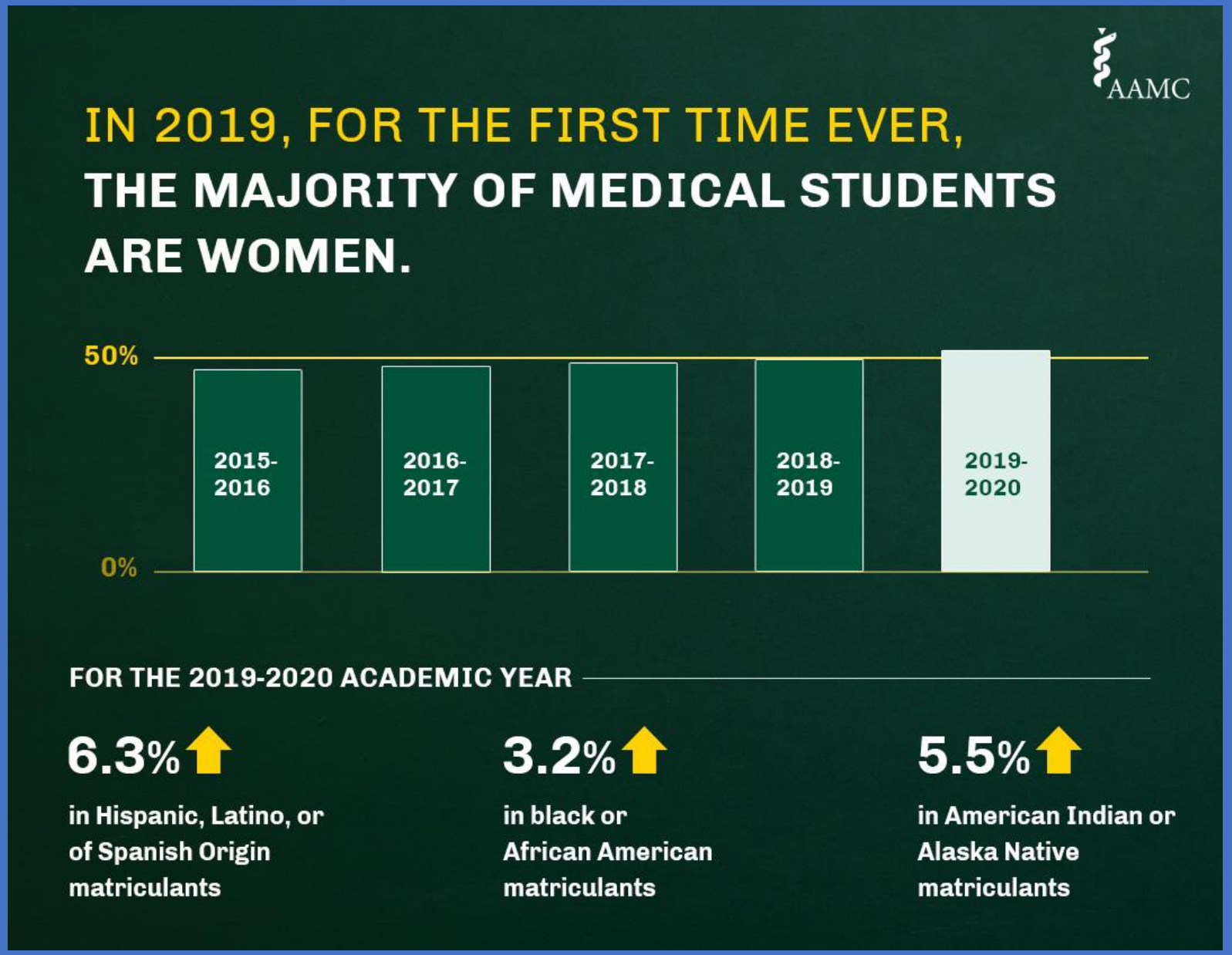


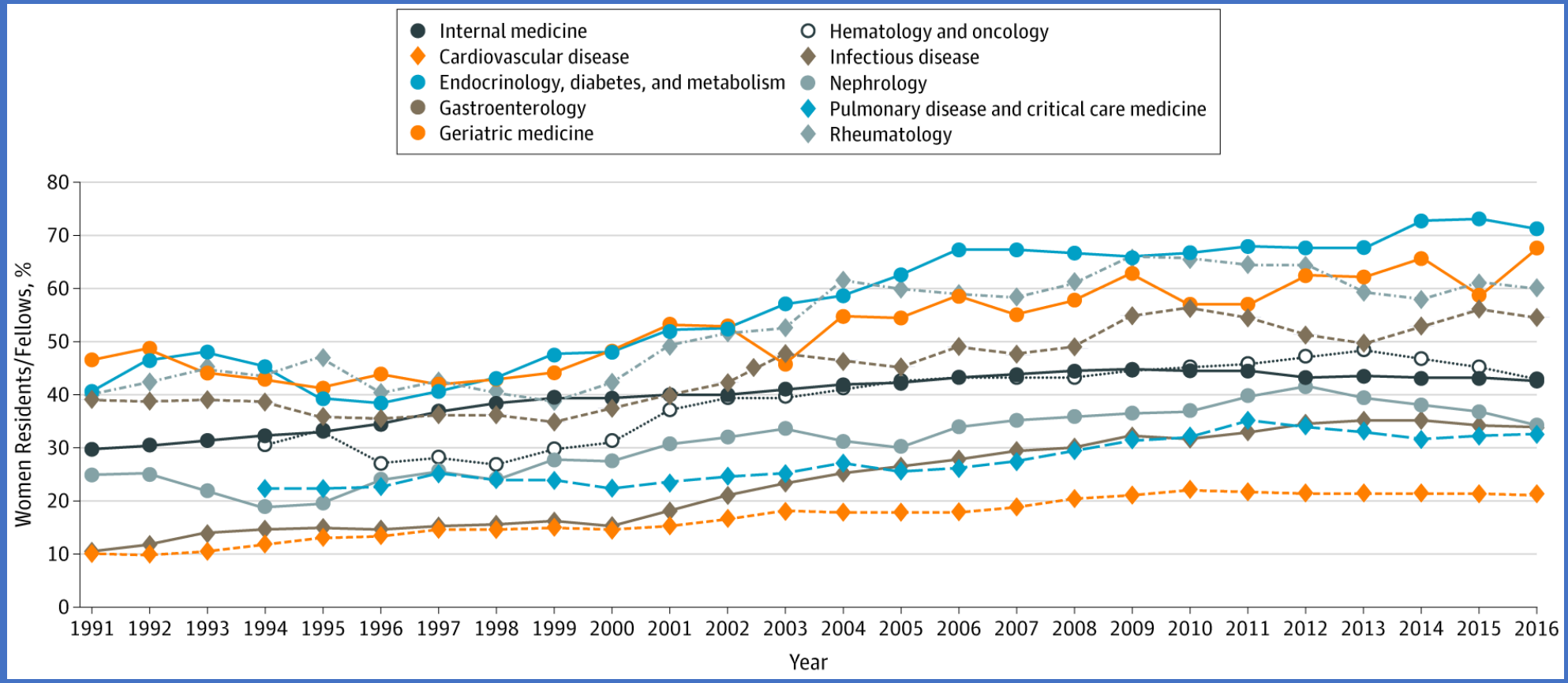
Figure 1. Number of applicants and programs in the Cardiovascular Disease Fellowship Match.

Silvestre, et al. Match Outcomes for Cardiovascular Disease Fellowship Training: 2010 to 2021. JAHA Dec 2022



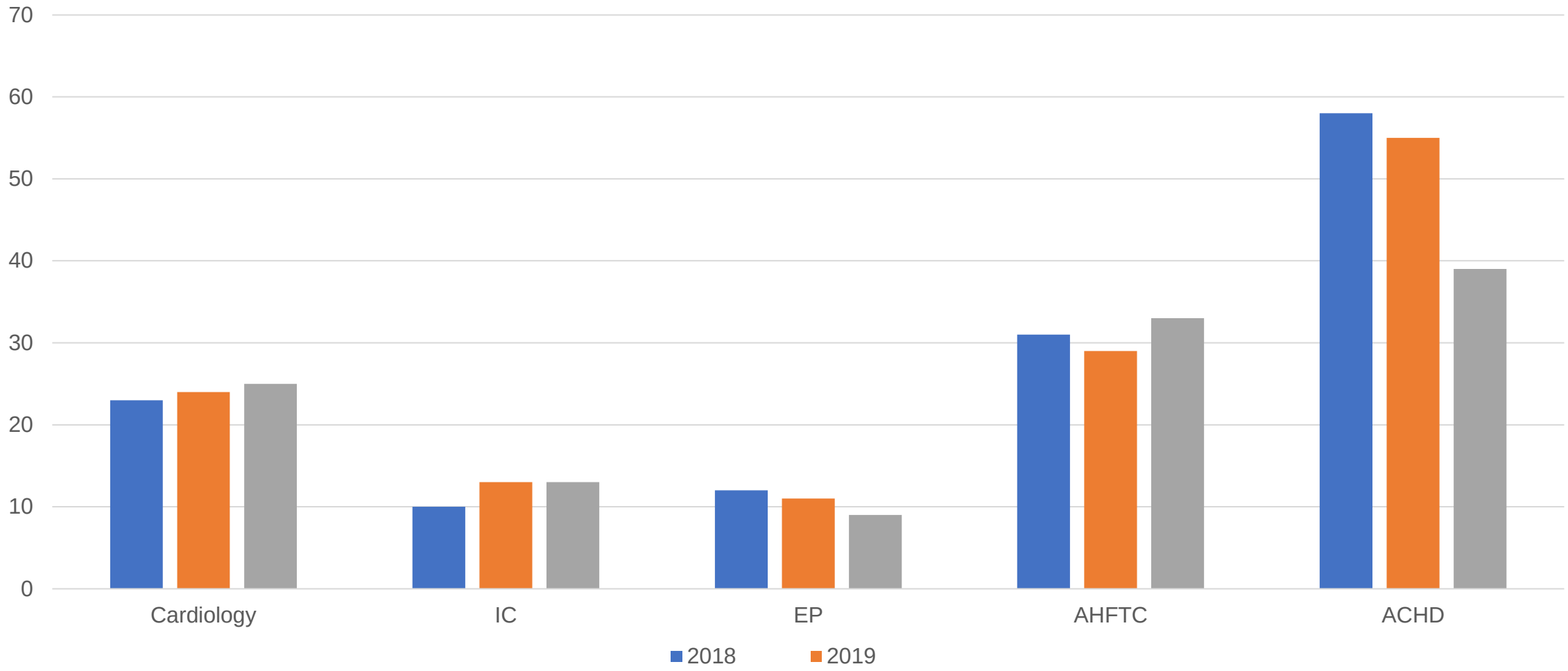
https://www.aamc.org/news-insights/press-releases/majority-us-medical-students-are-women-new-data-show

Changes in the Percentage of Women Internal Medicine Residents and Subspecialty Fellows Between 1991 and 2016



Stone AT, Carlson KM, Douglas PS, Morris KL, Walsh MN. Assessment of Subspecialty Choices of Men and Women in Internal Medicine From 1991 to 2016. JAMA Intern Med. Published online September 23, 2019. doi:10.1001/jamainternmed.2019.3833

% Women Fellows in Cardiology and Subspecialties 2018-2020



https://www.aamc.org/data-reports/students-residents/interactive-data/report-residents/2020/executive-summary

How We Feel

Opinion by Heather Long: This isn’t the “end of ambition” for young Americans but a redefining of it.

washingtonpost.com

Opinion | This isn’t the ‘end of ambition’ for young Americans. It’s a redefining...

