

ACC NEWS

President's Page: Collaborative Culture Key to Our Success

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Management experts in the early part of the 21st century consider collaboration as a key to a successful business. Harvard Business School professor James Austin offers a framework for examining organizational alliances that includes four dimensions (1): 1) you have to want to collaborate, 2) the collaboration has to have value, 3) collaborating partners must have shared goals, and 4) you have to constantly work to manage the relationship. Or, as University of Virginia adjunct professor Russ Linden argues in *The Discipline of Collaboration*, a new kind of leadership is emerging that requires “persuasion, technical competence, relationship skills, and political smarts to get and keep the coalition together and produce the desired goal” (2). Just as a symphony harmonizes disparate strands of music to create a new and equally beautiful sound, collaboration allows organizations to merge their unique strengths for a shared goal.

Collaboration is neither new nor revolutionary, but it is gaining fresh attention as a strategic tool as the practice of medicine becomes increasingly segmented. The complexity of cardiovascular medicine has fostered the emergence of multiple cardiovascular organizations. The Society of Cardiovascular Computed Tomography, for example, was founded in March 2005 and already counts more than 1,500 members. Many fellows of the American College of Cardiology (ACC) belong to multiple societies, making it critical that our efforts be efficiently coordinated through collaborative relationships.

The ACC has a storied history of collaboration ranging from advocacy, to guidelines, to co-hosting conferences. Collaboration is hard work, but the payoffs can be considerable. An especially rewarding collaboration has been a 25-year joint effort between the ACC and the American Heart Association (AHA) to develop guidelines. The partnership was initially formed to help physicians sort through scientific literature, and the first joint guidelines addressed pacemaker implantation. More recently, we have turned our attention to guidelines on diseases. In addition, what started as an informal collaboration has matured over time, and today the two organizations have a formal contract in place that spells out staff allocations, budget, and how and when the ACC and AHA will bring in other partners.

The recently published Guidelines on Peripheral Arterial Disease exemplify this evolving collaborative relationship.

The ACC and AHA welcomed several specialty organizations into the process, including the Society of Interventional Radiology, the Society for Vascular Medicine and Biology, the Society for Vascular Surgery, and the Society for Cardiovascular Angiography and Interventions. Collaboration with surgical groups is new for the ACC, but from a patient safety perspective it does not matter whether you are a diabetes expert, a radiologist, or a vascular surgeon. What matters is that the medical community develops a common set of recommendations regarding optimal care in managing disease or for undertaking a procedure.

The ACC is currently planning, with the AHA and the European Society of Cardiology (ESC), to hold a conference on metabolic syndrome. Disease does not recognize borders, and we have made great strides in forging and strengthening our relationship with the ESC in the last few years.

We are also collaborating on benchmarking and best practices. The ACC-National Cardiovascular Data Registry's (ACC-NCDR) Implantable Cardioverter-Defibrillator Registry, launched June 30, 2005, was developed in partnership with the Heart Rhythm Society, and its upcoming CarotidStent Registry is also garnering multiple partnerships.

The ACC is working diligently with payer organizations to address areas of common concern. The College is catalyzing meetings between cardiovascular specialists and medical directors from the nation's largest health plans to discuss shared goals of providing high-quality patient care. This ACC-sponsored Medical Directors' Institute (MDI) is in its fifth year, and topics tackled have included such difficult concepts as pay for performance, quality measurement, and imaging utilization.

In the area of advocacy, the ACC has coalesced multiple partners to advocate for quality cardiovascular care. The Cardiovascular Imaging Collaborative, hosted by the ACC, supports all cardiovascular specialty groups as they strive to enhance cardiovascular medical imaging through education, advocacy, and quality measures. The ACC also is one of more than 20 “House of Medicine” multi-disciplinary organizations forming the Coalition for Patient-Centered Imaging, bringing to lawmakers twin messages that in-office imaging is good medicine and better for patients. Likewise, the ACC and other physician specialty groups are raising

the visibility of medical liability through the Doctors for Medical Liability Reform. The ACC's independent chapters continue to work with peer medical societies at the state level on patients' rights, medical research funding, medical liability reform, imaging, and quality care.

The complexity of modern medical practice calls out for leadership, and the ACC has learned much from its many collaborative activities. The evolution of these relationships involves the adoption of various models, give-and-take, and inevitable growing pains. For us to succeed, we have learned that relationships rely on trust and that this trust must be reinforced over time.

Creating a culture of collaboration has been a key to the ACC's past successes—and it will be vital to our future and to the future of quality cardiovascular medicine globally. As the world's leading cardiovascular professional organization, the ACC is uniquely positioned to initiate creative collab-

orations within cardiology and across medical specialties and geographic boundaries. As the world's web tightens, the ACC must embrace partnerships of all types and stripes. For it will never be so true that united we stand, divided we fall in coming years. It is our challenge, and we must rise to it.

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2. Linden R. *The Discipline of Collaboration*. Available at: <http://www.pdf.org/leaderbooks/121/summer2003/linden.html>. Accessed November 15, 2005.