ACC NEWS

The ACC Looks Globally to Tackle Cardiovascular Disease

ardiovascular disease (CVD) knows no borders. It remains the number one cause of death across the globe (1). According to the World Health Organization, deaths from CVD and stroke are expected to reach more than 20 million within the next decade and 24 million by 2030 (2).

Risk factors, including hypertension, tobacco use, diabetes, and obesity, are also major contributors to mortality around the globe. Statistics show high blood pressure as the leading risk factor for mortality, responsible for 13% of deaths globally, followed closely by obesity, which is the fifth leading cause of death (3).

While in countries like the United States, great strides are being made in reducing these mortality rates, CVD mortality continues to increase in developing countries. Compared to 2000, the number of years of productive life lost to CVD in 2030 will have increased by only 20% in the United States, compared with 64% in Brazil, 57% in China, and 97% in India (4).

Given these numbers, it is clear that there is room for considerable improvement in care. There is also a unique opportunity, and arguably a responsibility, for all economically developed countries and their professional bodies to help ease the burden in developing countries through education, sharing of knowledge, increased data collection, and outcomes reporting. The American College of Cardiology's (ACC's) development of partnerships with global cardiovascular (CV) leaders will be a key strategy in making a positive impact against the worldwide increase in CVD.

Education is one of the most critical elements in reducing global CVD. At the very basic level, the identification of those individuals at risk improves the chances not only of successfully intervening during the early stages of CVD, but also of preventing or delaying disease. Educating patients, providers, and politicians about CVD risk factors can improve quality of life and prolong life expectancy. The ACC's CardioSmart National Care Initiative, self-assessment products, and active engagement of opinion leaders overseas are important resources in this effort. For example, Spanish-translated versions of CardioSmart videos and disease-specific patient information are already being used in countries like Mexico. The potential for CardioSmart translations in Mandarin and Portuguese is actively growing.

Meetings such as the ACC's Annual Scientific Session and others held by national societies around the world are important for bringing together CV professionals, promoting knowledge exchange, and providing information on the latest evidence-based science. Ever-increasing web and video access make these meetings more globally accessible, particularly to those in countries with greater deprivation or conflict. Recognizing the impact of CVD on the international community, ACC's 60th annual meeting in New Orleans will feature a full-day conference—our third annual meeting under the leadership of Doug Zipes and David Holmes—focused on CVD challenges in the Middle East. In addition, 17 jointly-sponsored international lunchtime symposia will focus on CV issues and/or activities of importance to countries around the globe. These inter-



Ralph Brindis, MD, MPH, FACC ACC President



Huon H. Gray, MD, FACC Chair of the ACC International Council

There is also a unique opportunity, and arguably a responsibility, for all economically developed countries and their professional bodies to help ease the burden in developing countries through education, sharing of knowledge, increased data collection, and outcomes reporting. national lunchtime symposia have been incredibly well received by both our national and International membership, with packed attendance in almost every room. The symposia cover a wide range of topics, focusing on prevention and then moving on to innovative, cutting-edge treatment of CVD.

The ACC is also partnering with others in promoting educational opportunities overseas. One example is the College's collaboration with Operation Medical Libraries (OML), an organization that collects and distributes current medical textbooks and journals to war-torn countries, such as Afghanistan, through a partnership with American medical schools, hospitals, physicians, and the U.S. military. The College will be accepting donations of textbooks during ACC.11 in New Orleans. Under the leadership of Robert C. "Wes" Wesley, Jr., the ACC Nevada Chapter is arranging the donation of catheterization laboratory equipment this year to a hospital in Brazil.

The ACC is a strong supporter, both financially and consistently through our membership expertise, of the World Heart Federation and other international societies. The ACC's efforts in these arenas provide valuable avenues with which we help foster and nurture CV care internationally. The ACC has been exploring key collaborations with the European Society of Cardiology (ESC). Important work has already been achieved related to ensuring data definition standardization for nascent atrial fibrillation ablation international registries. In addition, the ACC is partnering with ESC in looking at international regulatory issues for diffusion of new CV innovation this January in Nice, France, in a forum titled "Policy Conference on the Clinical Evaluation of Cardiovascular Devices."

