



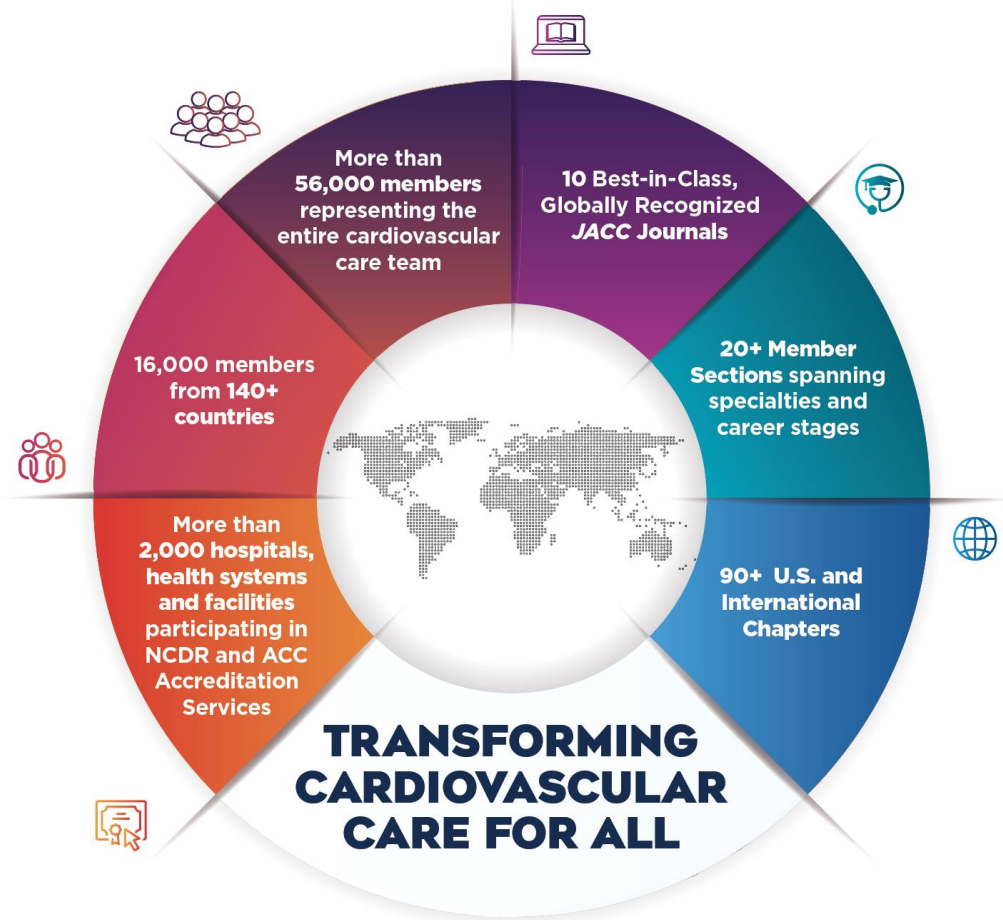
**AMERICAN
COLLEGE of
CARDIOLOGY®**

**Christopher M. Kramer MD
George A. Beller MD/Lantheus Medical
Imaging Professor of CV Medicine
Chief, CV Division, UVA Health
Treasurer and VP-elect, ACC**

**TRANSFORMING
CARDIOVASCULAR
CARE FOR ALL**

9/29/2023

Ohio ACC
9/30/23



MISSION

To transform cardiovascular care and improve heart health for all

VISION

A world where science, knowledge and innovation optimize cardiovascular care and outcomes

CORE VALUES

Patient-Centered;
Teamwork and Collaboration;
Professionalism,
Excellence and Equity



STRATEGIC PILLARS

LEADERSHIP AND GOVERNANCE

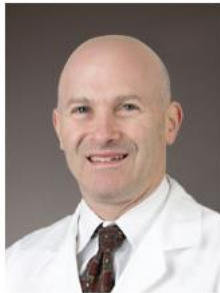
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ACC STRATEGIC PLAN 2019-2023