This isn’t the "end of ambition" for young Americans but a redefining of it.

Quiet Quitting

[ˈkwī-ət ˈkwi-tiŋ]

Doing the minimum requirements of one's job and putting in no more time, effort, or enthusiasm than absolutely necessary.

Investopedia

Junior doctors vote for strikes in England over NHS pay

3 days ago · Comments

GETTY IMAGES

By Nick Triggle
Health correspondent

Junior doctors in England have voted in favour of taking strike action in their fight to get more pay.

According to Medical Guidelines, Your Doctor Needs a 27-Hour Workday

Some doctors say that however reasonable guidelines may seem, their cumulative burden causes "constant frustration" to medical practice.

Give this article · 239

The New York Times

Opinion

The Business of Health Care Depends on Exploiting Doctors and Nurses

One resource seems infinite and free: the professionalism of caregivers.

By Danielle Ofri

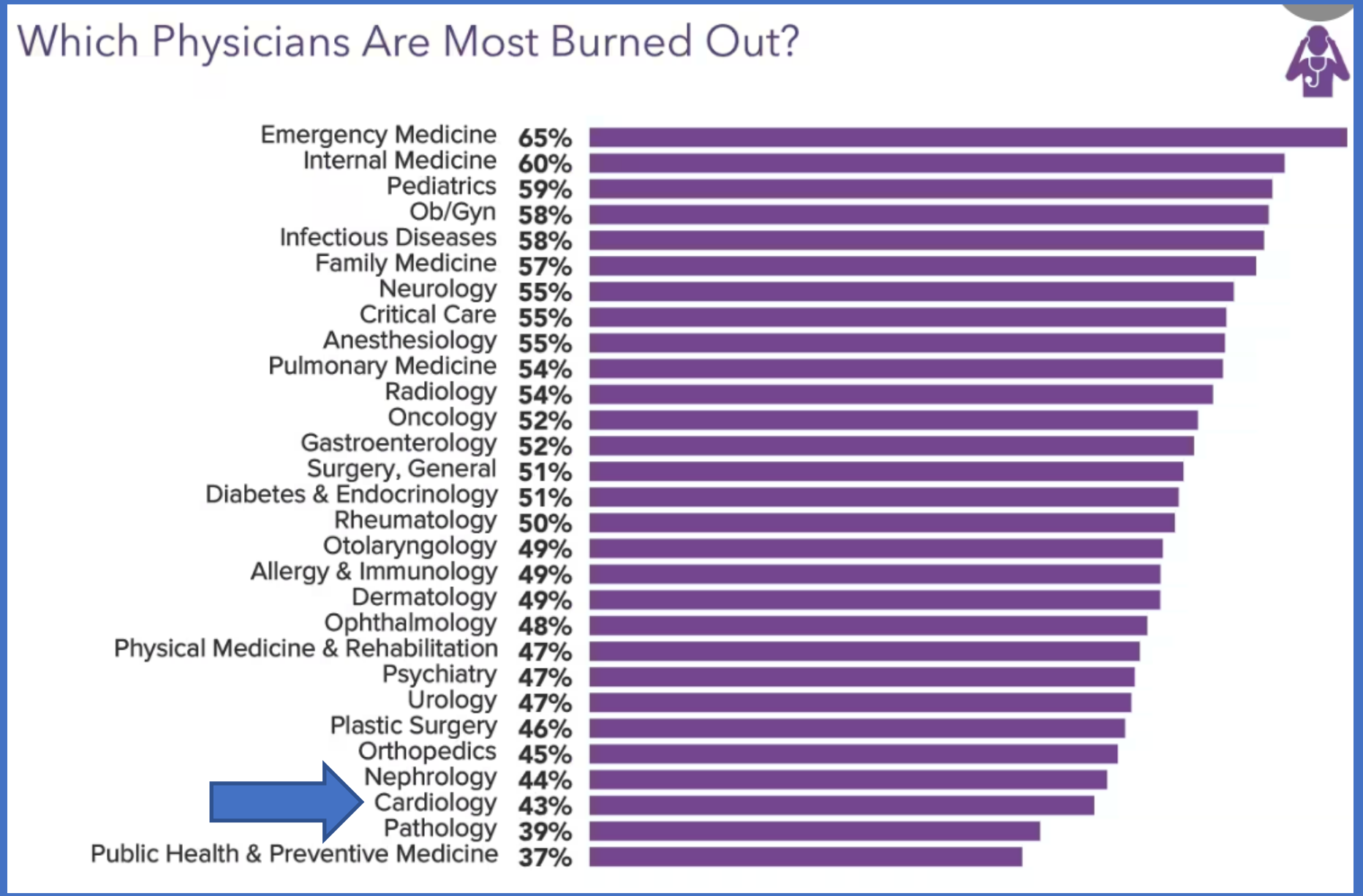
Dr. Ofri practices at Bellevue Hospital in New York.

June 8, 2019

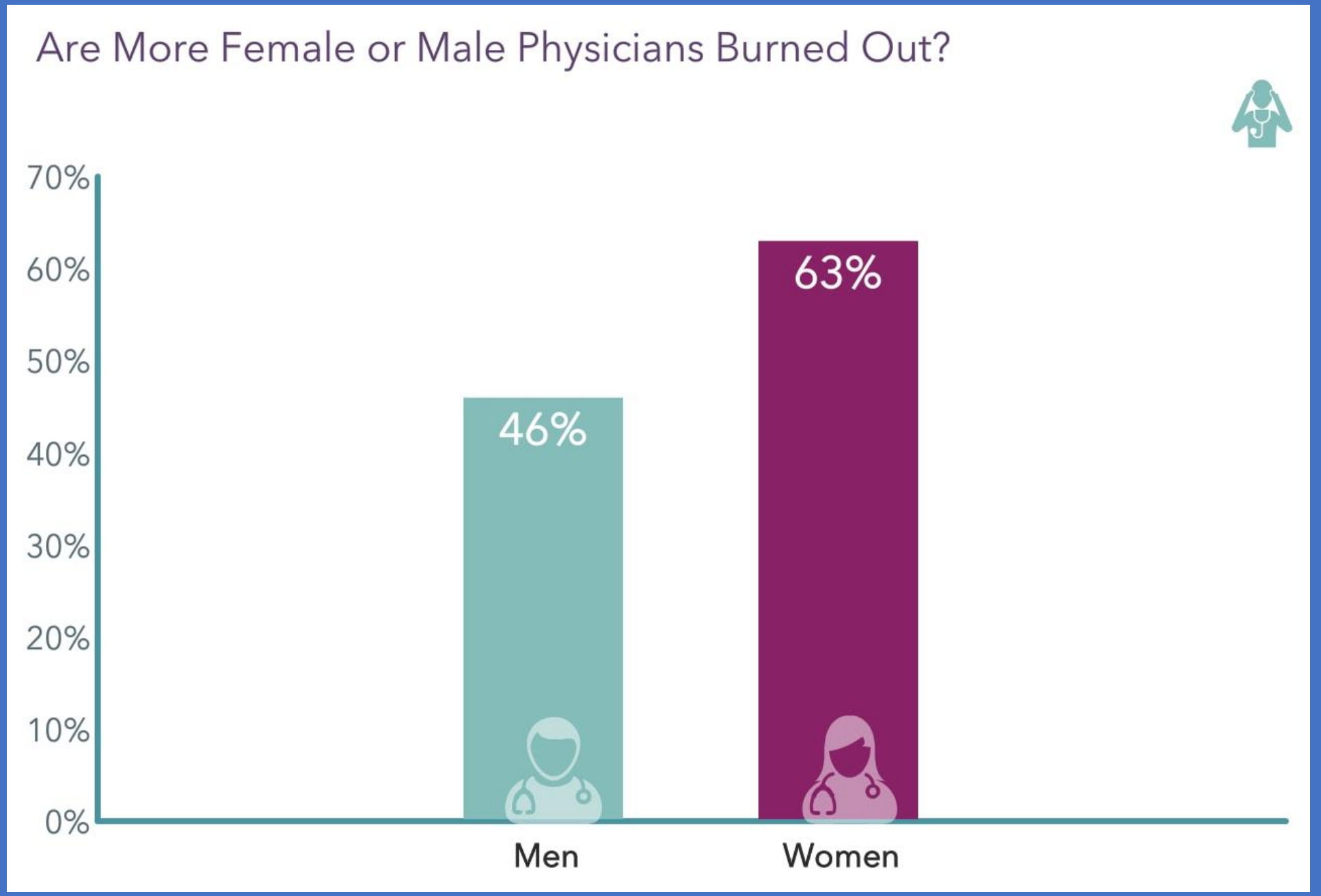
1022

Is Professionalism being exploited?

- Pressures extend beyond work hours
- More complexity, less time or resources
- The “right thing” gets done, at clinician personal expense
- Administration increased 3200%
- 10 administrators for each physician
- Clinicians are the most “elastic” resource for Health Systems

