Subject: Governance - BOG

February 7, 2016
Andrew Miller, MD, FACC (amiller@cvapc.com)

Good Morning BOG! (Envision Robin Williams)

I always come home euphoric after one of our meetings. On paper this governor position seems like a selfless position – no pay, travel away from family and work, and give to the larger organization. But, I have to admit that it is usually self-fulfilling and I find I get more out of our meetings than the ACC gets out of me.

Again, this was a great meeting and I am bringing home a greater sense of purpose and some tools to get there. Thank you to all of the staff, chapter execs, governors, section chairs, and ACC leadership who put the program together and participated.

The major mechanism for my euphoria is usually the energy I feel with this collegial group – it is a professional organization's connection between its membership and leadership. We ground the college and we are to be the voices of all of its members. It says on our BOG portal:
"The Board of Governors (BOG) is the grassroots governing body of the College, the members' voice in a member driven organization."

So, in that context (leaning forward a little now) I am still a little troubled by the distance we have put between our leadership and our membership on the new governance org chart. I have put together comp plans for our group and I understand the philosophy of building something and letting it sail. I am very appreciative of the effort it took to make these important strategic changes and I have full trust in our system to implement them. It's really in the implementation, and not the visual – operations and not the optics.

I would just ask that we spell out how this bidirectional dialogue between membership (BOG) and leadership (BOT/CEO) will occur. What are the checks and balances from the members' voice? Will the BOG have a place in appointing the BOT? Should the BOG approve of the BOT? Should the BOG be able to impeach the BOT? Will the BOT and staff leadership continue to present a state of the state or strategic plan on a yearly basis at our leadership conference and field questions from the masses? From our discussion, I did not get a full sense of the nuts and bolts that will allow membership (now 4 deep on the org chart) to communicate with leadership.

I worry if the ACC gets too disconnected up top that we could suffer a fate of other organizations that begin with A: ABIM, AMA, … where the connection with membership (and mission) was lost. But, hey, I know we will stand up and scream if this goes adrift. That's our job!

Ready to listen (sitting back and reframing), Andy

February 7, 2016
Edward Fry, MD, FACC (fry5@comcast.net)

Bob, and all,

Thanks for another great meeting and thanks for skillfully scheduling it for a week after the blizzard.

I think the presentations regarding the new governance plan were clear, well thought out, and logical. That said, if you ask 50 cardiologists what their reaction is, you are going to get 51 responses! I suspect the list-serve will light up soon (post Super Bowl).

But having worked in several large organizations (our practice, St. Vincent Health, and Ascension Health), an over inflated board just does not work. So, the reduction in size and concentration on strategy is welcome. Some will suggest that splitting out Operations and Strategy into their own separate boards answering to and overseen by the Executive Team (Board) might have been cleaner.

It seems obvious that the job of the Section Steering Committee will be key to the success of the College. In the new world order, this is where the coordination of the operations from each section will need to be integrated with great skill and forethought. One failing of the Section model as it exists today is the inherent "silo'ed" approach to doing business. Certainly there are examples of coordination, but going forward this will be key to avoiding overlapping, redundant, or conflicting activities. The Section Steering Committee will become *de facto* the "COO" of ACC.

As was voiced, the BOG members feel a little threatened and see the potential for a diminished role (the visual of the org-chart does not help - optics matter). Some feel, rightly or wrongly, that this also may undermine the importance of the Chapters. Focus for many members will become the Sections. This will be further encouraged by the progressive sub, sub-specialization we see in CV medicine and may be further encouragement for members to find their primary professional home in the sub-specialty professional societies. Looking at the layout now, if I were a young, ambitious ECP, I would forgo working through the Chapters and would head directly for the Sections or sister societies. Today, ECP's in ACC are well served by engaging in both the Chapters and Sections, with equal weight. We need to be very careful that we do not spray Round-up on the grass-roots foundation of the College. But maybe in an evolving globalization of the College it is inevitable to move from a geographic-centric model to a content-centric model.

