

Science to Practice: The ACC Tapestry

The Quality Colloquium
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American College of Cardiology Mission

To advocate for quality cardiovascular care — through education, research promotion, development and application of standards and guidelines — and to influence health care policy.



ACC Goals

- **Recognized leader in cardiovascular science, knowledge, & best practices**
- **Accelerate application of science, knowledge, & measurement into practice**
- **Build partnerships to improve the delivery of high quality CV care**



The Venn of ACC



Start with the Science

- Practice Guidelines (1984)
- Expert Consensus Documents
- Competence & Training Statements
- Clinical Data Standards
- Clinical Performance Measures
- Appropriateness Criteria

Accelerate Application

- Guideline tools
- Self Assessment Programs
- Focus on outcomes:
 - *ACC-NCDR®*
 - *GAP*
 - *Medical Directors' Institute*
 - *Appropriateness Criteria*



ACC-NCDR



National CV Data Registry

- Diagnostic Caths/Coronary Interventions
 - > 700 labs and > 2.5 million pt records
- Implantable Cardioverter Defibrillators
 - Official CMS database
- Carotid Interventions
 - Meets CMS requirements for data collection

Science and Quality Meet

- Guidelines Applied in Practice or GAP
 - AMI in Michigan: 1 => 5 => 33 hospitals
 - Heart Failure in Oregon
 - Stable Angina in Alabama
 - National Door to Balloon (D2B) Initiative

Highlight team-care, care coordination,
power of data to improve outcomes

MDI Genesis, circa 2001

- Healthcare is a mess

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MDI Genesis, circa 2001

- Healthcare is a mess
- Solutions will require teamwork
- Health plans & cardiologists at odds
- "Let's put on a show!"

The Medical Directors' Institute
is a national, action-oriented
community committed to solving
mutual problems on a local level.

MDI Objectives

- Build relationships among CV specialists, payers, and purchasers
- Identify opportunities for collaborative solutions
- Execute plans of action on national & local levels to improve healthcare

MDI-The Early Years

- 2002-identified mutual problems
- 2003
 - Utilization of Imaging
 - Disease Management
 - Measuring & Paying for Quality

MDI 2004

- Information Technology and EMRs
 - Who pays? Who benefits? What works?
- Employer/Purchaser input is KEY
- Crisis in Imaging Use and Cost
 - Advise us now or live with our remedies!
 - Go Nuclear

MDI 2005

- Principles for Pay for Performance
- Ambulatory Performance Measures
 - Collaborative effort with PCPI
 - NQF endorsed
 - Staged implementation
- Appropriateness Criteria (AC) for Nuclear Imaging

MDI Pilots in Progress

- Clinical vs Administrative Data
- Physician Recognition Program
- Ambulatory Discharge Contract in EMR
- Medicare Health Support Programs
 - Aetna in Chicago metropolitan area
 - American Healthways in Maryland/DC
 - Health Dialog in Pennsylvania

MDI 2005 Directives

- CMS is key partner
- Formalize MDI Governance
- Provide input into design of CV COEs
- Participate in AQA work
- Ambulatory Registry for CV Disease
- Appropriateness Criteria for Computed Tomography/MR, Echo

What are Appropriateness Criteria?

Evidence-based, clinical judgment-informed guidance to help physicians select

- Right test or procedure
 - Right Patient
 - Right Time

Why Appropriateness Now?

- Explosive growth of CV imaging
- Substantial regional variation
- True nature of utilization unknown
- New technology on the horizon
- Clinicians, patients, payers, purchasers all seeking guidance

MDI 2006

Systematic Appropriateness

- Coordinate care with primary physicians
- Design a utilization policy to drive AC
- Identify the tools and systems to capture, measure, and report adherence
- Establish the benefits of AC adherence
- Educate consumers about AC-driven care

Implementing Appropriateness Criteria

ACC

How can practices use AC to improve care?
What resources do practices need to apply AC?

How can HPs use AC?
What impact can AC have on cost and quality?

Payers

2006

2010

45% of patients are receiving EBM
Physicians want to provide EBM
Payers want to buy quality
Show me the data!

All patients receive EBM
Physicians deliver EBM efficiently
Payers buy quality
Here are the data!

Key Lessons Learned

- Science => practice takes > a village
- Focus on quality
- OVER-communicate
- Build on successes/learn from failures
- Data + incentive => change

More

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