GOALS

 Increase relevance as the CV professional home

 Generate and deliver actionable knowledge

 Advance quality, equity, and value of CV care

 Ensure organizational growth and sustainability

STRATEGIES

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

- **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**

- 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**

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

STRATEGIC PILLARS

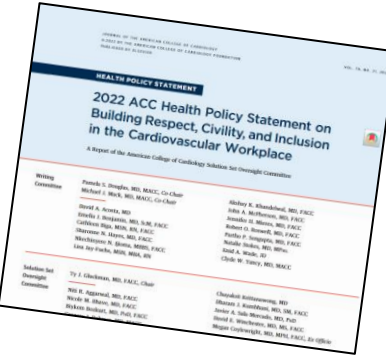
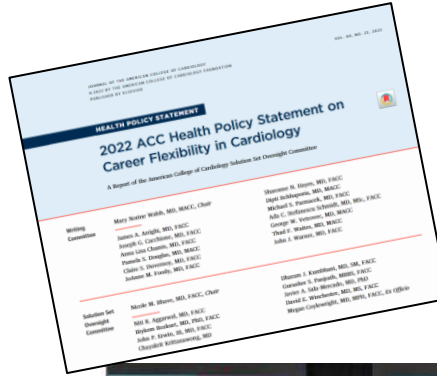


STRATEGIC INITIATIVES (2024-2028)

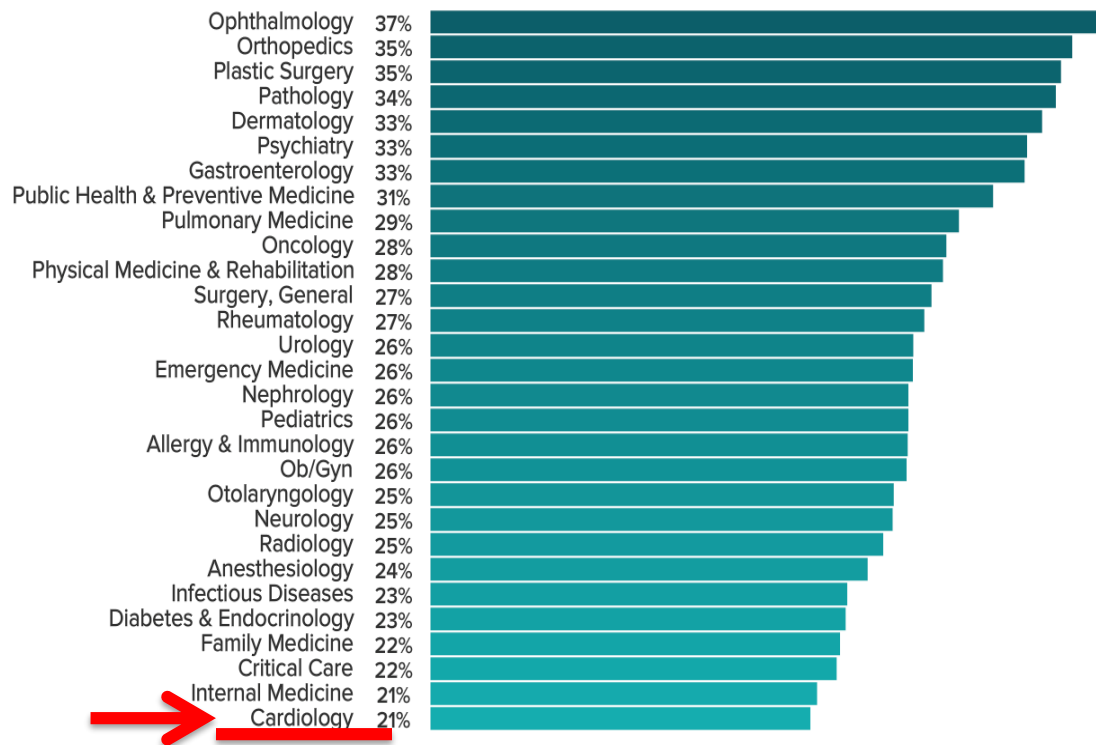
- Health Equity
- Educational Assessment
- Continuous CV Clinical Competence
- Guidance at the Point of Care
- Care Transformation

TACKLING TODAY'S CHALLENGES

- Clinician Well-Being
- Health Equity
- Workforce Challenges
- Certification and continuous competence