Another great example of collaboration and sharing is the "Twinning Program" partnership between the ACC's California Chapter and the British Cardiovascular Society (BCS). Despite being more than 5,000 miles apart, the program provides many opportunities for the two organizations to collaborate on educational programs and resources and participate in institutional visits, lecture tours, and mini-preceptorships. In the words of incoming ACC Vice President John G. Harold, MD, MACC, one of the best things about the program is the ability to "share experiences that may lead to greater cross-pollination of ideas and concepts and ultimately to improved care of our patients" (5). Other U.S. chapters are currently exploring similar twinning arrangements. Most recently, ACC chapters in Massachusetts and Pennsylvania are working on partnerships with Germany and Italy, respectively, with more "twinnings" anticipated between other ACC chapters and our international partners.

Every aspect of CV medicine is undergoing rapid and profound change, including clinical care delivery, research, and education. Because medical training is scientifically and technically oriented, there is a great need to actively acquire the leadership skills, tools, and experiences essential for continuing to improve CV health in a changing world. With nine new International ACC chapters in Malaysia, Great Britain/Ireland, Brazil, China, Israel, Germany, Turkey, Saudi Arabia, and Pakistan, the opportunities for sharing knowledge and building new leaders has increased.

In addition, the ACC's new Cardiovascular Leadership Institute (CLI) provides great opportunities for international education and professional exchange. CV leaders in several countries are interested in sending their earlycareer doctors to Washington, DC, for leadership training, with the goal of shaping a new generation of effective global leaders in cardiology. Many countries are also interested in sending mid-level CV professionals to the United States to receive training in quality improvement programs, involving an "observership" at a local teaching hospital.

Quality improvement is also an area in which international collaboration can go a long way toward improving global health statistics. Advances in communication have led to most parts of the globe being able to participate in collaborative efforts to tackle CVD. Online communities, such as those offered on the ACC's new CardioSource.org website, as well as those that are part of quality improvement initiatives, like the Door-to-Balloon (D2B) Alliance, Hospital to Home (H2H), and Imaging in FOCUS, provide important forums for sharing best practices, raising questions about challenging cases, and providing information on local, regional, and/or country-specific activities.

Online communities also offer important opportunities for clinicians worldwide to network and to build professional relationships and friendships. The College's International Fellow in Training (FIT) membership, which was first piloted in the Netherlands and is now underway in Israel, is an example of the networking benefits afforded by increased online access. It promotes knowledgesharing at the earliest stage of a CV career. Members have access to CardioSource.org and inclusion in the FIT listserve. After graduating, the FITs can become affiliate members of the ACC on their path to FACC status. This is part of the College's initiative to welcome those in the early stages of their careers, to help support their learning, develop their leadership skills, and create the foundation of greater future international collaborations.

Data collection and reporting of outcomes also has an international dimension. The ACC is exploring interna-

tional participation in the National Cardiovascular Data Registry (NCDR) and recently signed up its first international participating hospital in the United Arab Emirates (UAE). Using standardized, clinically-relevant data elements, international use of NCDR registries can potentially help reduce wasteful or inefficient clinical practices. The NCDR has made a considerable contribution toward improving the quality of cardiac care in the United States, and there is tremendous potential for future international cooperation and benchmarking. Many of our international CV leaders have expressed strong interest in NCDR registry collaborations, which are now under active pursuit in many areas around the globe. Our world's CV leaders envision the gains that can be accomplished not only through registries in promoting CV quality, but also by understanding best practices related to CV outcomes in our diverse worldwide community.

Opportunities abound to reduce the skyrocketing CVD mortality rates around the globe and ensure that people with or at risk for heart disease are receiving the best care possible regardless of where they live. All professional bodies, whether large or small, have great opportunities to work together toward our common goals; the issues that unite us far exceed potential divisions, such as organizational competition. It does no harm to remind ourselves of this, for individuals with CVD, or at risk of developing it, should always be at the forefront of our attention. With more than 4,000 International members from over 100 countries, the ACC is now in a unique position to make a world of difference in improving heart health.

For more information on ACC's International efforts, go to: http://www.cardiosource.org/international.

Address correspondence to:

Ralph Brindis, MD, MPH, FACC American College of Cardiology 2400 N Street NW Washington, DC 20037 E-mail: rbrindis@acc.org

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