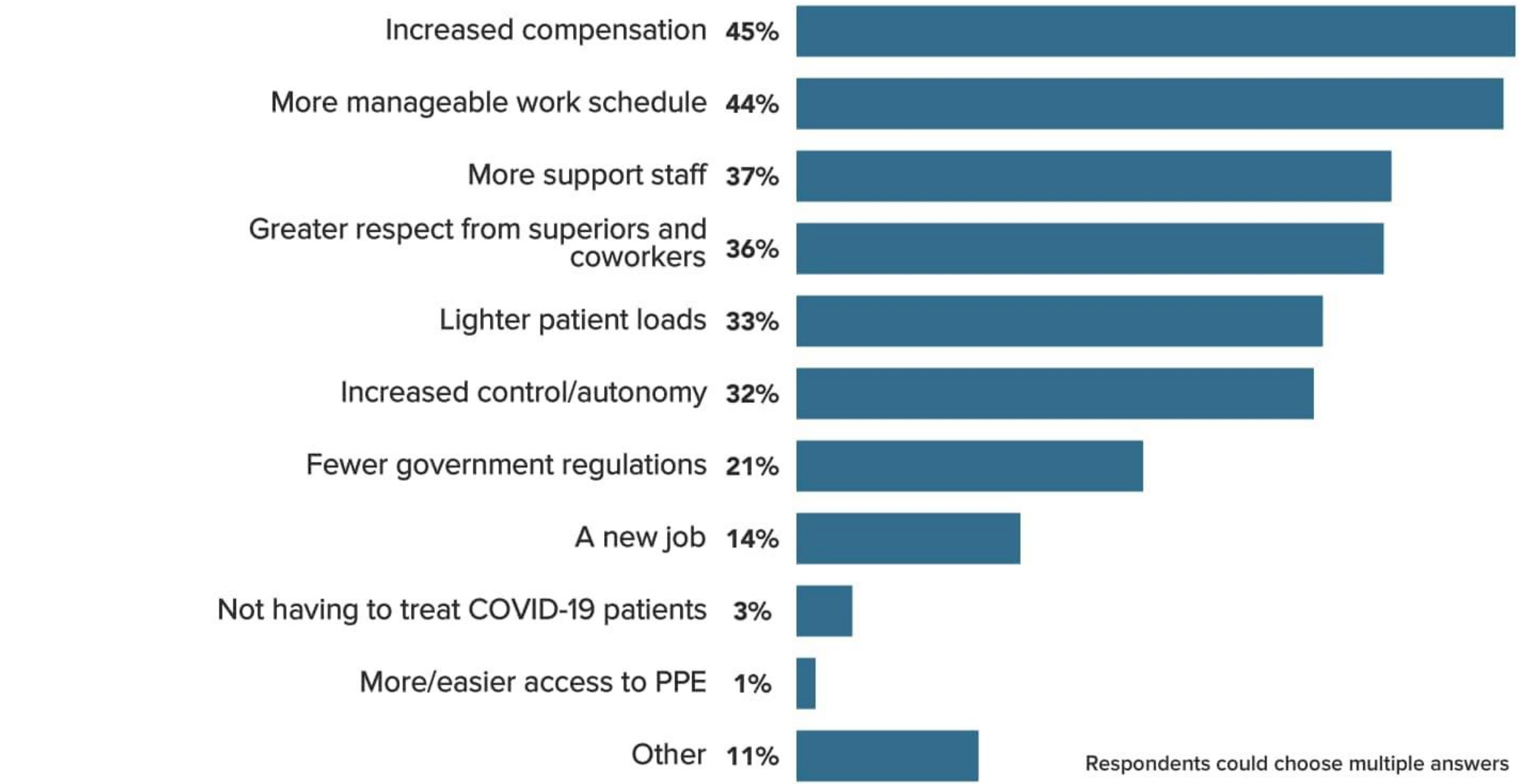


'I Cry but No One Cares': Medscape Physician Burnout & Depression Report 2023

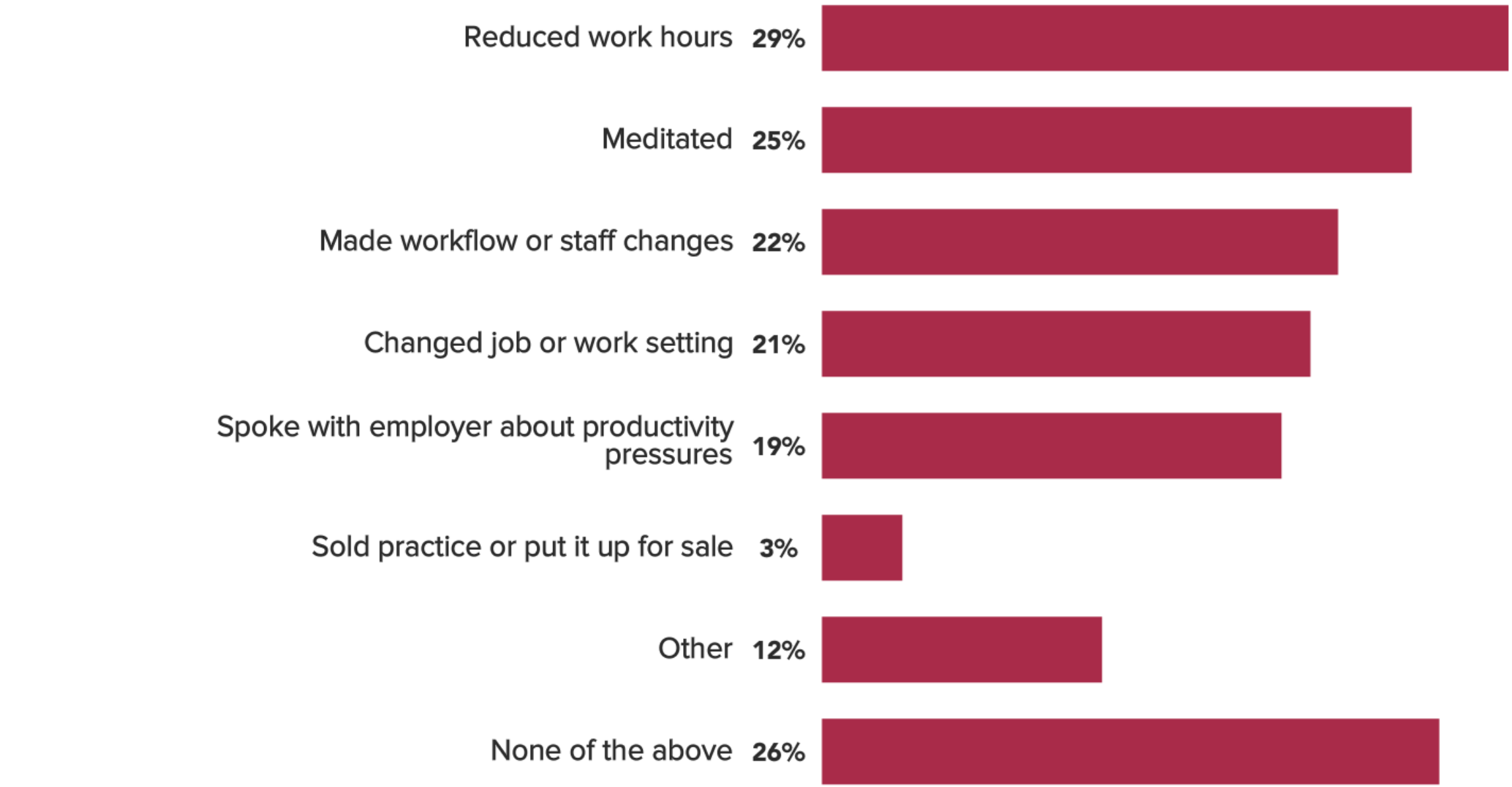


'I Cry but No One Cares': Medscape Physician Burnout & Depression Report 2023

What Workplace Measures Would Help Most With Your Burnout?



What Have You Done at Work to Alleviate Your Burnout?



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http://dx.doi.org/10.1016/j.jacc.2016.11.027

COUNCIL PERSPECTIVES

Changes in the Professional Lives of Cardiologists Over 2 Decades

Sandra J. Lewis, MD,[a] Laxmi S. Mehta, MD,[b] Pamela S. Douglas, MD,[c] Martha Gulati, MD, MS,[d] Marian C. Limacher, MD,[e] Athena Poppas, MD,[f] Mary Norine Walsh, MD,[g] Anne K. Rzeszut, MA,[h] Claire S. Duvernoy, MD,[i] on behalf of the American College of Cardiology Women in Cardiology Leadership Council

CENTRAL ILLUSTRATION: The Lives of Cardiologists: 2 Decades of Change

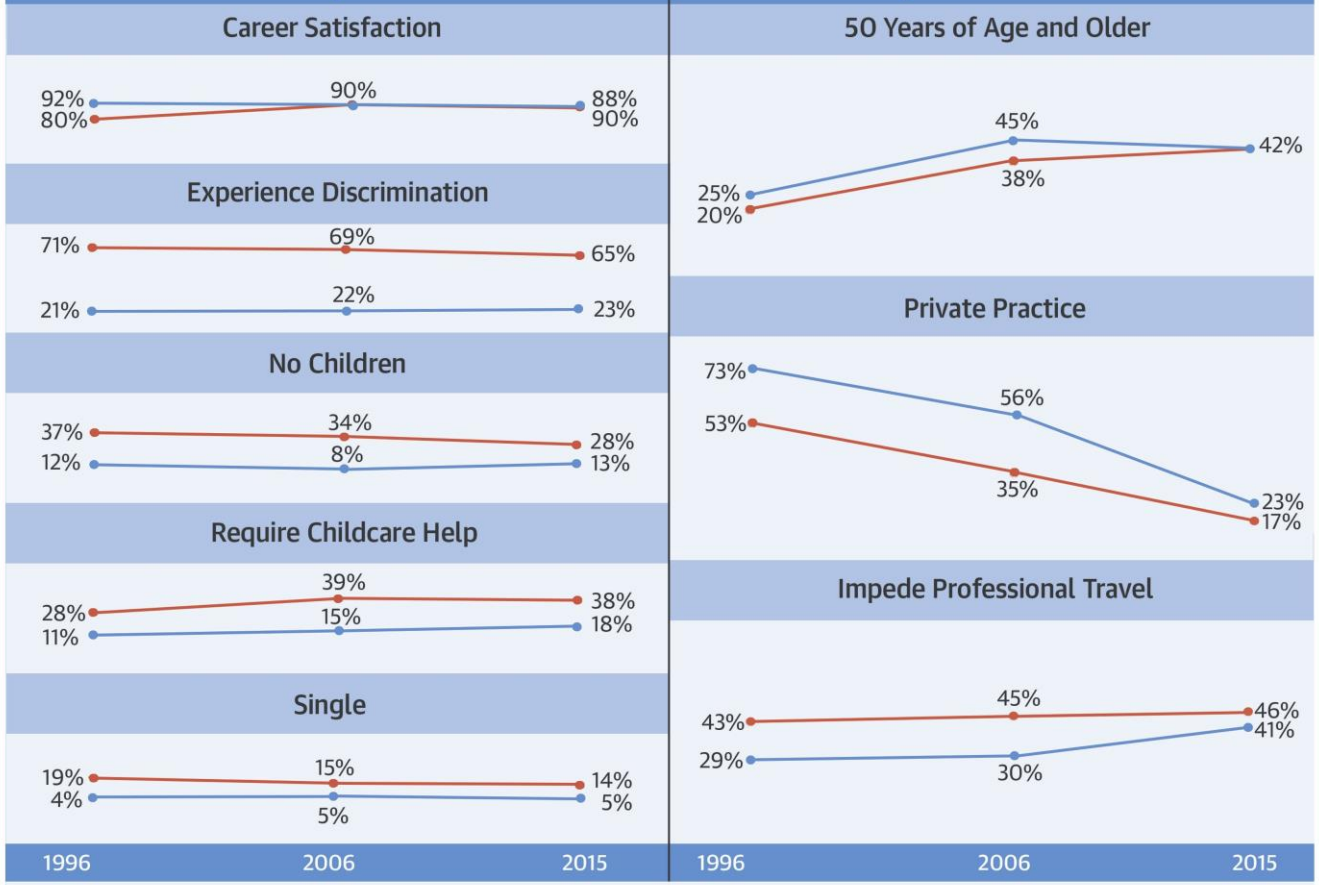
Little/No Change

- Career satisfaction remains high
- Women are more likely to:
  - -Experience discrimination
  - -Not have children
  - -Require paid/unpaid childcare help
  - -Be single