One suggestion, that I think would be welcomed by current and future Governors (and members at large) would be to change the leadership selection process for the BOG. Namely, having an open election for the Chair. This would be well received as reinforcing the feeling that the BOG is a representative body. As has been pointed out, being on the BOG is the only elected position in the College, and therefore, the only position where members have direct input into determining leadership. Although our current national politics is not serving as a good example, a transparent, inclusive, and democratic process seems the best approach. The new governance plan does not preclude this and may actually be strengthened by such a strategy. In addition, having the BOG Chair on the new BOT would be critical to having the voice of membership heard in the strategic planning for the College (would a new-model BOT have been as responsive to the MOC crisis had the membership and the BOG not been at the table - maybe, but probably not).

My middle son is a first year law student and is studying Constitutional Law this semester. He was fascinated to learn, as was I, that from the early writings, it was the intention of the framers, and especially Ben Franklin, to have the Constitution re-written about every 25 years, or 1 to 2 generations (where did we go wrong?). So, change can be good, healthy, and progressive, if well though out and managed. We, as medical professionals, cardiologists, and members of the BOG have become use to change and have accepted the mantle of change-agents. The new governance structure is another opportunity to implement positive change. As Rick Chazal pointed out, this will require monitoring and "tweaking", just like the framers envisioned. Hopefully we will take Ben Franklin's advice but be a little more timely in making the necessary modifications.

Ed

February 7, 2016
Smadar Kort, MD, FACC (smadar.kort@stonybrookmedicine.edu)

Ed, thank you for this email. As a past governor who don't attend the BOG meetings anymore, your email was very helpful not only in better understanding the new direction of the college, but also reminds us that there is still a lot of work for us to do in order to be successful in this journey.
I share your concerns regarding the future role of the chapters, and since I agree with you that they represent our grass root and need to be somehow conserved, I think that now is the time to actively think of ways to make the chapters more relevant in the context of the new changes.
I believe that in order to accomplish that we need to somehow tie the chapters to the sections, which is very different than the current emphasize to tie the chapters to national ACC. Just like anything else, this may be easier in a large chapters that represent members of numerous sections, but we need to think of ways to not leave small chapters behind in this transition. Each chapter will need to look at the composition of their members, and actively work with the sections to create a bidirectional active relationships between them. All activities of the chapter, mainly scientific meetings, committee work etc should be modified to become sections centered. I believe that this is the only way to keep the chapters relevant in the new chapter of our college, and the time to start it is now.
Missed you all!
Smadar

February 7, 2016
Herbert Aronow, MD, FACC (Herbert.aronow@lifespan.org)

Ed et al:

As a former Governor and a current Section Chair I too wonder about how to best keep the efforts of Chapters and Sections closely coordinated as we move forward. As you know, the Section Leadership Councils (SLCs), like the state Chapters Councils, ideally function in a bidirectional fashion with their respective members. At times they offer value (ie, information, opportunities, resources, etc); at others, they solicit input or request assistance from their members. In both cases, they strive to engage members. In their current state, most Chapters and Sections do not coordinate closely with one another before reaching out to members. I was contemplating this very dilemma yesterday as we sat together in the open session before lunch.

Coordinated efforts between SLCs and individual Chapter Councils are essential and should be encouraged. As an example, I will speak in the ACC Puerto Rico Chapter's first-ever peripheral vascular disease educational track during their Annual Meeting this coming April. I hope our Council and Section will have many more such opportunities to work with each of you in the years ahead.

That said, perhaps we should aim for simultaneous coordination between SLCs and ALL Chapter Councils when it comes to national endeavors. As another example, the PVD SLC, in conjunction with Section member volunteers, developed a PVD Condition Center on Cardiosmart.org. We identified volunteers to help with the effort by reaching out to our Section members directly. While it might have added another step to the process, perhaps we could have been even more successful had we reached out to members through the Chapter Councils. Envision an email that began with '…In conjunction with the ACC PVD Section Leadership Council, your ACC [insert State] Chapter would like to invite you to contribute patient-oriented content for a new PVD Condition Center on Cardiosmart.org…'). Such efforts might foster success on many levels:

- Identify ACC members who would like to become more involved in a particular Section

- Identify ACC members who would like to become more involved with their state chapters (think: leadership recruitment and development)
- Provide an example where ACC offers an opportunity for engagement and delivers member value while simultaneously giving credit to both Chapters and Sections
- There are probably many more benefits that escape me at the moment…!

