

LEADERSHIP PAGE



Harnessing the Power of the ACC Chapters

Uniquely Positioned for Grassroots Advocacy and Member Engagement



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As we begin implementing the 5-year strategic plan for the American College of Cardiology (ACC), I believe that it is with our local ACC chapters that we can make the most impactful, genuine, personalized engagement with our members. Our plans are ambitious, and the College will need to build even stronger connections with and among the chapters in order to accomplish the mission and deliver the highest level of member value.

ACC chapters offer a uniquely personal touch point for members. They are localized and can tailor ACC programs and communications specifically for professionals in their state. They provide a place where communities can form surrounding a member's career stage or interest area. They provide direct representation for ACC members in local advocacy issues and are on the front lines of grassroots support for national issues. They also develop local educational opportunities for members. In short, they provide a rich member experience from residency to retirement.

A national survey completed in January 2014 of more than 350 physician ACC members shows that three-fourths of chapter members want their chapters to provide advocacy on state and local issues and nearly one-half of members look to chapters for communications. Some states have been tackling these desires from members head-on and providing incredible value at the grassroots level.

Chapter success stories abound, including some stellar examples of ACC chapters in states like Maryland, California, West Virginia, Connecticut, Florida, and Wisconsin. These chapters have seen the positive impact of their work in collaborative quality

improvement, grassroots advocacy, and expanding member engagement.

The ACC Maryland Chapter worked extensively for 2 years to develop an oversight system for all state hospitals performing percutaneous coronary intervention. In April 2012, the Maryland Legislature passed a bill requiring a state agency to develop requirements for peer or independent review, consistent with the 2011 American College of Cardiology Foundation/American Heart Association/Society for Cardiac Angiography and Interventions Guideline for Percutaneous Coronary Intervention (1), of difficult or complicated cases and for randomly selected cases for Maryland hospitals. The chapter went on to serve as an integral part of the regulatory process to implement regulations and ongoing performance measures. This was a momentous win for Maryland, and 2 years later, remains a shining example of successful ACC grassroots advocacy.

However, Maryland is not the only state to see chapter wins in advocacy. Earlier this year, ACC's California Chapter led a grassroots campaign aimed at defeating California Senate Bill 1215, a harmful imaging bill that sought to remove the in-office ancillary services exception for advanced modality imaging and many other services. The chapter bolstered the campaign with face-to-face educational meetings with lawmakers and patients, and in May 2014, the chapter was successful in rendering the bill obsolete.

Chapters are also engaging the next generation of ACC members. ACC chapters in West Virginia and Connecticut set out with a goal to more robustly interact with early career members and fellows-in-training. In the past year, the West Virginia Chapter reached out to residency programs, hoping to connect

with internal medicine students who were in the process of selecting a specialty. A tailor-made poster competition drew submissions and chapter interest from those physicians who otherwise may not have come into contact with the ACC. The Connecticut Chapter has held similar poster competitions for early career professionals, and has taken engaging this group to another level by encouraging them to sit on chapter councils and provide bidirectional communication to their chapters to ensure that the ACC is serving their distinctive needs.

Just this past spring, a \$15.8 million federal grant was announced to support SMARTCare, a pilot project designed by ACC's Florida and Wisconsin Chapters that reduces healthcare costs by providing tools to help doctors and patients communicate about options for their care while helping physicians apply the latest guidelines to the decision-making process. It brings together 5 tools to help physicians and patients work collaboratively to make decisions about the treatment of stable ischemic heart disease. The tools also provide performance benchmarking and immediate feedback to physicians to ensure that appropriate use guidelines are considered. The program was developed by chapter members working with healthcare professionals from health systems, employer health coalitions, insurers, patient advisers, payment reform advisers, and primary care physicians.

ACC chapters also came together this past spring to voice their opinion on Maintenance of Certification changes. More than 4,400 responses poured in with an overwhelming majority of opposition to the changes that are driven by the American Board of Internal Medicine. The ACC took these recommendations from chapters to the American Board of Internal Medicine, and it is apparent that the voice of members is being heard. Once again, individual members in localized chapters rallied together and are making a national impact.

These examples show the power that comes from localized, organized, mission-focused activity. Chapters across the country are ensuring that the ACC assists members in becoming advocates for themselves and their patients and are providing a critical foundation for achieving the ACC's mission.

Although there are incredible strides being made in many states, we would be remiss if we did not consider how we could improve the effectiveness of our chapters and address opportunities for expanded

success. We must begin to directly tie the strategic plans in the states to the College's strategic plan, aligning results-driven national work with goals and objectives from coast to coast. Our planning cycles must work in concert. We must focus on engaging the next generation of cardiovascular professionals and work even harder to include all members of the cardiovascular care team in chapter activities. We also need to use the chapters as our eyes and ears on the ground in the states to take our advocacy work to the next level.

Chapters can increase member satisfaction and provide more engagement opportunities for members. According to the CardioSurve survey respondents, only 1 in 3 members indicated that they are engaged with the local chapter, and many report only moderate levels of satisfaction. Those that report not being engaged with an ACC chapter most often cite lack of time (66%). It is our job to develop tools, resources, and platforms that make engaging with the College and its chapters easier and more satisfying.

The ACC has begun working with chapters to further enhance the chapter presence in the community and to tie the local organization's external look and feel back to the national one. With the impending redesign of ACC.org, chapters will have a more seamless and professional way to connect with members, as individual chapter websites will reflect the look, feel, and functionality of ACC national's web presence. The College is also working closely with the states to ensure that chapter leaders are effectively using social media tools to make connections with members, especially early career and fellow-in-training members who are particularly active via interactive forums and emerging technology. These are small changes that will have a big impact on the future of chapter effectiveness.

The continued success of ACC chapters is paramount to the success of the College and to achieving the goals set forth in our strategic plan. It is by harnessing the power of these local organizations to advocate for and engage members and to strive for action-oriented, results-driven performance in the states that the ACC can make a difference. I look forward to seeing big things in the states over the coming year.

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REFERENCE

1. Levine GN, Bates ER, Blankenship JC, et al. 2011 ACCF/AHA/SCAI guideline for percutaneous coronary intervention: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines and the Society for Cardiovascular Angiography and Interventions. *J Am Coll Cardiol* 2011;58:e44-122.