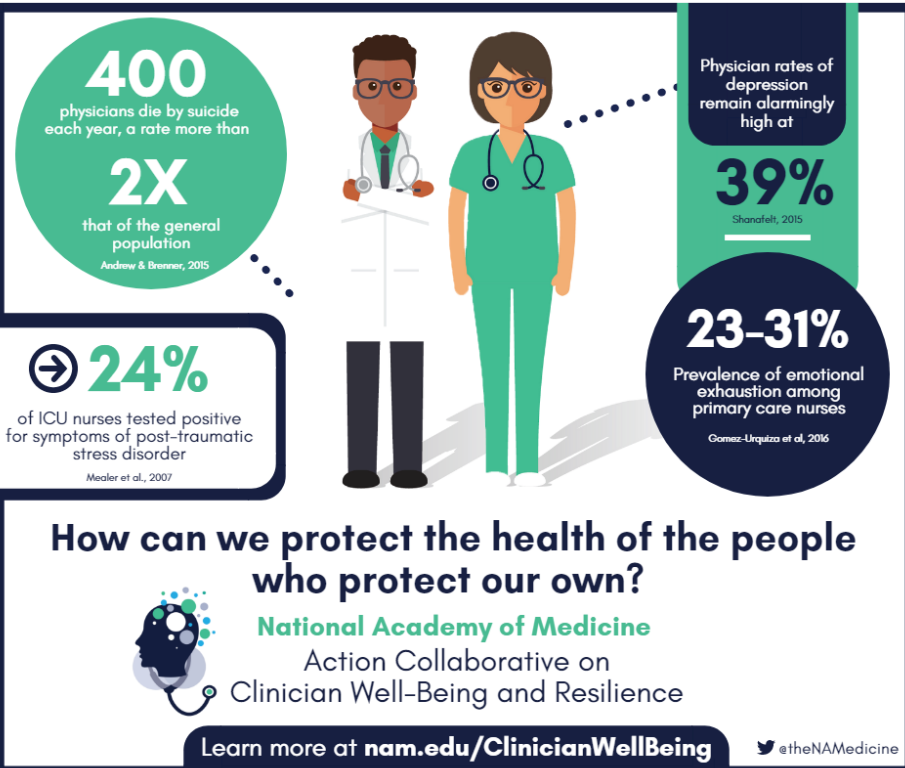


Which Physicians Are Happiest at Work?



Only 20% of Cardiologists
are happy in their job

Serious Consequences of Burn-Out:



400 physicians die by suicide each year, a rate more than **2X** that of the general population
Andrew & Brenner, 2015

Physician rates of depression remain alarmingly high at **39%**
Shanafelt, 2015

23-31% Prevalence of emotional exhaustion among primary care nurses
Comez-Urquiza et al, 2016

24% of ICU nurses tested positive for symptoms of post-traumatic stress disorder
Mealer et al., 2007

How can we protect the health of the people who protect our own?

National Academy of Medicine
Action Collaborative on Clinician Well-Being and Resilience

Learn more at nam.edu/ClinicianWellBeing @theNAMedicine

- Epidemic of Physician Suicide
(Dzau V, et al. NEJM 2018;378:312-314)
- Depression in RN's 2X general population
- Quarter of ICU RN's have PTSD
- Double the medical error rate
- 26% lower productivity
- Injury rate 4X other industries
- More time lost than other industries
- Need formal tools to measure – Maslach Burnout Inventory

Trockel M, e. al. Academic Psychiatry 2018;42:11-24

Kamins C. Gallup Business J. Feb. 23, 2015

<https://www.mindgarden.com/117-maslach-burnout-inventory>

1. Solutions--Focused Practice Change

- Build a 'Wellness Team'
- Commit to one change per year, minimum
- Office Hrs, Call Coverage, In Box Management
- Time is the MOST VALUABLE COMMODITY



2.Solutions--Expanded System Change

- Build a Wellness Committee—Clinician/Admin partners
- Develop Service Line Solutions –Docs/nurses/techs
- Scribe Programs, Rounding Teams, 'Slow Down' Programs, EHR Optimization team
- Compensation options/flexible work
- Be the model of change..
- Recruiting programs for all—target early



These 4 workflow changes help cut burnout by 45%

AUGUST 21, 2019



Sara Berg
Senior News Writer
American Medical Association

 @SaraTheIceBerg

- Call Management
- Inbox Management/Coverage
- Decompressed Clinic Schedules
- Share the Care Teams

Executive leadership implemented a set of workflow changes that reduced burnout from 56% to 31% and stress from 88% to 63%. These are the updates they made.