Food for thought. I would be curious as to what others on this listserv think.

Best,
Herb Aronow
PVD Section Chair

February 7, 2016
Smadar Kort, MD, FACC (smadar.kort@stonybrookmedicine.edu)

I think that this would definitely be one way to foster the relationship between sections and chapters. I am currently the chair of the advocacy group for the academic council, and we constantly look for ways to engage more members in our advocacy efforts. We communicate to members through the section. As you suggested, working with the chapters to recruit volunteers who would then help out with the section's objectives would be a great way to build such bidirectional relationship. The infrastructure for this would need to be created, and once in place, could be adopted to many activities of the sections.
Smadar

February 8, 2016
Samuel Wann, MD, FACC (samuelwann@gmail.com)

An ACC Senior Cardiologist Section (roughly 60+ age) is in the formative stages, currently "housed" with the Early Career Council and interested in mentoring and service, giving back etc. We have just started but I think Chapter involvement will be essential. Current and former Governors, including those thinking of retirement from full time practice, have tremendous grassroots experience and keep the College real. Let me know if you have thoughts about how we might organize this effort to retain the input of our senior cardiologists locally as well as nationally. I personally like the idea of being "Early Career."

February 8, 2016
Joel Landzberg, MD, FACC (landnj@optonline.net)

I would like to reinforce the points made by Ed, Norm and many others at the Leadership conference. As we move further away from our core constituency of cardiologists from the United States, we run the risk of ceasing to be relevant to our core membership on issues facing cardiologists from the United States (i.e ABIM, MACRA...). I agree with the following recommendations:

1. The BOG should report directly to the BOT; alternatively the head of the section steering committee should be required to be the chair of the BOG.

2. The Chair of the BOG should have a position on the BOT

I also agree with Ed's recommendation that:

3. As a representative body, the chair of the BOG should be openly elected by the governors.

February 8, 2016
Norman Lepor, MD, FACC (norman.lepor@gmail.com)

I could not have said it better myself
Move away from your core and you become distant from your essence
Don't take the core for granted

February 9, 2016
Akshay Khandelwal, MD, FACC (akhande1@hfhs.org)

Smaller board may allow College to nimbly strategize to meet MOC/APM/MIPS/public reporting etc challenges we face in next few years; non FACC members provide cross pollination which is advantageous to this mission.
However, non FACC members of BOT may be a concern to our members, as raised during BOG meeting; should their terms be more limited than FACC board members? Should quorum for voting be based on # of FACC present, as opposed to board members?
Keeping chapters/chapter councils engaged is critical; we in Michigan are blessed to have an active chapter, but was concerned about chapters that are less engaged as heard during BOG meeting/read in State of the States. I think continued efforts to engage Chapter council members in sections, and section members in Chapter activities, is mutually beneficial and furthers the cause of the College.

February 9, 2016
Andrew Miller, MD, FACC (amiller@cvapc.com)

Ed, Joel, et al:

I have received some off line support from my original email and appreciate these intelligent comments from you. The ACC is strongest when all of its members are engaged and have a voice. I do not think the intention of the new governance document is to reduce that voice. I think it is putting pen to paper to create an org chart that builds on the strategic plan and the new commandments that seem clinically grounded. Hopefully this is a first draft, or the implementation takes a different tone in considering the relationship of leadership with members, chapters, and their representatives.

From the ACC bylaws:
"The Board of Governors is an advisory committee to the Board of Trustees. The mission of the Board of Governors shall be to ensure bi-directional communication between the members of the College and its Leadership, while promoting the core missions of the College through actions at the Chapter, non-Chapter, and member level."

