

international perspective on cardiovascular health issues from BCS leadership. The ACC's strategy of fostering more extensive knowledge exchange among cardiovascular professionals around the world will

have a positive impact on the practice of medicine in the United States and will ultimately benefit the patients we serve. We trust that you will enjoy this unique perspective from the United Kingdom. ■

References

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The Future of Care for Patients With Heart Disease

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I have deemed the year of my presidency of the American College of Cardiology (ACC) to be the "Year of the Patient," in order to highlight a process that empowers patients with heart disease to become more effective members of their heart care team. Over the past 50 years, we have seen a substantial reduction in the incidence of death from heart disease, with an astonishing 29% reduction within the past 10 years. This decrease has been attributed to improvements in the prevention and treatment of heart disease through pharmacologic, medical device, and lifestyle interventions.

Care for patients with an ST-elevation myocardial infarction has been advanced enormously by efforts to intervene earlier in the presentation, led in part by the ACC, which established national guidelines for the "door-to-reperfusion time" program. Our understanding of heart failure has improved along with the available drugs and devices, allowing us to develop management guidelines. Who would have thought even 10 years ago that the therapy for valvular disease would advance to

the point at which, in some patients, valves can be repaired or replaced using percutaneous technologies?

We also know that the prevention of manifestations of heart disease has contributed to the reduction in the death rate attributed to cardiovascular disease (CVD). A health care team including physicians and physician extenders can use educational methods to motivate patients to adhere to a CVD prevention program that should lead to improved compliance and better outcomes. The physician needs to assume the role of educator, advisor, and motivator, and the patient's role should be to implement those strategies required to lower CVD risk.

With the increased prevalence of heart disease, owing to an aging population, longer survival of patients with overt heart disease, and limited financial resources for treatment, the development of more efficient methods to enhance the health status of these patients becomes increasingly important. We have learned from the treatment of diabetes and heart failure patients

that a patient-centered care team, including the physician, nurses, nurse practitioners, physician assistants, and pharmacists, can lead to improved outcomes. Diabetes has for many years been managed using home-measured blood glucose tests and prescribed protocols that allow patients to manage their insulin dosing at home. Home heart failure care has replicated this model by allowing a motivated and educated patient to manage his or her fluid status using daily weight measurement and a formula-directed modification of fluid intake and diuretic use. Recent studies in hypertension have found that in-home blood pressure measurement can be a reliable method for assessing hypertension control and motivating the patient to comply with his or her treatment plan. Home monitoring of international normalized ratios in patients on warfarin is becoming increasingly popular, with the patient receiving instruction on warfarin dose modification from a nurse or other member of the heart care team.

Outcome studies of these disorders have shown that patient participation

as a member of the care team improves stability of the illness, reduces hospitalizations and emergency visits, and decreases overall cost of care.

A "Patient-Centered Care" approach represents a new movement aimed at improving outcomes in a growing population of patients with increased CVD risk and overt CVD. It requires that patients be properly educated about their heart disease so that they understand goals of therapy, expected performance standards

for care, and methods for assessing health status. A critical component of Patient-Centered Care is the need for seamless communication between the patient and the heart care team. An emerging Internet technology called "My Personal Health Record" allows a patient to establish an electronic health record that can be accessed via the Internet, with which physiologic assessments including blood pressure, blood glucose, or daily weight can be recorded, viewed, and transmitted to

selected practice teams for both archival recording and reporting of health status.

As the number of patients with chronic heart disease grows, due to improved care and the increasing age of the population, and with the lack in parallel growth of the medical work force, team care with patient participation will be an essential component of medical practice. The Year of the Patient is our first step toward a commitment to this new practice paradigm. ■

Health Care Reform and the Year of the Patient

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Despite a deepening recession, talks of health care reform are becoming increasingly common. Participating in these discussions are not just policymakers, but policy wonks, special interest groups, and even—occasionally—patients.

However, what physicians and other medical professionals must not forget is the important role that their feedback plays in these discussions. Although it would be considerably easier to stand back and let others call the shots in an overhaul of our health care system, this clearly would not be ideal. Physicians, and particularly cardiovascular professionals, can contribute invaluable knowledge that could positively influence the way our future health care system is structured. One of the most important areas in which the physician community

can work with policymakers to reform the system in a positive and meaningful way is by being a higher profile advocate for the patient.

A Changing Paradigm

The paradigm for providing care is changing: patients are seeking to take an increasingly active role in their care. Patients who are involved and invested in their care and who work with their doctors as equal partners have better outcomes. Patients who are enrolled in outpatient heart failure management programs, which require them to take an active role in managing their cardiovascular disease, have fewer hospital admissions, better quality of life, and lower morbidity than patients who do not participate in their own care.¹ In the current system, however, a recent national

pharmacy benefit management assessment of patients postdischarge for heart failure show that almost half of patients were no longer taking essential medications 6 months out.²

Knowing this, any changes to the health care system must encourage greater participation by patients in the care team to improve quality and value. Payment policies should encourage communication with patients. An informed patient will be more likely to choose care that is high value—meaning not the most expensive or the care that involves the most procedures, but rather the highest quality of care at the most effective cost. At this moment, patients simply do not possess the knowledge they need to choose value-filled care.

In addition, health care reform must involve finding ways to establish and