Significant Change

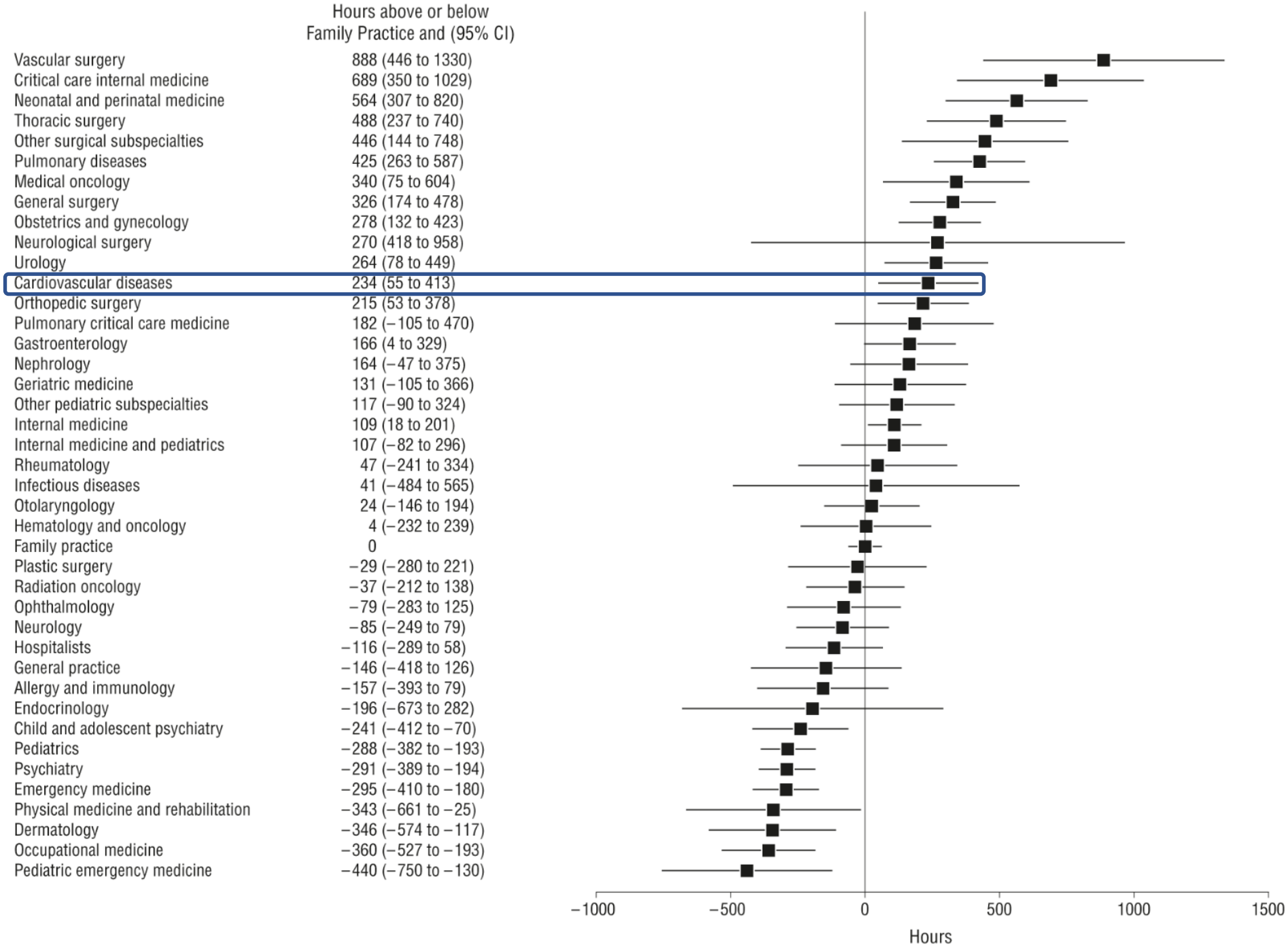
- Aging workforce
- Practice setting
- Men now balancing career and family; less likely to travel professionally

Little to No Change Over 2 Decades



Changes Over 2 Decades

Lewis, S.J. et al. J Am Coll Cardiol. 2017;69(4):452-62.



Leigh JP, et al.

Annual Work Hours Across Physician Specialties.

Arch Intern Med. 2011;171 (13):1211–1213.

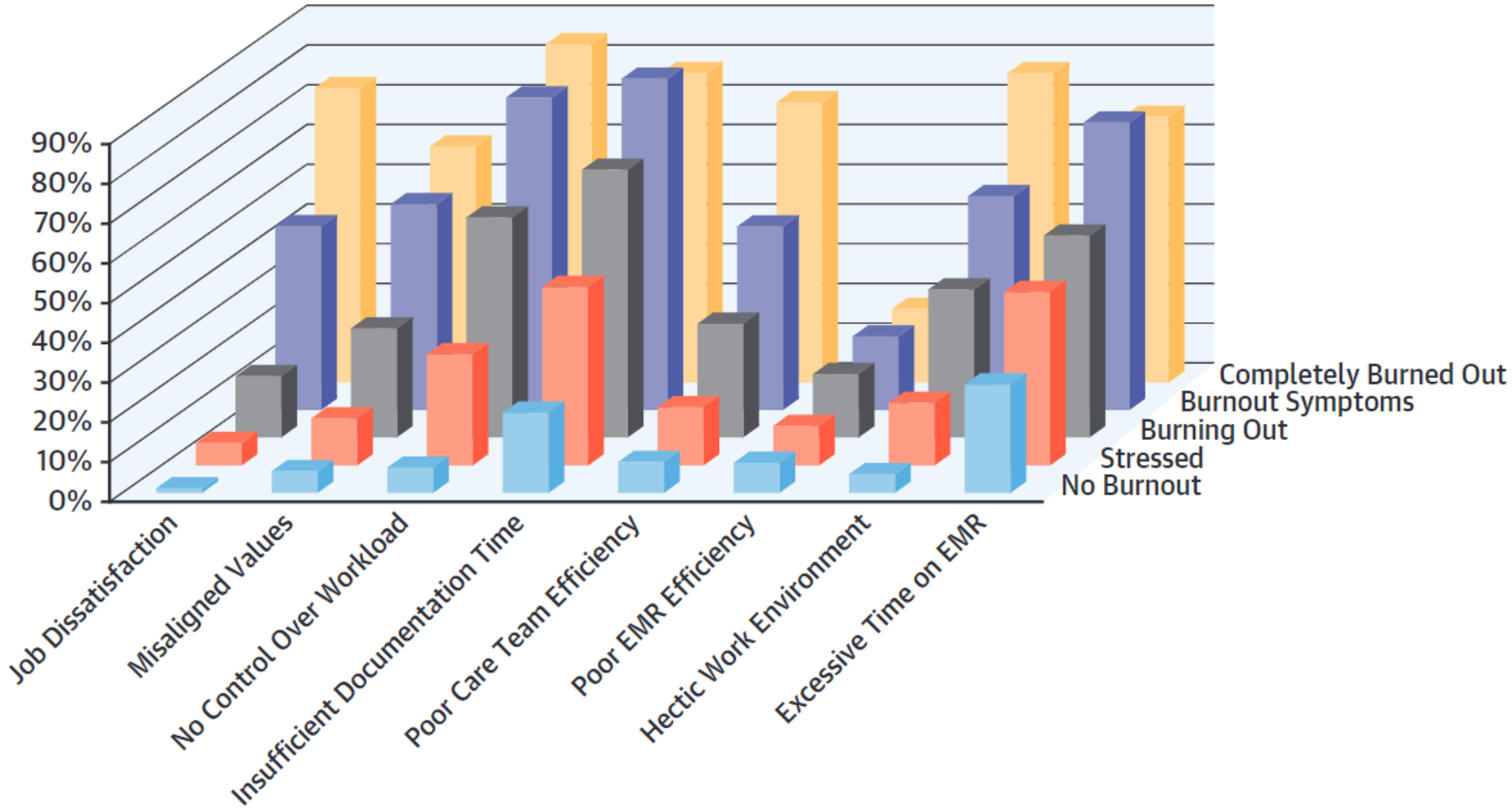
JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY VOL. 73, NO. 25, 2019

CARDIOVASCULAR MEDICINE AND SOCIETY

Burnout and Career Satisfaction Among U.S. Cardiologists

Laxmi S. Mehta, MD,[a] Sandra J. Lewis, MD,[b] Claire S. Duvernoy, MD,[c] Anne K. Rzeszut, MA,[d] Mary Norine Walsh, MD,[e] Robert A. Harrington, MD,[f] Athena Poppas, MD,[g] Mark Linzer, MD,[h] Philip F. Binkley, MD,[a] Pamela S. Douglas, MD,[i] on behalf of the American College of Cardiology Women in Cardiology Leadership Council

FIGURE 1 **Work Environment and Burnout**



Association of stress and burnout with work environment factors from the Mini Z survey. Adverse work environment was less common in no burnout physicians compared with stressed and burned out physicians. EMR = electronic medical record.

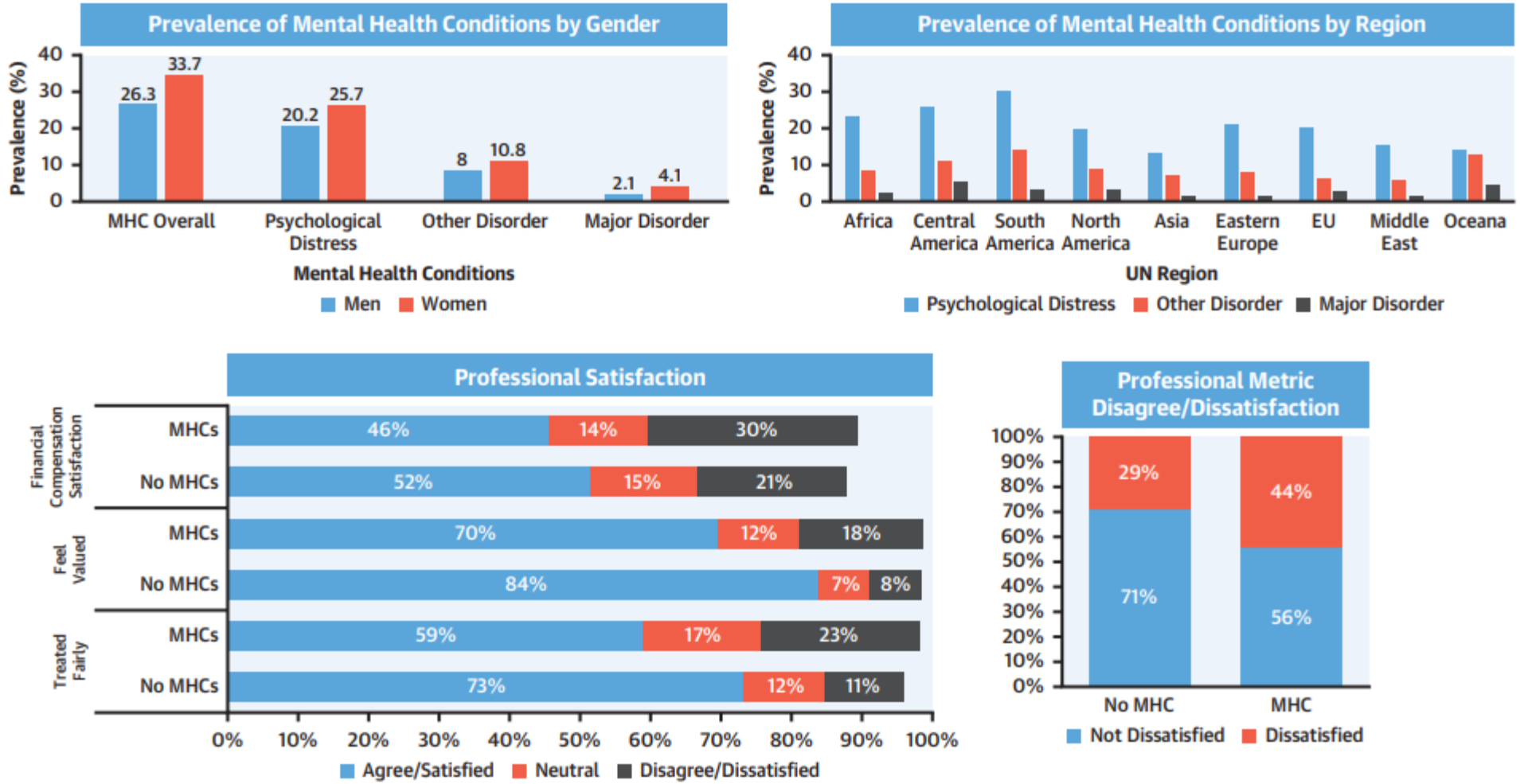
JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY VOL. ■, NO. ■, 2022