My memory of my onboarding in January 2014 was a strong presentation by leadership that emphasized the importance of the BOG and its bidirectional and direct communication with the BOT. At that leadership conference, the BOT was present in its entirety, met with us, and participated in open mic discussions. The 2016 leadership conference felt different to me. We did not seem to have the usual BOG-BOT interactions and the optics of the new governance document do worry me.

I love the College and I have full faith in its current direction and leadership. I am in full support of a smaller BOT – it makes operational sense. In fact, the changes will probably only augment the number of people involved in high level decision-making at the College. I am in full support of the strategic plan that came before it. I am in full support of our current leadership and feel the College has become much stronger over the last several years.

I am philosophically and viscerally opposed to reducing the members' voice by any action that subjugates the BOG to several tiers of reports before it gets back to the BOT. I see us as the voluntary, representative, and grounded voice of the membership, and we need a reserved place at the dinner table. We understand the clinical mission of the College and are not conflicted with the corporate structure.

I agree with your ideas below in their entirety and hope they are implemented. I hereby vote: yes, yes, yes.

Warmest Regards,
Andy

February 10, 2016
Joel Landzberg, MD, FACC (landnj@optonline.net)

After reading Andy's latest email, I went back to his email from 2/7, and realized that I had missed out on some of the significance of what he had written:

"I would just ask that we spell out how this bidirectional dialogue between membership (BOG) and leadership (BOT/CEO) will occur. What are the checks and balances from the members' voice? Will the BOG have a place in appointing the BOT? Should the BOG approve of the BOT? Should the BOG be able to impeach the BOT? Will the BOT and staff leadership continue to present a state of the state or strategic plan on a yearly basis at our leadership conference and field questions from the masses? From our discussion, I did not get a full sense of the nuts and bolts that will allow membership (now 4 deep on the org chart) to communicate with leadership."

I too, after two years of attending BOG meetings still don't fully understand the organizational structure of the ACC:

1. Who appoints the BOT?
2. Who appoints the CEO?
3. Who appoints the Chair of the BOG?
4. Does the BOG truly have any decision making abilities other than we get to express our voice and maybe leadership will listen (although, if we move 4 layers down the organizational chart how will they be able to hear our voices)

1. I would like to request that at our next BOG meeting that we are presented with the online results of a Governor's survey asking:

a) should the BOG report directly to the BOT
b) should the Chair of the BOG have a position on the BOT
c) should the Chair of the BOG be elected by the governors

2. I would also request that at our next BOG meeting that we have a presentation discussing who appoints the BOT, CEO, BOG chair and what the defined role of the BOG is - past, present, and future.

The ACC best serves its members by becoming more of a representative body. We must make sure that in our efforts to create a more efficient organizational structure, that we allow the voices of the members to be heard and give them a direct role in the governance of our college.

Joel

February 10, 2016
Hadley Wilson, MD, FACC (Hadley.wilson@carolinashealthcare.org)

Great discussion at the Leadership conference and subsequently on the listserv. My short summary is that although everyone understands and generally agrees with the reasoning for a smaller and more nimble BOT, there remains major concern by all for diminished impactful communication and representation from the BOG, and as their elected representatives from the ACC membership itself. This becomes more obvious when the current plan for the 11 BOT members provides for the 4 officers and a maximum of only 1 to 2 active or immediate past members of the BOG (i.e. the Chair of the BOG as the Secretary/Officer of the ACC and potentially the Chair of Membership -an immediate past member (within 3 years) of the BOG as Bob Shor proposed as a possibility at the meeting).

So let us propose that 3 of the 7 remaining currently undesignated BOT members come from the immediate past BOG membership (within 3 years) in a staggered serial 3 year term fashion and at a rate of one onboarding and another leaving each year. These 3 would still attend and remain active with all BOG meetings. Furthermore this provides continuity of the BOG members of the BOT with each other, the BOG itself, and the ACC membership. This would insure the kind of communication, representation, and balance from the BOG and the ACC membership that everyone is so worried about losing with the current plan.
At most this would allow for a maximum of 5 active or immediate past members of the BOG on the BOT at any one time, and would still require collaboration from at least one or more of the remaining 6 BOT members for passage of any major strategic goals or policy issues.

