

California ACC Goals

William J. Bommer, MD, FACC, FACP

President, California Chapter of the ACC; University of California, Davis, CA

[Rev Cardiovasc Med. 2012;13(2/3): e121-e123 doi: 10.3909/ricm0662]

© 2012 MedReviews®, LLC

Mission: To advocate for accessible, highest quality, cost-effective cardiovascular care for Californians. The purpose of the Chapter shall be to contribute to the prevention of cardiovascular diseases, to ensure optimal quality care for the individuals with such diseases, and to foster the highest professional ethical standards.

Cardiovascular (CV) disease is the leading cause of death in California, with over 70,000 deaths (one-third of all deaths) occurring each year.¹ The mission of the California Chapter of the American College of Cardiology (CA ACC) is to reduce the morbidity and mortality of CV disease by promoting effective prevention and treatment programs for all Californians. To reach these goals, we plan to initiate a series of programs to build on the successes of our predecessors in health care, education, and advocacy.

Prevention

The INTERHEART study showed that 90% of the population-attributable risk for myocardial infarction in 52 countries could be accounted for by nine risk factors.² These nine factors can all be modified with appropriate lifestyle or medical changes.

National Health and Nutrition Examination Survey participants with more ideal health metrics (> 5) had 51%, 76%, and 70% lower adjusted hazards for all-cause, CV, and ischemic heart mortality, and lower cancer mortality compared with participants with fewer ideal health metrics (< 2).³ Unfortunately, only 2% of the population has ideal health metrics and therefore few CV risk factors, so our job is enormous. The CA ACC would like to initiate several new prevention programs and partner with existing programs to accomplish this task. The health care partnerships and programs are listed in Table 1.

For Californians without existing coronary artery or vascular disease, primary risk reduction begins by reducing or eliminating risks through altered behaviors and habits. For patients with existing CV or vascular disease, secondary risk

reduction usually requires both lifestyle modifications and medical treatments. Symptomatic patients on optimal medical care may also benefit from additional catheter-based or surgical revascularization therapy. To facilitate education and access to these options, the CA ACC is partnering with national and state organizations to provide hospital performance data on revascularization procedures for patients, physicians, and the community through public reporting. These programs are listed in Table 2.

Health care provider and community education are important ongoing CA ACC goals. The CA ACC will be sponsoring numerous regional, state, and international CV education programs for our members and other health care providers. Current sponsored meetings for CV education are listed in Table 3.

TABLE 1**Health Care Partnerships and Programs**

Prevention Programs	Partners
Million Hearts™	AHA/ACC
Childhood obesity	CA Department of Education
Smoking cessation	CA Proposition 29
Blood pressure, smoke, cholesterol, platelet control	CMS
Substance abuse	Governor's Prevention Advisory Council
Healthy business	Corporate Partners
Cyanotic congenital heart disease	CA Assembly Bill 1731 Newborn Screening

ACC, American College of Cardiology; AHA, American Heart Association; CA, California; CMS, Centers for Medicare and Medicaid Services.

TABLE 2**Public Reporting Programs and Partners**

Reporting Programs	Partners
Patient discharge data (PCI, CABG)	OSHPD
Catheterization/PCI/TVT Registry performance	NCDR, CA NCDR hospitals
PCI-CAMPOS	CA DPH, pilot hospitals

CA, California; CABG, coronary artery bypass graft; DPH, Department of Public Health; NCDR, National Cardiovascular Data Registry; OSHPD, Office of Statewide Health Planning and Development; PCI, percutaneous coronary intervention; PCI-CAMPOS, PCI California Audit Monitored Pilot with Offsite Surgery; TVT, transcatheter valve therapy.

TABLE 3**CA ACC–Sponsored Meetings for Cardiovascular Education**

Education Programs	Location and Dates
18th Annual Cardiovascular Symposium	Universal City, CA; May 5, 2012
2nd International Congress on Cardiac Problems in Pregnancy	Berlin, Germany; May 17-20, 2012
2012 Cardiology Update	Torrance, CA; May 18, 2012
13th Annual Monterey Bay Regional Heart Symposium	Monterey, CA; May 18-19, 2012
British Cardiovascular Society Annual Conference	Manchester, England; May 28-30, 2012
National Lipid Association	Scottsdale, AZ; May 31-June 3, 2012
18th Annual San Diego Heart Failure Symposium	San Diego, CA; June 2, 2012
Success With Failure	Los Angeles, CA; June 7, 2012
West Coast Cardiovascular Forum	San Francisco, CA; June 8-10, 2012
17th World Congress on Heart Disease	Toronto, Canada; July 27-30, 2012
California Heart Rhythm Symposium	San Francisco, CA; September 7-8, 2012
Optimal Care and New Therapies for Advanced Heart Disease	Riverside, CA; September 15, 2012
Controversies and Advances in the Treatment of CV Disease	Beverly Hills, CA; September 21-22, 2012
12th Annual Cardiovascular Symposium	Maui, HI; September 27-29, 2012
Pan American Congress on Heart Failure	Panama City Panama; October 18-21, 2012
Barnes-Jewish Hospital American Heart Association Symposium	Los Angeles, CA; November 4, 2012
Cedars-Sinai Arrhythmia Symposium	Los Angeles, CA; December 7, 2012
American College of Cardiology Annual Scientific Session	San Francisco, CA; March 9-11, 2013

CA ACC, California Chapter of the American College of Cardiology.

Professional Relations

The CA ACC, under the leadership of Dr. John Harold, developed a strong twinning relationship with the British Cardiovascular Society for joint meetings, communication, physician mentoring, and training fellowships. We would like to continue to expand these twinning partnerships to include our Pacific international neighbors as well.

Because we are already closely linked with our adjacent border ACC chapters, we would like to formalize a sibling relationship with our Oregon, Nevada, Arizona, and Hawaii ACC chapters. Joint meeting sponsorship will encourage our members to cross the borders for joint meeting, communication, physician mentoring, and training fellowship opportunities. This will benefit our chapters and the members who design and attend these

meetings. We will also explore relationships with other closely related professional organizations. We currently coordinate our legislative efforts with the California Medical Association and have had discussions with radiology, emergency medicine, and internal medicine specialty professional organizations.

The overall goals of the CA ACC are to reduce the burden of CV disease for all Californians. The multiple programs that we are beginning or continuing will create only a small change in health care provider and patient behaviors. However, very small changes in behavior and risk can result in a significant saving of lives for large populations. The success of these programs will require a major commitment by all CA ACC members, and our California, national, and international partners. This will

require a very large team to succeed; it will take a planet. But that's our mission. ■

The California Chapter of the American College of Cardiology (CA ACC) provides content only for the CA ACC News section of Reviews in Cardiovascular Medicine. CA ACC does not review, endorse, or exercise any editorial control or judgment over any other content in Reviews in Cardiovascular Medicine. CA ACC is not affiliated in any other way with Reviews in Cardiovascular Medicine or its parent company, MedReviews®, LLC. No remuneration of any kind was provided to CA ACC for its contribution to the journal.

References

1. California Department of Public Health Web site. Death Statistical Data Tables. <http://www.cdph.ca.gov/data/statistics/Documents/VSC-2009-0508.pdf>. Accessed August 15, 2012.
2. Yusuf S, Hawken S, Ounpuu S, et al; INTERHEART Study Investigators. Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study. *Lancet*. 2004;364:937-952.
3. Yang Q, Cogswell ME, Flanders WD, et al. Trends in cardiovascular health metrics and associations with all-cause and CVD mortality among US adults. *JAMA*. 2012;307:1273-1283.