PUBLISHED BY ELSEVIER

Prevalence and Professional Impact of Mental Health Conditions Among Cardiologists

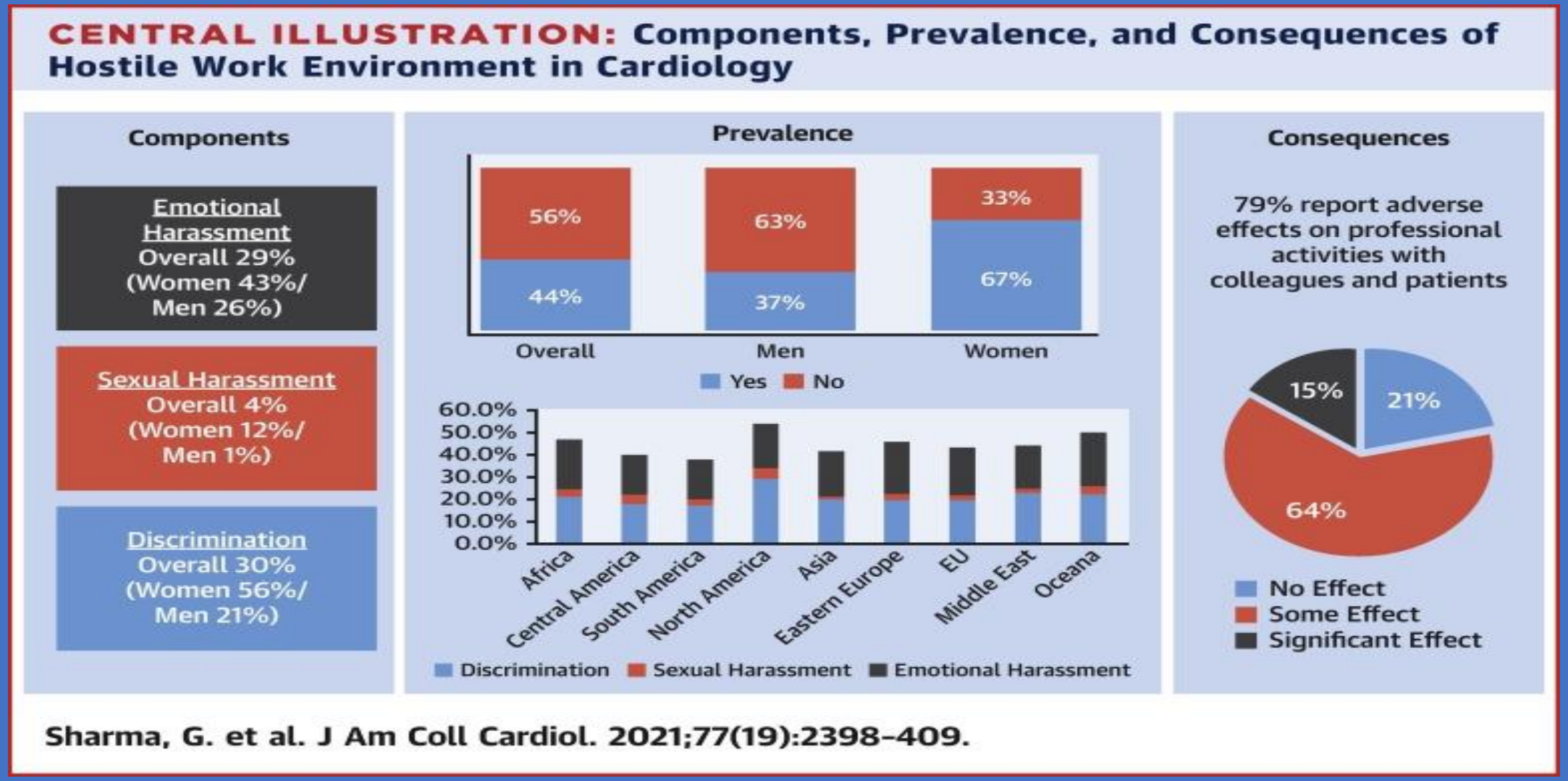
Garima Sharma, MD,[a,b] Shiavax J. Rao, MD,[c] Pamela S. Douglas, MD,[d] Anne Rzeszut, MA,[e] Dipti Itchhaporia, MD,[f] Malissa J. Wood, MD,[g] Khurram Nasir, MD, MPH,[h] Roger S. Blumenthal, MD,[a] Athena Poppas, MD,[i] Jeffrey Kuvin, MD,[j] Andrew P. Miller, MD,[k] Roxana Mehran, MD,[l] Michael Valentine, MD,[m] Richard F. Summers, MD,[n] Laxmi S. Mehta, MD[o]

FIGURE 1 **Prevalence of MHCs and Its Influence on Professional Satisfaction**



The prevalence of MHCs varied by gender and geographic region. Women cardiologists were more likely to report any mental health condition, a major psychiatric disorder, or other psychiatric disorder compared with men. The prevalence of MHCs was highest among those from South America and lowest among those from Asia. Those with MHCs were more likely to report professional dissatisfaction. MHC = mental health conditions; UN = United Nations.

Hostile CV Work Environments Are Common Across the Globe



How Our Field is Perceived

Research

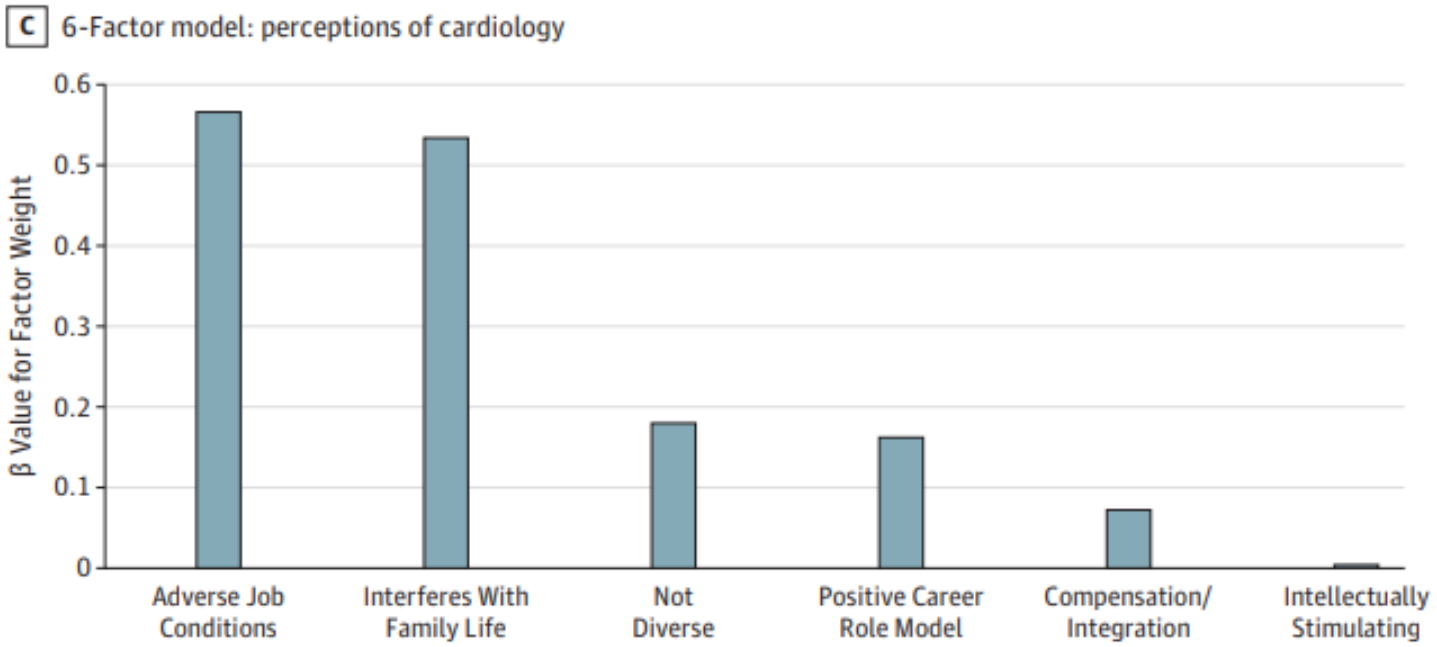
JAMA Cardiology | Original Investigation

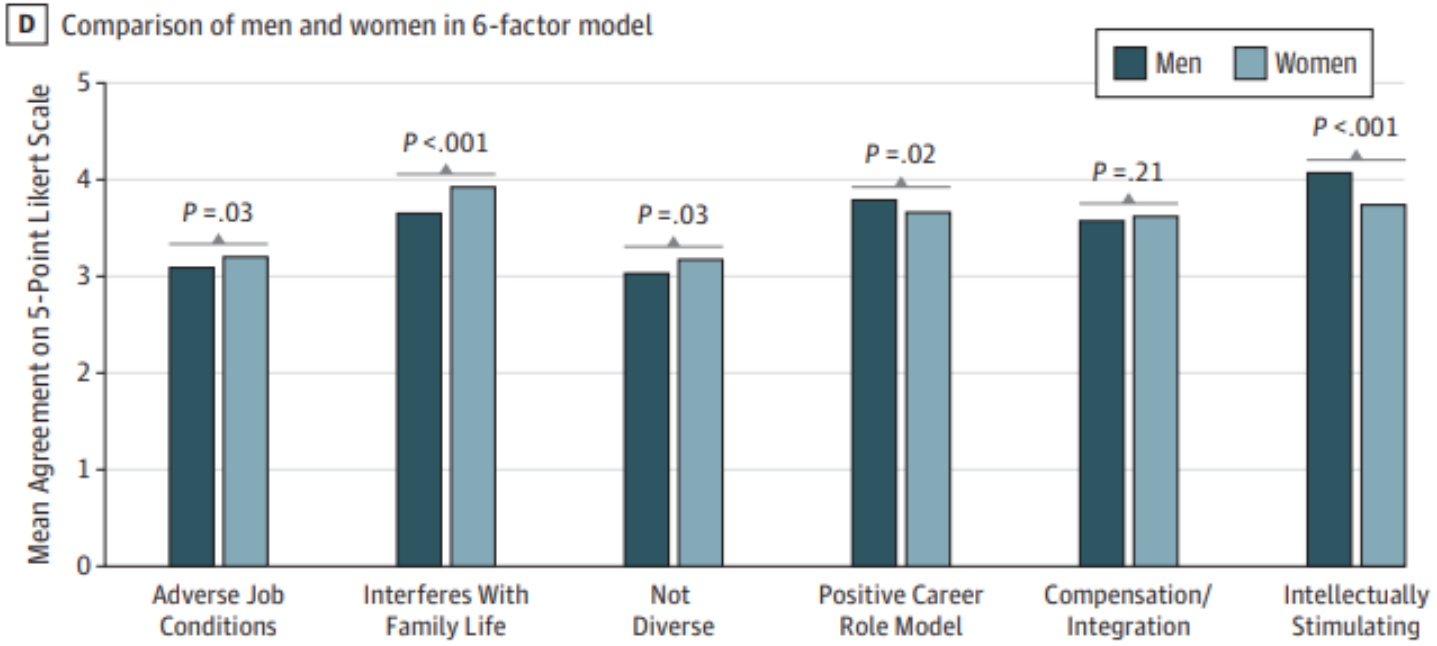
Career Preferences and Perceptions of Cardiology Among US Internal Medicine Trainees