Thanks for your consideration and comments,

Hadley

February 11, 2016
Robert Shor, MD, FACC (rshor@tcg.md)

To All:
I appreciate the energy and comments articulated. I encourage others to share your thoughts and concerns as well.
To quote Jamie Orlikoff and others; "where there is mystery, there is no mastery", So, I am going to try to answer that which I can. Some things about the new Governance process have yet to be fleshed out, but I have tried below(in red) to add information and clarify where we can regarding process.

1. Who appoints the BOT? Between the Governance and the Blue Ribbon Nominating Committees. The competencies will be clarified for the BOT and subsequent selection of members will be based on matching the applicants with the needs of the College.

2. Who appoints the CEO? My understanding is that a Search Committee/Task Force was put together to identify candidates who were then interviewed and ultimately Shal was selected, offered and accepted the position. The CEO undergoes a yearly review with in-depth metrics of personal and

Team success assessment of meeting targets. This previously was initially reviewed by the Exec Com, but I expect in the future, by the BOT.

3. Who appoints the Chair of the BOG? The BOG Chair is selected by BOG members ONLY. No BOT or staff participate in the voting. Staff are present to assist only. We can explore options in the future, but this is what we have done previously. 1-Immediate Past Chair acts as Chair of Selection Committee. 2-All eligible members of the BOG are asked to submit a letter of interest and to solicit up to 2 letters of support. 3-Much like how we expect the future Nominating Committee to perform, we create the competencies required for the job. I would add that in the future, one of the competencies will need to be working with Sections and AIG under the new structure. 4- these competencies are agreed upon by the members, there is discussion of the candidates. All are asked to rank each candidate on each competency (from 1-5). 5-My understanding is that there has been some variance in the past, but either the top 2 candidates get re-voted on, or the candidate with the most points is selected. This process often takes several calls/discussions and e-mails including the pre-call prep of reviewing the applications and deciding on the competencies. I agree that there needs to be more transparency and we can decide how we wish to proceed in the future, but the process I envision would mirror that of the Nominating committee.

4. Does the BOG truly have any decision making abilities other than we get to express our voice and maybe leadership will listen (although, if we move 4 layers down the organizational chart how will they be able to hear our voices). A direct line of communication remains paramount. The Chair of the BOG remains the Sec of the College and will be on the BOT for the foreseeable future. In addition, we are working on maintaining a direct channel to the Pres Team in whatever form that group will function in the future. Lastly, the Chair of the new Membership will have a seat at the table (table to be determined). While we sit on the BOT, the ACC Leadership/BOT has ultimate authority (Centralized Authority). Many on the Pres Team have been on the BOG and or Chairs of the BOG and understand the importance of membership voice. I would also add, that our surveys were instumental in helping to inform the Leadership of the College and would encourage reaching out to our members with additional surveys as needed.

1. I would like to request that at our next BOG meeting that we are presented with the online results of a Governor's survey asking:

a) should the BOG report directly to the BOT

b) should the Chair of the BOG have a position on the BOT

c) should the Chair of the BOG be elected by the governors

2. I would also request that at our next BOG meeting that we have a presentation discussing who appoints the BOT, CEO, BOG chair and what the defined role of the BOG is - past, present, and future. See above

February 11, 2016
Richard Kovacs, MD, FACC (rikovacs@iu.edu)

Bob,

Well stated and clear answers. As a former BOG Chair, current Trustee, and member of the Governance Taskforce, I would also like to make a few points:

1) Virtually all of the questions raised by the BOG during this current exchange were raised and discussed by the Governance Taskforce –and with equal passion. I know from being in the room, that the BOG was well represented, and remains an undiluted voice of the membership at the BOT level.