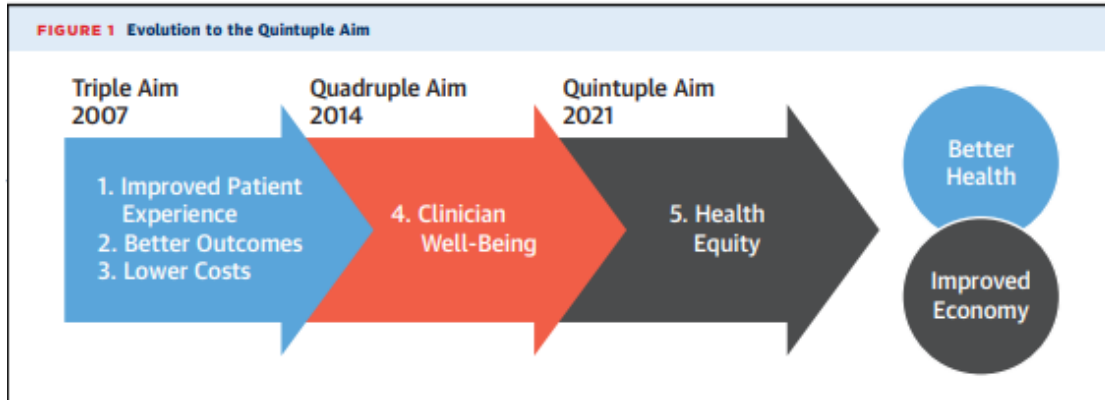


The Evolution of the Quintuple Aim

Health Equity, Health Outcomes,
and the Economy



Dipti Itchhaporia, MD, FACC, *President, American College of Cardiology*



ACC HEALTH EQUITY STRATEGY

VISION

Achieve a culture of health where every person reaches their full cardiovascular health potential as a natural right.

GOALS

CREATE A CULTURE OF HEALTH EQUITY IN CARDIOVASCULAR MEDICINE

PRIORITIZE HEALTH EQUITY IN ALL ACC ACTIVITIES

ELIMINATE DISPARITIES BY ENSURING EQUITABLE CARDIOVASCULAR CARE FOR ALL

STRATEGIES

- Execute change management to create a mindset that health equity is an essential component of quality cardiovascular care
- Commit to cardiovascular health equity principles and develop policies for action
- Support and pursue partnerships with organizations committed to addressing health equity

- Embed health equity in educational curriculum and programming and guidelines development
- Provide clinical programs and guidance to identify and evaluate disparities and social determinants of health
- Integrate health equity into compliance requirements

- Provide actionable data and tools that empower cardiovascular professionals to address health disparities and social determinants of health
- Partner with public health and community stakeholders to ensure availability of resources for optimal patient care that eliminates disparities
- Drive innovation to address health equity



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CARDIOLOGY

Health Equity Implementation Pillars



CVD Healthcare Data and Tools

Analyze pre-existing data (internal and external) within the purview of ACC to develop future pilot and scalable health equity interventions



Education and Training

Develop comprehensive educational health equity interventions that serve the members and community



Membership and Collaborations

Establish health equity interventions in collaboration with members and external partners



Advocacy and Philanthropy

Design proposals and initiatives that increase awareness of health equity and provide evidence for financial support

Insufficient CV Workforce Supply: Cardiologists

Figure 39:

1 IN 4 
CARDIOLOGISTS (26.5%)
IS NOW OVER THE
AGE OF 61!

7,563 MEDIAN
↑ WRVUS PER FTE
OVER AGE 61
(9,642 OVERALL)

THERE'S A WHOLE FTE MISSING HERE

US CARDIOLOGY PROJECTIONS

Practicing Cardiologist	32,000
Over the Age of 61	8,480
Estimated Annual FTE losses	(2,000)
Current Total US Fellows	3,745
Annual Number Entering Workforce	1,453
Net Annual Workforce Impact	(547)

- Cardiologists are either **retiring, slowing down, moving into administrative positions, or generally practicing less than full time**
- 2022 MedAxiom analysis showed market would be **losing around 500 cardiologists per year** relative to the number being added from fellowships.

As the baby boomer generation gets older and average life expectancy goes up, the number of people needing care is on track to exceed the number of available providers. Many care providers in the workforce are themselves reaching retirement age.

JP Morgan Healthcare Industry Outlook (Oct 2022)

Source: MedAxiom 2022 Cardiovascular Provider Compensation & Production Survey Report

What ACC Can Do

Recommendations for Areas to Focus on and Develop Solutions

Pursue **Changes in Training & Certification Pathways** to Increase CV Workforce Supply

S1 S2 S4

Promote and Incent **Careers in General Cardiology**

S2 S3 S4

Drive **Payment Reform & Incentives Alignment**

D1 D2 D3 D4

Create **New Models and Tools that Optimize Workflow** in Different Practice Settings

S3 S4 D1 D2 D3 D4

Promote **Team-based Care** (CV Team, PCP, others)

S3 S4 D1 D2 D3 D4

Provide **Well-being Resources** to Support CV Team's Physical and Mental Health

S3 S4

Partner to **Better Manage CV Disease**

S4 D1 D2 D3 D4

Solutions Address Supply and Demand Factors

(S1) Long Training & Certification
(S2) Hyperspecialization
(S3) Unfavorable Work-Life Balance
(S4) Insufficient Supply CV Workforce

(D1) Increasingly Older & Sicker
(D2) Increasing Complexity of CV Care
(D3) Increasing Healthcare Costs
(D4) Reduced Reimbursement

September 21, 2023

A coalition of CV societies* announced their intent to submit an application to the **American Board of Medical Specialties (ABMS)** to form the **American Board of Cardiovascular Medicine**



American Board
of Medical Specialties
Higher standards. Better care.®



*American Heart Association (AHA) collaborated in the development of the application; formal support is pending, dependent on official review and consideration by AHA's Board of Directors.

