

**Subject: What is CV care quality?**

*April 15, 2015*

*Allen Seals, MD, FACC (aseals@bakergilmour.com)*

BOG Colleagues,

What is CV care quality ?

The real work now begins ! We are asking the same question here at the Florida Chapter ACC (FCACC). Like a bad tourist t-shirt, it is hard to define, but we know it when we see it !

In Florida, we are attempting to define CV Quality around our best evidence-based science, specifically our GUIDELINES, AUC and REGISTRY data. We believe that any definition of CV Quality will require application and testing in the real clinic setting, at the point of care between the Cardiologist and the Cardiovascular patient. We certainly do not propose to have the answer, but we are actively involved in two major projects to push this effort forward.

(1) SMARTCare - the CMS innovation grant project awarded to the ACC on the strong work by the clinical leadership in FL and WI. This is the largest grant ever received by the college (\$15.8M) and is a complex protocol that uses a large number of software products and hardware devices: including FOCUS (Medicalis), NCDR registry (CATH/PCI, PINNACLE), ePRISM (HOS - cath lab based decision support software that projects quality data on a dedicated screen in the interventional lab), INDIGO (patient risk factor modification); SHARED DECISION MAKING; SEATTLE ANGINA QUESTIONNAIRE, QOL SURVEY; as well as other tools that are being added (for example Patient out-patient diabetic collaborative registry). This is a robust project that will define the highest level of quality that ACC Cardiologists and the Cardiovascular patient can possibly achieve (at least with our current state-of-the-science ).

(2) Florida Cardiovascular Quality Network. As approved and strongly endorsed by the Florida Chapter ACC Council, the FCACC is pursuing private funding for a network of clinical sites that have the same commitment to demonstration of quality cardiovascular care. Pending funding, we are not ready to announce this project yet, but are excited that our members are calling the Chapter and Chapter leadership asking how the FCACC can get behind a major quality demonstration project.

I look forward to collaboration with Ed and the ACC Clinical Quality Committee and look forward to learning from other quality initiatives as we see a number of different pilots and demonstration projects around the country take shape.

Allen

P.S. I have told our FCACC Committee leaders that just as the Champagne bottle from last night's SGR celebration party goes out with the re-cycle, and we all now go back to our daily routine workflow, it is important the the FCACC not rest on our laurels. The yolk of SGR may be off our necks, but the FCACC will continue to commit our effort to both of our state-wide quality initiatives. With our large Medicare population, we aim for Florida to become the ground-zero for quality cardiovascular initiatives !

*April 15, 2015*

*Edward Fry, MD, FACC (fry5@comcast.net)*

Not a bad month. ABIM neutered, or at least seriously wounded. And, the fire breathing dragon of SGR slain or extinguished. As several have pondered, what do we do for an encore? Is the absence of two big windmills to tilt against an invitation to apathy among members after these long and hard fights?

I am happy to report that we have conducted a survey on membership apathy to address this issue. Four percent strongly disagree that apathy is a problem for ACC members, one percent believe strongly that it is. Ninety-five percent had no opinion. So, I think we can safely conclude that by a four to one ratio member apathy is not a problem for the ACC.

Seriously, this is a real unintended consequence of ACC's recent successes. The challenge to the BOG, all ACC leadership, and all members is to shorten the victory lap, and as has been encouraged, refocus our energies and attention to the very important work ahead.

The repeal of the SGR is a key to improving, or sustaining, access to care. The other two pillars of the Triple Aim, improved quality and lower cost, need to be priorities one and two for members to understand, to incorporate into daily practice, and to deliver to each patient and community.

Matt, Allen, Ken, Bob and others have layer out specific areas to focus on:

- Pre-certification/Denial of service (access)
- Defining and measuring best practice (quality)
- Leveraging Registry data - expansion and linking of registries
- Making ACC the "definer-in-chief" of what CV quality is - creating one set of standards for all to meet
- Turning AUC's from a defensive response to an offensive weapon to control costs.

I am still having a hard time figuring out why (but am very happy) something so contentious as the SGR for years and years (18 years, 23 patches) suddenly passes both houses with bipartisan 10 to 1 margins in perhaps the most polarized Congress on record. Could it be that those advocating for the repeal were right all along and that lawmakers finally came to understand what ACC and others have been saying on behalf of their patients? Certainly an impending presidential election that will be carefully watched by seniors helped, as did a recovering economy. But a collective recognition that our current model is not sustainable and that access was threatened likely was the epiphany Representatives and Senators need to reach historic consensus and compromise.

So, there would appear to be no place for apathy in the membership. The opportunities to improve the deliver of CV care going forward are bright

*April 15, 2015*

*Kenneth Rosenfield, MD, FACC (krosenfield@fastmail.us)*

Another insightful and brilliant commentary from Ed. No surprise...in my three years on this list-serve, I pretty much know to expect "high quality and appropriate" comments from Ed every time! In any case, I could not agree more with this assessment, and look forward to making progress on all of these important topics.

***April 16, 2015***

***Geetha Raghuvver, MD, FACC (graghuvver@cmh.edu)***

Good Morning,

I have immensely enjoyed the conversations on the list serve over the past 24 hours. Be it on measuring quality, future plans, fellow education - it is a reflection of the high grade BOG quality. I would like to second Ken Rosenfeld that Ed Fry's comments are as usual a treat - icing on the cake. I am looking forward to our next BOG SGR free legislative meeting

***April 16, 2015***

***Matthew Phillips, MD, FACC (matphillips1@me.com)***

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How funny. I did not catch the first time. I still chuckle about Eds lamenting over the deflated footballs.

We are thinking of employing an outside agency ( national ad and marketing firm )to help us figure out how to get to the members.

We are fortunate in that the silent 95% at least pay the dues, for now

ACC representing 40,000 had a voice. We need to keep those numbers growing (or stable) to achieve our goals

Does anyone have any experience using outside resources in this way? Does it sound stupid ?

Thx