

IMAGING COUNCIL CHAIRMAN'S PAGE

New Strategic Plan Charts Next Chapter in College's History Implications for the Cardiovascular Imager

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Rapid advances in science and technology, uncertainty about systems of medical care delivery, and growing demand for cardiovascular care at a time of workforce transition present extraordinary challenges and opportunities for cardiovascular medicine. To address these challenges and meet the so-called triple aim of improved health, better outcomes, and lower cost, the American College of Cardiology (ACC) has developed a long-range strategic plan to increase the ability of its members to transform cardiovascular care and improve heart health. As cardiovascular imaging specialists, we have experienced firsthand these rapid changes in technology and delivery models and can directly benefit from the College's strategic plan.

The new strategic plan is not only critical but opportune. It leverages the ACC's strengths while leaving room to develop new skills and competencies that better fit the changing environment. The plan responds to the changing healthcare delivery environment, focusing on member value and the College's core competencies in education and quality improvement, as well as the accelerating pace of advances in cardiovascular science and imaging technology.

The ACC's last strategic plan was comprehensively rewritten in 1999, with annual updates occurring in the years since on the basis of input from College leadership and an extensive environmental scan. Surprisingly, many issues have continued to resonate over time. Challenges articulated in a 2004 *Journal of the American College of Cardiology* President's Page are remarkably similar to those highlighted by ACC members today: information overload, the practical use of guidelines at the point of care, global

cardiovascular health, liability concerns, shifting practice settings, and workforce shortages.

However, a great deal of change has also occurred over the past 15 years, both internal and external to the College. Externally, there are multiple clinical and economic factors driving rapid and massive change both in the United States and globally. On the clinical front, a review of cardiovascular statistics reveals that although huge strides have been made in treating patients with cardiovascular disease and reducing mortality over the past several decades, cardiovascular disease continues to remain the number 1 cause of death around the world. This trend is only being magnified by an aging population, the worldwide obesity epidemic, and the related growth in the prevalence of diabetes and other risk factors. To make matters more complicated, an additional 30 million Americans will be seeking healthcare services beginning as a result of the Patient Protection and Affordable Care Act.

Meanwhile, according to the Association of American Medical Colleges, a shortage of 62,900 physicians is expected in the United States by 2015, with this number predicted to increase to 130,000 across all specialties, including cardiology, by 2024. Given the growing demands for health care, integrated or team-based medicine is increasingly viewed as a means to address these looming shortages in the cardiovascular workforce.

Economic and political factors are also key drivers of change. According to the ACC's latest environmental scan, the United States spent 17.9% of its gross domestic product on health care in 2011, a percentage that had actually leveled off after many years of increase. However, with the implementation of the Affordable Care Act, as well as other factors, the Centers for Medicare and Medicaid Services projects that total health care expenditures will reach \$4.8 trillion in 2021, constituting 19.6% of the gross domestic product, or \$1 of every \$5 spent.

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The reasons behind healthcare spending are numerous and include the high cost of medical technology, an aging population, the prevalence of chronic diseases and comorbidities, insufficient funding of preventive services, high administrative costs, and system fragmentation. To counter this spending, Congress, the Centers for Medicare and Medicaid Services, and other stakeholders are focused on cost and are beginning to transition the current reimbursement system to one that rewards value over volume. Incentive programs have also emerged in the past decade to financially reward physicians who participate in quality reporting and/or electronic health record adoption. These programs are beginning to transition to punitive programs that cut payments for nonparticipation. These programs also provide an opportunity for the multimodality imager who helps to ensure that the right imaging test is done for the patient that provides the highest value for the clinical situation.

Organizationally, the ACC has also undergone its fair share of changes, due in large part to changing member demographics. In the past decade, the College has opened its doors to support all members of the cardiac care team, with the number of nurse, nurse practitioner, pharmacist, and practice administrator members exceeding 4,000. The trend toward hospital integration is also requiring the College to reach out to hospitals and other large facilities and tailor its offerings to meet the very different needs of the increasing number of members in a hospital environment. In addition, the College has broadened its reach globally, with international professionals now constituting the fastest growing segment of the membership. The ongoing establishment of ACC International Chapters is continuing to foster this growth.

The overarching goal of the plan is to position the ACC as the professional home for the entire cardiovascular care team. The plan sets forth and develops 6 key strategies focused on increasing the effectiveness of each member, facilitating care transformation, improving population health, providing purposeful education, shaping health policy through more focused advocacy, and leveraging data and information to improve knowledge and practice. At the heart of each of these key strategies is the appropriate and effective use of cardiovascular imaging to help members thrive and deliver high-quality, patient-centered, cost-effective care. Value-based cardiovascular imaging will be essential given the current transition in the United States from a volume-based healthcare environment to one that is focused on value. To this end, the

plan highlights the need for the College to continue to develop evidence-based clinical guidelines, appropriate use criteria and other clinical documents, as well as quality programs and tools that support the appropriate use of new, transformational scientific technologies and therapies, improve patient outcomes, and help close identified gaps in care delivery.

The strategic plan also calls for the ACC to leverage new healthcare delivery technology and evolving learning methods to facilitate continuous performance improvement, optimal practice management, and improved outcomes across patient populations. Data, especially those collected within registries, can and should be leveraged to identify and close gaps in care, as well as to serve as a rich source of clinical data for research, post-marketing surveillance, and quality improvement. Linking educational programming to the ACC's registry data can also enhance members' ability to achieve maintenance of certification credits and provide better care.

THE ROLE OF SECTIONS IN THE STRATEGIC PLAN

The ACC's Member Sections will play a critical role in meeting all of these strategic objectives and helping the College evolve in the best fashion possible to realize its full potential for its members, the patients they serve, and the global cardiovascular community.

Whether providing specialized insight into national and state health policies affecting physicians and/or the patients they serve, serving as a community hub and a source of new leaders in specific areas of cardiovascular medicine and/or the College itself, and/or identifying areas for further guideline development or purposeful educational programming, Member Sections are at the crux of the strategic plan implementation.

As one of the largest and most active Member Sections, the Cardiovascular Imaging Section in and of itself already provides tremendous value to the ACC and its members, serving as a much-needed forum for peer-to-peer discussions. The section also has an important advocacy role to play, as Congress, payers, and others continue to look at in-office imaging as a means to cut healthcare costs. Helping shape the ACC's responses to imaging legislation at both the state and federal levels and ensuring that lawmakers and other stakeholders are educated about the realities and value of imaging are vital!

When it comes to purposeful education, the Cardiovascular Imaging Section is best positioned to identify the educational needs of imaging providers and help shape live and online programming to meet these needs. Section members' involvement in the development and updating of appropriate use criteria and other clinical documents is also key. Continued participation in quality programs, such as FOCUS, is a great example of purposeful education, as well as use of data to facilitate information and knowledge sharing.

ACC President Patrick T. O'Gara, MD, FACC, Immediate Past President John Gordon Harold, MD, MACC, and Richard Chazal, MD, FACC,

ACC Vice President and Vice Chair of the ACC's Strategic Planning Taskforce, said it best: "This is our opportunity to shape the future of the College and cardiovascular medicine. Our heritage as an unparalleled educational institution, our extensive work in quality improvement, and our advocacy for quality patient care provide the background for success—and we will succeed!"

For more information on the Cardiovascular Imaging Section, please visit cardiosource.org/imaging. Interested in getting involved? Please e-mail imagingsection@acc.org with your interests and background on your expertise.