Quality First

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[Rev Cardiovasc Med. *2009;10(2):106-107*]

There has been a changing of the guard at the American College of Cardiology (ACC)! During the 2009 ACC Annual Scientific Session in Orlando, FL, Alfred Bove, MD, PhD, became President of the College. For the next 3 years, George L. Smith, MD, will be the Northern California Governor, and I will be the Southern California Governor. I am also looking forward to my role as President of the California Chapter for the next 18 months. After my tenure, Dr. Smith will take over.

In Orlando, we heard a lot of talk about health care reform. Cardiologists debated the issues, including expansion of access to health care coverage, physician payment reform, evidence-based medicine, and health information technology. We want to actively engage all cardiologists in this debate. In this issue of *Reviews in Cardiovascular Medicine*, Dr. Smith reports on the recent Health System Reform Forum that was sponsored by the ACC. We also present an article by Margo Minissian, ACNP-BC, MSN, CNS, our National Cardiac Care Associates representative.

Dr. Bove declared 2009 the Year of the Patient. He described the goal of expanding the delivery of patient-centered cardiovascular care across the United States, which will resonate throughout national leadership and state chapters. In support of the Year of the Patient initiative, the ACC's Quality First campaign aims to set a new standard for health system reform, centered on patient value, continuous quality, access to quality care, and outcomes improvement.

The CA ACC has set several goals for the year 2009. In regard to quality, we would like to increase coordination and support of patient-centered events. Leadership and chapter development will include collaboration with the American Heart Association on the Mission: Lifeline™ program and ST-segment elevation myocardial infarction projects. We have already made significant strides towards the latter. For stronger advocacy, we aim to increase participation in CardioPac, which raises monies used to further our legislative goals. We would like to increase participation in legislative conferences and continue to connect with our state legislatures so that our concerns can be heard. We would like to see our total membership increase. We are presently 3100 cardiologists strong, but we know that some colleagues are being left behind. Upcoming important events include the Annual Chapter Meeting, which will be held in conjunction with the program "Controversies and Advances in the Treatment of Cardiovascular Disease" in Beverly Hills, CA, on October 1-2, 2009. Our next legislative conference will be held at the Hoover Institute in Palo Alto, CA, on March 6, 2010.

We have just completed our third annual chapter membership directory. In addition to the directory, the chapter offers many other value-added services. We monitor all legislation and actively lobby to defeat adverse legislation and support initiatives that promote the quality of cardiovascular patient care. The chapter has developed working relationships with third-party payers to reduce the administrative burdens borne by physicians, nurses, office staff, and patients. We have conducted statewide coding and reimbursement seminars on cardiovascular medicine for physician and staff. We conduct numerous educational activities throughout the state to

enhance the practice of cardiology. In addition, there will be a "CA ACC News" section in every issue of *Reviews in Cardiovascular Medicine,* and we hope to strengthen patient and physician education utilizing this partnership.

We have recently officially inaugurated the twinning program between the CA ACC and the British Cardiovascular Society (BCS). We will have collaborative exchanges between the 2 organizations to further the education of both memberships. Members from California chaired various sessions at the BCS meeting in London on June 1-2, 2009. Leaders from the BCS will be joining us at our Annual Chapter Meeting in October.

I encourage all of you to visit the CA ACC website (www.caacc.org) to view our current educational opportunities and perhaps obtain some ideas for your own state ACC chapter. We encourage you to be an active member of the ACC. ■

American College of Cardiology Health System Reform Summit

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[Rev Cardiovasc Med. *2009;10(2):107-108*]

In February 2009, the American College of Cardiology (ACC) sponsored a 2-day conference on Health System Reform in Washington, DC. The issues were complex and difficult, but a number of partial answers seem to be emerging.

The perceptions of the ACC were highlighted by ACC President W. Douglas Weaver, MD, and ACC Chief Executive Officer Jack Lewin, MD. First, we must recognize that medical costs in the United States are currently at $6800 per capita yearly, double those of the mean European Union average. Second, that cost has not resulted in any measurable superiority of health care delivery in this country, as compared with other advanced industrialized countries. In fact, we are far down the list of health care outcomes when compared with our peers in almost every category. Equally disturbing are the great differences within the United States of health care expenditures, along with a complete lack of correlation with any measure of outcomes relative to medical care input. (For example, in the Medicare population, Minneapolis, MN, and Portland, OR, have 60% lower expenditures than Miami, FL, but these cities have similar outcomes.)

The general government point of view is that medical societies have eroded political trust by concentrating solely on reimbursement and less on issues of quality and disparities of care. The response of Dr. Lewin to this view is that we must not be perceived as a trade association, but rather must project some degree of altruism, as well as be recognized as the possessors of special expertise. We should emphasize:

- Data-driven practices.
- Performance improvement.
- Shared best practices.
- Rewards for doing the right thing.

Only by adopting these goals will we achieve meaningful input into the legislative changes that will be coming within the year.

Both Massachusetts and California attempted in the past 2 years to expand medical insurance coverage to nearly all state citizens. Although the plans were quite similar (shared sacrifice, individual and/or business mandates, state subsidy to 300% of the poverty line), one failed and one succeeded. Although business, labor unions, and insurance companies initially supported the initiative put forth by Governor Arnold Schwarzenegger in California, it never left the Senate Health Subcommittee because Democrats refused to vote to require ordinary workers to pay more—in order to subsidize others—for what they already had.