2) With the downsizing of the BOT, there was concern about hearing the voice of many ACC members: but a smaller, strategy-focused, competency based board will better guide the College than a large representative board.
3) The "relative" representation of the BOG on the BOT remains unchanged – 1 seat of 11 vs. the current 3 of 31. It is worth noting that the Presidential Team took a proportional reduction, since the Immediate Past President and Vice President are no longer on the BOT.

The importance of bidirectional communication between members and the BOT remains of paramount importance. I have no doubt that the BOG will thrive in the new governance structure, due to the simple fact that the BOG membership are all passionate supporters of the ACC and its mission to transform CV care and improve heart health.

February 12, 2016
Joel Landzberg, MD, FACC (landnj@optonline.net)

Dear Dick, Bob, Matt and others,
Thank you for your prompt responses to our emails. I do THANK EACH AND EVERY ONE OF YOU for the countless hours you spend in leadership positions advocating for the mission of the college. Having spoken with my predecessors, I know that the BOT is more responsive to the BOG than it has been in the past, in large measure due to your efforts.

However, having just watched the Democratic Presidential Debate, I wish to reaffirm my belief in a REPRESENTATIVE GOVERNMENT. I do not think that any of us would feel comfortable electing 10% of our House of Representatives, or 10% of our Senate, or 10% of our state government; and I suspect that most FACCs do not feel that it is right that only 10% of the members of the BOT are elected by them. As we restructure the BOT, this is an opportunity to ensure that the voice of membership is not only heard by our current leaders (who clearly make the effort to listen), but to ensure that member voices will be heard in the years to come.

I humbly request that that at our next BOG meeting that we are presented with the online results of a Governor's survey asking:

1. Should the BOG report directly to the BOT?
2. Should the Chair of the BOG have a permanent position on the BOT?
3. Should the Chair of the BOG be elected by the governors?
4. How many positions on the 11 member Board of Trustees should be allocated to Governors (past or present) who have been elected at some point by their state memberships:

a) 0
b) 1
c) 2-3
d) 4 or more

I feel that by understanding the sentiments of the elected governors representing the rank and file membership of the ACC, that we will know best how to restructure the organizational chart of the ACC so as to ensure that future generations of cardiologists will continue to have their voices heard by leadership.

February 12, 2016
Christopher Cooper, MD, FACC (Christopher.cooper@utoledo.edu)

When I was a Internal Medicine resident I thought that Joel was a really smart cardiology fellow. As a former member of the BOG, I know that Joel is really smart.

What is the biggest threat to ACC? IMO, it would be that our core membership no longer believes that our organization understands or values them. The BOG is elected to represent the membership. We meet with them, we talk to them, we represent them. We should value, celebrate and expand this.

February 12, 2016
Mladen Vidovich, MD, FACC (miv@uic.edu)

my 2 cents... I thought it might be helpful to add another viewpoint as there were so many excellent and thoughtful emails in this thread

the way I see the new proposed governance structure is that the voice of BOG and its impact on the ACC would be considerably diminished

I can understand the rationale behind the new structure - it does add several layers on top of the BOG for our voice to be heard

it was always my impression that the BOG is there to allow for direct impact on ACC leadership/BOT/etc. in allowing for the membership voice to be heard

if we add several steps on top of BOG it will dilute the message of the membership....

February 12, 2016
Matthew Phillips, MD, FACC (mattphillips1@me.com)

Hi

Full disclosure- I did vote for the change but at same time I did not craft the new structure

Pros
1. A smaller board can be more nimble. My first impression on the BOT was a giant rectangle table with microphones at each chair. It seemed challenging to have dialogue and even more difficult to come to closure on items

2. At present and this is key - the BOG chair is on the BOT. That is not to say an ex chair is excluded. Bob Shor could be selected as one of the 10 other trustees for example

3. Section help for BOG- we had several issues in the state of Texas where collaboration with the sections would have been very helpful. Quite frankly, as I did not have those relationships (nor did our Texas exec docs) we did not leverage that opportunity. The radiation safety issue would have been aided by the EP and interventional groups. The new membership structure could help build relationships

4. The BOG has 10% of the BOT as before. The past presidents drop off actually as well.

Cons
1. The BOG chair has a one year term on BOT vs 3

2. The shortened term limits relationships with other members

3. A lot of value or perceived value of the members comes from the chapters. All politics are local. If the ACC becomes more section disease state aligned vs geographic state - I would completely agree that membership will drop off. Our Texas docs are interested in payments in Texas, radiation safety rules in Texas, Malpractice rules in Texas, corporate practice rules in Texas.