Factors Influencing Cardiology Career Choice

Pamela S. Douglas, MD; Anne K. Rzeszut, MA; C. Noel Bairey Merz, MD; Claire S. Duvernoy, MD; Sandra J. Lewis, MD; Mary Norine Walsh, MD; Linda Gillam, MD, MPH; for the American College of Cardiology Task Force on Diversity and Inclusion and American College of Cardiology Women in Cardiology Council

Douglas PS, et al. *JAMA Cardiol.* 2018;3(8):682–691. doi:10.1001/jamacardio.2018.1279





Douglas PS, et al.
JAMA Cardiol. 2018;3(8):682–691.
doi:10.1001/jamacardio.2018.1279

Research

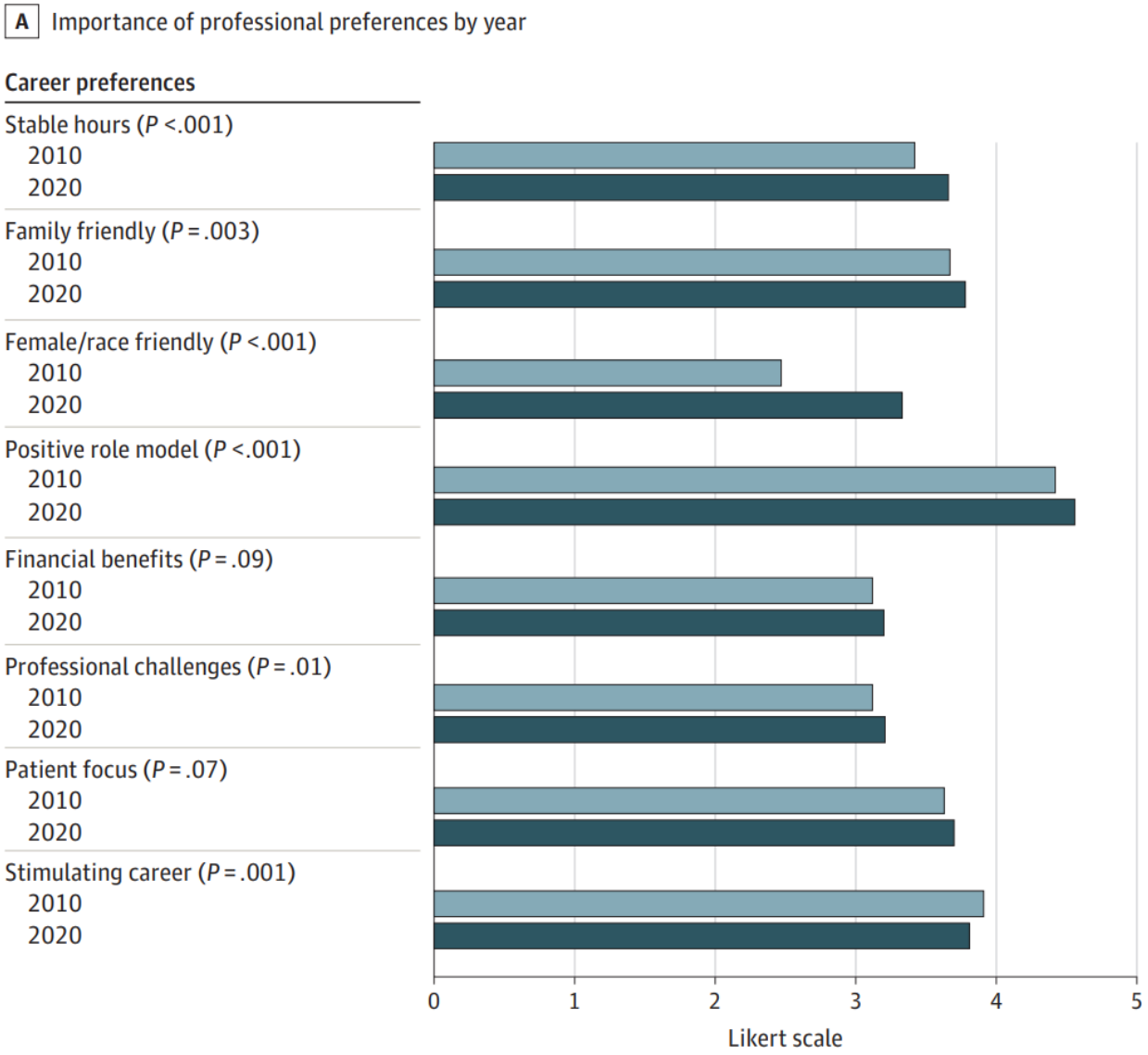
JAMA Cardiology | Brief Report

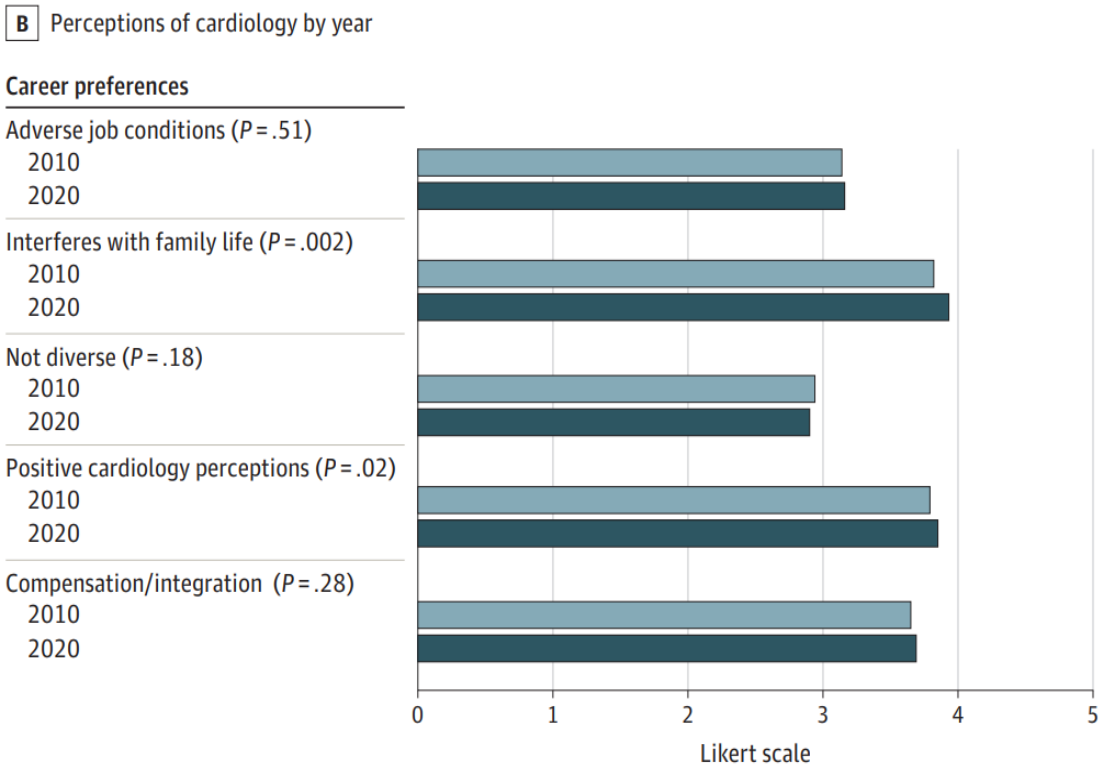
Professional Preferences and Perceptions of Cardiology Among Internal Medicine Residents

Temporal Trends Over the Past Decade

Meghan York, MD; Pamela S. Douglas, MD; Julie B. Damp, MD; Ariane M. Fraiche, MD; Linda D. Gillam, MD, MPH; Sharonne N. Hayes, MD; Anne K. Rzeszut, MA; Melanie S. Sulistio, MD; Malissa J. Wood, MD

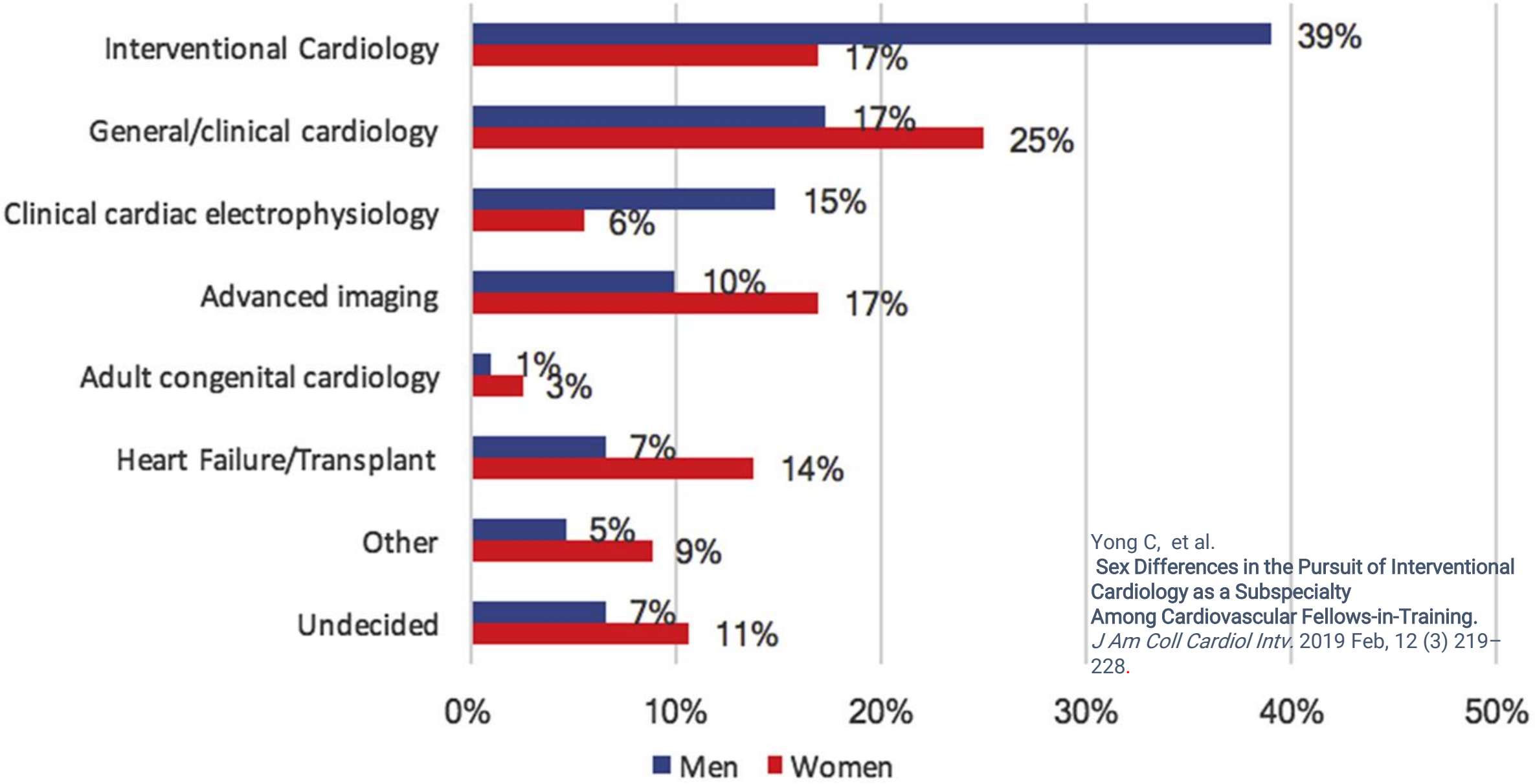
York et al. JAMA Cardiol. 2022;7(12):1253-1258. doi:10.1001/jamacardio.2022.3485





York et al. JAMA Cardiol. 2022;7(12):1253-1258. doi:10.1001/jamacardio.2022.3485

39% of men intended to pursue interventional cardiology compared to only 17% of women.