Why Now?

The Present State

Initial Certification

ABIM Examination

cardiovascular disease, interventional, electrophysiology, heart failure, ACHD

Maintenance of Certification

ABIM 10-year Examination

ABIM/ACC/Societies Collaborative Maintenance Pathway (CMP)

cardiovascular disease, interventional, electrophysiology, heart failure

ABIM Longitudinal Knowledge Assessment (LKA)

cardiovascular disease, interventional

Why Now?

- Cardiology has evolved into a distinct specialty
- Cardiologists have been asking for this for many years
- “Grandparents” will soon need to participate in MOC
- Future of MOC is under significant scrutiny

Why Now?



American Board
of Medical Specialties

Higher standards. Better care.®

American Board of Allergy and Immunology

American Board of Anesthesiology

American Board of Colon and Rectal Surgery

American Board of Dermatology

American Board of Emergency Medicine



American Board of Family Medicine

American Board of Internal Medicine

American Board of Medical Genetics and Genomics

American Board of Neurological Surgery

American Board of Nuclear Medicine

American Board of Obstetrics and Gynecology

American Board of Ophthalmology

American Board of Orthopaedic Surgery

American Board of Otolaryngology – Head and Neck Surgery

American Board of Pathology

American Board of Pediatrics

American Board of Physical Medicine and Rehabilitation

American Board of Plastic Surgery

American Board of Preventive Medicine

American Board of Psychiatry and Neurology

American Board of Radiology

American Board of Surgery

American Board of Thoracic Surgery

American Board of Urology

- Only universally-recognized certifying organization in U.S.
- Certification, Continuous Certification
- 24 Boards
- New standards, 1/2024

Concepts for a New Board

Initial Certification	New ABCVM
Secure, timed exam	Yes
Based on blueprint	Yes
General + subspecialty exams	Yes
ABMS/AMA certified	Yes

Continuous Certification

Identify → Close Knowledge Gaps

Traditional

- Complete high-stakes questions
- Receive a “Score Report”
- Passing score based on standard setting
- Score above the cut is a “pass”, even with knowledge gaps

TOLERATES knowledge gaps

Innovative

- Complete a set of questions
- Receive a “Knowledge Gap Report”
- Identify areas for further learning to close gaps
- Demonstrate closure of gaps with re-assessment questions (endless loop of assessment – education until gap closes)

ADDRESSES knowledge gaps

Continuous Certification: **Easy as 1-2-3**

#1

Maintain
State License

#2

Engage in Lifelong Learning

- Knowledge assessment
- Identify / fill knowledge gaps
- Demonstrate closure of knowledge gaps

Earn clinical and non-clinical CME
(some linked to knowledge gaps)

#3

Attest
to
Performance
Improvement
Participation

Board: technology for tracking, reporting

Societies: gap assessment, supportive learning

Concepts for a New Board

Continuous Certification	New ABCVM
Secure, timed questions	No
Support learning	Yes
Closes knowledge gaps	Yes
Assessment strategy	Formative
Updated progress reports	Yes
Allows for remediation	Yes
Linked to CME	Yes
Collaboration with CV societies	Yes
ABMS/AMA certified	Yes

Next Steps

- For now, continue your certification pathway
- If granted new Board, anticipate seamless transition
- Continued discussions across “house of cardiology”
- [CVBoard.org](https://www.cvboard.org) for information, links, videos, FAQ’s
- **Heart to Heart Presidential Discussion** Sept 27, 7pm ET
- **Interactive Webinar** Nov 14, 7pm ET



LEGISLATIVE CONFERENCE

OCTOBER 15 - 17, 2023

..... SAVE THE DATE



ACC.24

APRIL 6 - 8, 2024
ATLANTA

MARK YOUR CALENDAR

Join your colleagues in Atlanta, April 6 - 8, 2024 and get everything you need to advance cardiovascular care for all!

[ACCScientificSession.org](https://accscientificsession.org)

ADVANCING CARDIOVASCULAR CARE FOR ALL



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