Fractionating the docs based on clinical skills sets in my mind runs the risk of driving the docs to the cheaper and more focused sub speciality groups

The answer
1. We need to be very proactive at keeping the chapters both physically and optically engaged in the ACC structure

2. We need to have the sections work much more closely with the chapters to provide more value to the membership. Could have an interventional update at a chapter meeting brought to us by the interventional section for example.

Combined local and national advocacy is crucial.

3. The BOT cannot go back to the old days of recent past. The ACC was called by my colleagues at one point the Academic College of Cardiology. In some some countries the divide is to the point of physicians excluding one another from meetings.

Most importantly - I would predict that in the next 5 years most cardiologists will be employed by a handful of major; multi state corporations or consortiums of academic institutions

The docs will get their advocacy done for them by their employer, benefit negotiations will eventually turn dues into pay that the docs can keep or spend on membership. It has already happened

I received a bill for $900 from TMA, $400 from AMA, $400 (I think) from ASNC and the ACC dues. I had a choice of spending the money and getting a 30% discount as it would be pretax - or keeping all of it in my paycheck. Do not forget then that meetings tuition, travel, lost work are additional fees. Then there is the ABIM boards, MOC etc.

We cannot predict the future but we should not forget the past. The new structure and new BOT will have to avoid complacency and be very sensitive to changes in healthcare and member needs.

A trustee will have to be very focused on meeting the mission and understanding clearly that it's hard to achieve the mission if only 17% of the workforce actually are members (AMA)

February 17, 2016
Jesse Adams, III, MD, FACC (jadams03@bluegrass.net)

All-
I am reading over all of the Governance emails while I am en route to the CV Summit.

I would concur with the statements that the positioning of the BOG on the new organizational chart raises concerns.

However, there are two aspects of the proposed changes that I find quite favorable.

The first is the decision that BOT members will no longer serve on committees. Given the large number of committee slots currently occupied by BOT members, that is going to open up opportunities for many members. I would anticipate that current and past members of the BOG, given their deep knowledge of the ACC, will be competitive for those positions. We want to expand involvement while retaining the institutional knowledge so critical to our future.

Additionally, I especially like the intention that many decisions will occur at the committee level. The BOT should be focused on strategic directions of the College with operational implementation and decision-making occurring at the administrative and committee level. When our Gov-elect left KY for another state (not to mention names, but we're watching you TN!) I wanted to get our new Gov-elect named prior to our annual meeting. ACC staff was amazing in helping to make that happen, but the most difficult aspect was getting the timing right so that the results could be vetted by the BOG steering committee but then signed off by the BOT prior to the meeting. We could not confirm Susan Smyth as the new Gov-elect until the BOT vote. That made no sense- hard to imagine that the BOT would not agree to a vote of the members of the KY chapter that had then been ratified by the BOG steering Committee. Having these types of decisions made at the committee level will improve our responsiveness and should allow the BOT to spend their time focused on strategic topics.

Ultimately, I am very optimistic. The College is comprised of some of the most passionate, intelligent individuals with who I have ever had the opportunity to work with, and robust collaboration is the norm. I am reminded of the quote (not sure who said it) that "Tradition is simply an experiment that worked." Change in a Lean environment is optimally viewed as non-linear, with planning followed by an action (where we are now) but then followed by repeat assessment and then potential action (which would then lead to plans for another change/experiment,etc- the "Plan-Do-Study-Act"cycle). This is just another step in the life of the ACC.