Yong C, et al.
Sex Differences in the Pursuit of Interventional Cardiology as a Subspecialty Among Cardiovascular Fellows-in-Training.
J Am Coll Cardiol Intv. 2019 Feb, 12 (3) 219–228.

Why Career Flexibility in Cardiology Matters

THE ALTERNATIVE WORK SCHEDULE: IS PART-TIME POSSIBLE FOR A CARDIOLOGIST?

If work hours are so important to women cardiologists, why aren't more of us negotiating and working alternative schedules? The answer is likely twofold. First, there are the numbers. Only 5% of practicing adult cardiologists and 10% of adult cardiology fellows are women. These numbers bespeak isolation. The sole woman in a group practice or cardiology division may well not wish to "rock the boat" by pushing for any change in the standard, rigorous schedule of rounds, teaching and research responsibilities, office time, and night and weekend call that have been accepted (and even created) by her male colleagues or chief. Second, and probably more important, cardiology is not viewed as a subspecialty that allows for much slack. The acute nature of the disease processes in the patients for whom we care, coupled with the need for aggressive, urgent and very hands-on therapeutic intervention, calls to mind a physician who is ever-ready and ever-present. Doesn't sound much like part-time work, does it?

For a cardiologist, what is part-time work? In a high-stress business job a maximum of 40 hours a week with a guarantee that you'll leave by 5 PM every day is considered a part-time position. Likewise, a cardiologist who attempts to impose any boundaries on the standard schedule or set limits to hours per day worked may be viewed as part-time even though he or she puts in a 40- to 60-hour work week.

But despite the perception that working an alternative type schedule is an impossibility in our profession, many of us are doing just that. What is often involved is simply "tweaking" the existing standard schedule to make it more livable. Janet Wright, MD, is a full partner (and the only woman) at Northstate Cardiology in Chico, CA. Several years ago she made the decision to arrange her office schedule such that she had one afternoon off per week—something that wasn't previously done in her practice. She informed her partners of her decision and asked that they cover for her during those hours as they would if she were on vacation or away at a meeting. She met with some resistance at first, but over time, not only did her partners agree to her plan, each of them has started to schedule a half day off each week, too. Clearly not a part-timer, Janet pursued an alternative to the standard schedule and ended up changing the nature of her entire practice's way of operating.

But despite the perception that working an alternative type schedule is an impossibility in our profession, many of us are doing just that.

After the birth of her son, 2 years after starting her practice at Wilmington Health Associates in Wilmington, NC, cardiologist Linda P. Calhoun, MD, felt the need to make a similar change. Although an afternoon off was standard for her group, Linda decided that to increase the flexibility she needed a full day a week away from the practice. Because she has continued to see a large number of patients and log billing numbers that are in the upper 25% compared with her other 6 partners, her group has had little problem with the arrangement. Linda describes her schedule as in a state of flux, however. "Some weeks I need to come in for the morning on my 'day off' just to catch up on charts and paperwork. But overall the increased flexibility allows me to schedule teacher conferences and do other things that just can't be done on the weekend."

But what about not just an alternative to the standard schedule but a job that is significantly reduced in hours, calls, and other responsibilities? How are self-identified "part-time" cardiologists altering their schedules? There are as many permutations of such arrangements as there are cardiologists negotiating and working them. The possibilities range from a full weekday schedule with no night or weekend call to limiting hours or days worked during the week but taking a full share of the on-call responsibility at night and on the weekends.

Cardiologist Susan K. Bennett, MD, negotiated a part-time position as an Assistant Professor of Medicine at the University of Maryland just after she finished her

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HEALTH POLICY STATEMENT

2022 ACC Health Policy Statement on Career Flexibility in Cardiology

A Report of the American College of Cardiology Solution Set Oversight Committee

Writing Committee

Mary Norine Walsh, MD, MACC, *Chair*

James A. Arrighi, MD, FACC
Joseph G. Cacchione, MD, FACC
Anna Lisa Chamis, MD, FACC
Pamela S. Douglas, MD, MACC
Claire S. Duvernoy, MD, FACC
JoAnne M. Foody, MD, FACC
Sharonne N. Hayes, MD, FACC
Dipti Itchhaporia, MD, MACC
Michael S. Parmacek, MD, FACC
Ada C. Stefanescu Schmidt, MD, MSc, FACC
George W. Vetrovec, MD, MACC
Thad F. Waites, MD, MACC
John J. Warner, MD, FACC

TABLE 1 Summary of Career Flexibility in Cardiology

Why the need for flexibility in cardiology?	■ Cardiologists work more hours annually than many other medical specialties ■ Few are part-time clinicians ■ Burnout is on the rise ■ Growing interest in flexible schedules ■ Addresses diversity and inclusion ■ Improves retention ■ Increases career longevity
Goals of this policy statement	To provide solutions that: ■ Allow both men and women to reconcile training requirements and the demands of practice with parenthood and family life. ■ Provide pathways for cardiologists who wish to pursue other interests or career transitions as well as cardiologists with health concerns who wish to scale back work hours and restrict or eliminate call responsibilities while continuing to contribute to patient care, research, and education. ■ Meet the specific concerns of cardiologists aiming to transition out of more physically demanding subspecialties.
Drivers and justification for enhanced career flexibility	■ The movement toward competency-based, rather than time or volume-based, medical education structure and goals. ■ The urgency of enhancing diversity in the cardiology workforce to better meet the needs of patients and the workforce. ■ The recent focus on initiatives to reduce physician burnout. ■ Trends in industry and other sectors for more comprehensive leave policies, which lead to improved workforce health and productivity. ■ Workforce needs in cardiology, inclusive of the benefits associated with both recruitment into and retention of senior cardiologists in the field.

ACC 2019-2023 STRATEGIC PLAN

AMERICAN COLLEGE of CARDIOLOGY

STRATEGIC GOALS and KEY STRATEGIES

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**

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**

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**

Ensure organizational growth and sustainability

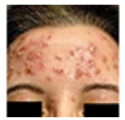
- Create **innovative projects to drive the mission** of ACC
- Expand and deliver **leadership development** curriculum
- Enhance **organizational efficiency**

TABLE 1 Summary of Career Flexibility in Cardiology

Why the need for flexibility in cardiology?	■ Cardiologists work more hours annually than many other medical specialties ■ Few are part-time clinicians ■ Burnout is on the rise ■ Growing interest in flexible schedules ■ Addresses diversity and inclusion ■ Improves retention ■ Increases career longevity
Goals of this policy statement	To provide solutions that: ■ Allow both men and women to reconcile training requirements and the demands of practice with parenthood and family life. ■ Provide pathways for cardiologists who wish to pursue other interests or career transitions as well as cardiologists with health concerns who wish to scale back work hours and restrict or eliminate call responsibilities while continuing to contribute to patient care, research, and education. ■ Meet the specific concerns of cardiologists aiming to transition out of more physically demanding subspecialties.
Drivers and justification for enhanced career flexibility	■ The movement toward competency-based, rather than time or volume-based, medical education structure and goals. ■ The urgency of enhancing diversity in the cardiology workforce to better meet the needs of patients and the workforce. ■ The recent focus on initiatives to reduce physician burnout. ■ Trends in industry and other sectors for more comprehensive leave policies, which lead to improved workforce health and productivity. ■ Workforce needs in cardiology, inclusive of the benefits associated with both recruitment into and retention of senior cardiologists in the field.

PERSPECTIVE
Medicare Part D Coverage of Antiobesity Medications — Challenges and Uncertainty...

IMAGES IN CLINICAL MEDICINE
Papulopustular Rash in Behçet's Disease



EDITORIAL
Shortening Tuberculosis Treatment — A Strategic Retreat

PERSPECTIVE
Alliance for Hippocratic Medicine v. FDA — Dobbs's Collateral Consequences for P...

Perspective

Pregnancy and Residency — Overdue for Equity

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Article Metrics

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An argument could be made that alternative work structures will add to the ever-increasing costs of medical care and place additional burdens on physicians who don't have children. But this argument misconstrues these pathways as accommodations or "favors," rather than part of an intentionally developed system that meets the needs of its constituents. Creative solutions could be found to these perceived barriers; for example, advanced practice providers could cover shifts to avoid overstretching other residents. Flexible schedules often allow physicians to spend time on research, administration, or other academic pursuits without feeling like they are burdening their colleagues; pregnant residents deserve the same flexibility.

How We Can Achieve Career Flexibility in Cardiology

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TABLE 3 Structural Barriers and Opportunities for Work Flexibility in Graduate Medical Education

	ABIM	ACGME	Institutions	Program Director
Existing limitations to increasing flexibility in CV training	1. Defines minimum clinical training by time 2. Defines maximum time away (vacation, leave) 3. Does not permit overlap between cardiology and its subspecialties 4. Does not permit part-time training	1. Requirements for program structure are time-based 2. Requirements on leave and benefits are generic	1. Policies largely define minimum leave permitted by local and federal laws 2. Variability in how institution handles physicians compared with other employees 3. Need to cover clinical services	1. Typically does not control resources 2. Limited power to effect change
Opportunities to increase flexibility in CV training	1. Consider alternative options for certification based on recent success in flexibility around MOC 2. Support for pilot projects to shorten or increase efficiency of training	1. New focus on outcomes rather than process 2. ACGME rules only pertain to program structure, not variances in training for individuals 3. New common program requirements emphasize importance of addressing burnout, diversity/inclusion, and resources for rest and lactation	1. Growing body of evidence that flexibility is a good business practice 2. GME "human resources"-policies are often different from policies for other employee categories	1. Role ideally suited to explain ABIM, ACGME, and institutional rules and counsel trainees 2. Typically has latitude to grant maximum flexibility within constraints of rules
Challenges to implementing flexibility in CV training	1. Requires policy changes 2. Time-based medical education remains the norm 3. Making up training time may delay graduation date, which affects next steps 4. ABIM responsibility to public; quality of training must be ensured in all scenarios	1. ACGME requirements regarding curriculum and length of training are largely linked to ABIM decisions 2. Requirements concerning benefits and leave are common to all specialties	1. Budget impact 2. Workforce impact (especially smaller programs) 3. Principle of fairness across all categories of workforce	1. Dual role: represents administration and advocates for fellows

ABIM = American Board of Internal Medicine; ACGME = Accreditation Council for Graduate Medical Education; CV = cardiovascular; GME = graduate medical education; MOC = maintenance of certification.

Achieving predictable work hours in cardiology	■ Cardiologists should retain autonomy over their schedules. They should be empowered to reduce their work hours if needed or shift them to off hours, work via telehealth, work in shifts to avoid post-call fatigue, and transition to part-time work without unreasonable repercussions.
Impact on compensation	■ A cardiology division or practice should work out in advance, with fairness and transparency, the impact on compensation that will result from a change in work hours or call obligations.
Impact on career milestone progress and promotion	■ Cardiologists who choose career flexibility should be afforded later career options to accelerate toward tenure and promotion or attain partner status in a practice. ■ Academic cardiology divisions and clinical practices should foster a culture that allows for flexibility without loss of future opportunities for growth and leadership.
Acceleration of research roles/ responsibilities	■ Cardiology division and practice leadership should encourage regulatory and research roles for cardiologists, as they enhance the reputations of both the individual attaining them as well as the institution.
Professional society leadership	■ Cardiology division and practice leadership should allow for renegotiation and flexibility, as professional society leadership benefits both the individual cardiologist as well as the institution, particularly by expanding networks and gaining greater visibility for the institution.
Roles in industry	■ If a transition to an industry career is planned, options for ongoing clinical practice or teaching responsibilities can be explored if desired by the cardiologist at a local practice or academic institution.

Barriers to retraining	■ ABIM requirements for recertification and/or regaining certification ■ ABIM restrictions on part-time training ■ Availability of full- or part-time fellowship positions ■ Lack of consensus on training requirements for re-entry or training in a new discipline ■ Financial barriers ■ Inflexibility of work schedules
Career deceleration	■ Accrediting agencies and professional societies should continue to explore competency-based rather than volume-based procedural requirements, as is increasingly being done during fellowship training. Considerations of the totality of procedural volume averaged over several years could serve as a surrogate for annual procedural volume for those cardiologists with extended time off or working part-time. ■ Early-career women should not be discouraged to decelerate, because their later, and often more sustained productivity will benefit the practice or institution. ■ If a leave of absence is needed or requested, the requesting cardiologist should be made aware of the financial impacts, and the program director and the cardiology practice or institution should be transparent about how the cardiologist's responsibilities will be covered during this absence. ■ The information on qualification for the FMLA should be provided to cardiology trainees at the start of training and to employed cardiologists as part of their compensation agreement/contract. ■ Eligibility for sabbatical should be provided to faculty cardiologists, and division and department leadership should be encouraging of such time away. ■ Institutions and practices of any size should rethink the "all in" type of policy and allow for a transition to no call, solely outpatient, and reduced hours schedules for senior cardiologists. These individuals are often the "rain makers" of the practice, have large patient panels, and can continue to be productive for many years after a slowdown. Similarly, senior academic cardiologists are often master clinicians and should be encouraged to stay engaged with the education of trainees.
Flexibility in cardiology training	■ To further increase flexibility in training, continued engagement with the ACGME and advocacy around state and federal policies is necessary. ■ Institution-specific policies can offer the best current opportunity to increase flexibility in training. ■ Cardiology PDs need to continue to engage with DIOs to advocate for their trainees.
Team-based care models	■ Ensure that all team members practice at the "top of their licenses." ■ The top-of-license model unloads practice demands that have migrated. ■ Team models of care, when properly deployed, lead to increased practice productivity as well as clinician and staff wellness.

Team-Based Care in Heart Failure

December 15, 2005

Report to the American College of Cardiology: Team-Based Care in Heart Failure

Practice A	A hospital based clinic supported by 65 cardiologists that is part of a larger health system. The Heart Failure Team is co-led by a physician and a Nurse Practitioner.
Practice B	A group private practice of 14 cardiologists supported by one Nurse Practitioner and one physician assistant. The practice makes use of a local heart failure clinic operated by the local health system.
Practice C	A large multi-specialty hospital based group with 75 cardiologists, including ten heart failure cardiologists. Large research component; physician led team.
Practice D	Hospital based heart failure clinic led by Nurse Practitioner supported by 20 cardiologists and five allied professionals.
Practice E	Relatively new, hospital supported, outpatient clinic managed by Nurse Practitioner with two physician co-medical directors and four clinical staff.
Practice F	Hospital based heart failure clinic with 14 cardiologists and 16 Nurse Practitioners.
Practice G	Hospital cardiology unit with multidisciplinary team overseeing care and driving performance improvement.
Practice H	Group private practice with over 50 cardiologists and a heart failure team within the practice.
Practice I	A private practice based heart failure clinic supported by over 60 cardiologists with Nurse Practitioners, physician assistant, and others.
Practice J	A University affiliated, hospital based, multidisciplinary cardiology practice with a clinic.

Need for Team-Based Care: ACCF/AHA/HFSA 2011

Survey Results: Current Staffing Profile of Heart Failure Programs

Table 6. Average U.S. Staffing by Practice Size: Role Composition

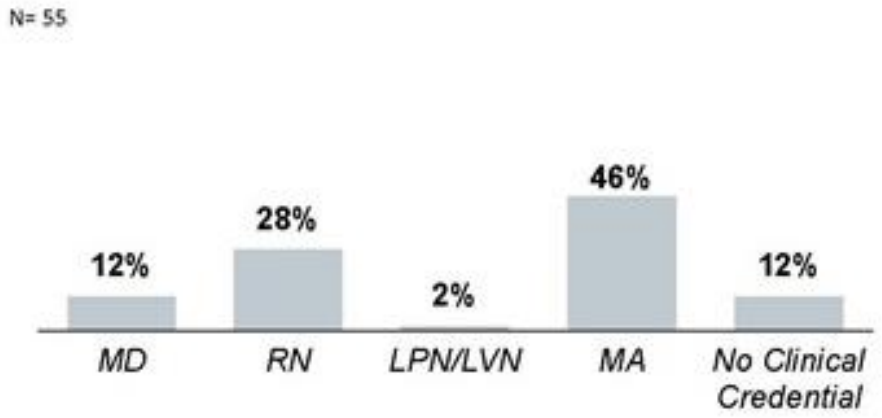
	Total (%)	Small Program (<4 staff) n=107 (%)	Small-Medium Program (4–10 staff) n=86 (%)	Medium Program (11–20 staff) n=45 (%)	Large Program (>20 staff) n=14 (%)
MD/DO FTEs	28.0	29.6	25.5	29.4	28.4
NP/PA FTEs	23.3	29.2	23.6	20.6	24.0
RN coordinator FTEs	27.6	21.4	24.4	29.3	33.0
Financial consultant	3.1	0.2	3.6	3.9	2.7
Social worker	5.2	2.8	6.1	5.4	5.1
Exercise physiologist	2.2	3.2	2.9	1.8	1.3
Nutritionist	3.8	5.1	4.9	3.3	2.1
Psychologist	2.7	2.8	3.2	3.0	1.5
Pharmacologist	4.1	5.6	5.8	3.3	1.8
Total no. of staff	2,386	298	762	826	500

DO indicates doctor of osteopathy; FTE, full-time equivalent; MD, medical doctor; NP, nurse practitioner; PA, physician assistant; and RN, registered nurse.

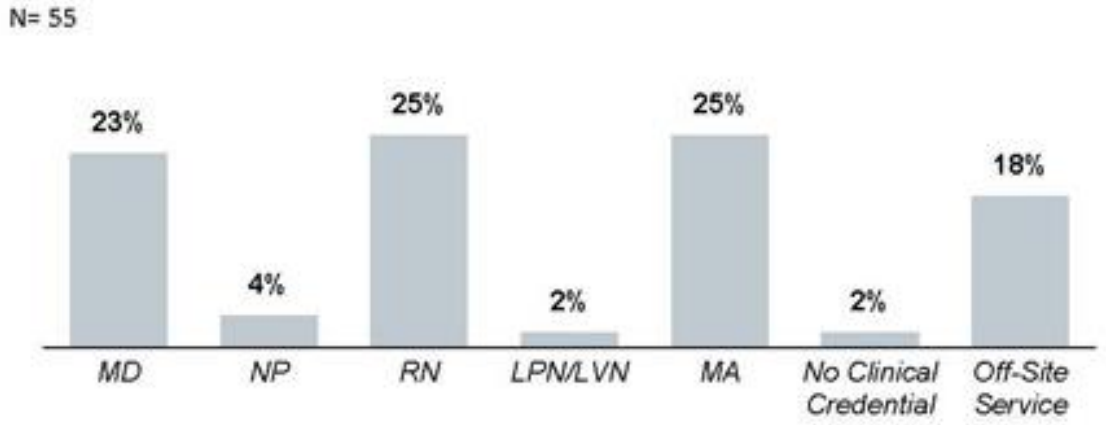
J Am Coll Cardiol 2011;57:2115–24

Working to the top of your license

Pre-visit chart review



Patient self-management support



ACC Principles for Career Flexibility in the Practice of Cardiology

1. All cardiologists should have access to a flexible work environment, where hours and work commitments can change due to "personal needs, preferences and expertise" while still being mindful of the patient and the rest of the care team.
2. Career flexibility can help cardiologists provide the most value possible over the course of their career.
3. Career flexibility should be supported by a number of "prospectively determined, transparent policies."
4. A cardiologist's options when it comes to any potential flexibility should be easy to follow and understand.
5. Career flexibility should be supported in all possible phases of a cardiologist's career whether it is due to childbearing, other interests, health concerns or something else entirely.
6. Cardiologists with "physically demanding roles" should be able to transition into a different opportunity if needed.
7. Human resource departments should have policies in place that specifically address the different options cardiologists have if they do wish to seek out different work hours or another significant career change.
8. "Unwarranted systemic differences based solely on hours and work type" should be minimized
9. Cardiologists seeking flexibility should not be unfairly penalized
10. Cardiologists who need to reduce hours temporarily should not be unfairly penalized when they return to full-time hours.

ACC Principles for Career Flexibility in the Practice of Cardiology

11. Cardiology leaders “should be responsible and held accountable” for supporting workplace flexibility.
12. Cardiology leaders should work to recognize and handle any form of bias or disrespect aimed at someone who seeks out workplace flexibility.
13. Training programs should make it possible for trainees to pursue a career in cardiology while also potentially starting a family.
14. Flexibility is also needed among cardiologists considering subspecialty fellowship training.
15. Employers should confirm aging cardiologists are still able to “fully engage in all aspects of their job descriptions”—but in a way that is fair and respectful.
16. When it comes to malpractice liability coverage, policies are needed that would help cardiologists late in their career continue practicing cardiology and even volunteering.
17. Physician wellness, career counseling and other similar topics should be built into cardiology training programs to help combat the risk of burnout.
18. The potential of fatigue after a busy overnight shift must be considered so that cardiologists are not placed in a situation where they can’t provide the best care possible due to the high demands of the job.