

## LEADERSHIP PAGE



## The State of the States

### American College of Cardiology Chapter Successes, Challenges, and Future Focus

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It is difficult to find a more concrete example for how the American College of Cardiology (ACC) provides value to its members than in the success of its chapters. The ACC has more than 80 chapters around the globe, all of which provide a localized professional home for cardiovascular professionals. In the United States, ACC chapters represent every state in the United States, plus Washington, DC, and Puerto Rico, and are a source of education, networking, and advocacy.

To capture the great work our U.S. chapters are doing at a grassroots level, the ACC produces an annual State of the States report. The report, which is released each January, includes firsthand accounts from leaders of the ACC's Board of Governors as they work toward the mission of transforming cardiovascular care and improving heart health within the constructs of the College's 5-year strategic plan. The document informs the College of chapter successes, challenges, and plans for the future. Perhaps more importantly, the document serves as a vessel for sharing best practices among chapters who may otherwise not have opportunities to do so.

The thoughtful contributions to the 2014 State of the States report illustrate that our chapters are truly doing impressive work, and at the same time, have similar challenges. There are a few themes that stand out in the reports: efforts to collaborate across states and organizations; a focus on prevention; promotion of tracking quality through wider adoption of the ACC's NCDR (National Cardiovascular Data Registry) suite of hospital and outpatient registries; and continued focus on engaging early career members and fellows-in-training (FITs).

More chapters than ever are seeing the financial and collaborative benefits to holding regional chapter

meetings—particularly in less populated states. Among a number of others across the country, Montana, Wyoming, and Idaho held a regional meeting, as did North Dakota, South Dakota, Iowa, and Minnesota. Additionally, chapters are expanding their working relationships with state medical societies to address key issues affecting health care professionals at the state level. For example, the ACC North Carolina Chapter worked in collaboration with the North Carolina State Medical Society and Task Force Toward Accountable Care Consortium to cosponsor, approve, and produce a manual for setting up an accountable care organization (ACO). A recent survey of ACC members shows that the number of participants in ACOs has jumped significantly within the past 3 years. Of those surveyed, 1 of 5 (21%) are already in an ACO, up from just 1% in 2011, and another 32% indicated a high likelihood of participating in an ACO in the future (1).

ACC has long understood the critical importance that the next generation of cardiovascular leaders has in securing a positive future for the College and cardiology as a science. This year, many chapters sought out ways to involve early career professionals and FITs even more deeply in chapter activities. The Rhode Island Chapter held a Fellows Night Out event, which gathered FITs to present interesting cases to fellows of the ACC, and the Louisiana Chapter cosponsored a Life After Fellowship event for FITs. The Kentucky Chapter created an early career professionals committee to involve those cardiologists in the first years of practice in decision making and governance. The Connecticut Chapter also expanded its outreach to FITs by expanding chapter meetings to include specialized programming for these members. In Missouri, the chapter awarded early career grants and 5 research awards totaling \$50,000 to early career members.

ACC chapters are also taking an active role in the promotion of tracking quality through wider adoption of NCDR registries. In Puerto Rico, a transformation of

care workshop for hospital administrators took place that laid the groundwork for Puerto Rico's NCDR launch planned for early next year. Additionally, the Virginia Chapter has been invited by the Virginia Cardiac Services Quality Initiative to partner in changing its focus from measuring surgical outcomes to measuring overall quality. The chapter will merge CathPCI registry data with data from The Society of Thoracic Surgeons to accomplish this. Adoption of the ACC's outpatient PINNACLE Registry is also on the rise as more and more practices learn about the benefits in both tracking quality of care and meeting Physician Quality Reporting System requirements. In my home state of Mississippi, the Mississippi Department of Health has entered into an agreement with the NCDR to act as a third party to monitor the state's ST-segment elevation myocardial infarction network hospitals and confidentially promote quality within each institution while otherwise keeping data blinded to competing institutions.

ACC chapters are also working to promote preventive health and education. Several chapters have made great strides in advocating for cardiopulmonary resuscitation training and automated external defibrillator use. Significant progress has also continued at the state level in terms of advancing legislation for critical congenital heart defect screening. Screening and evaluating student athletes was also a hot issue this past year. A number of chapters supported legislation requiring high school coaches and trainers to be instructed in the risks and early signs of sudden cardiac death in early athletes. New Jersey is taking things to another level by developing an online course for physicians, physician assistants, and nurse practitioners who provide physicals to student athletes. Additionally, as part of a collaborative prevention effort around obesity, the Kansas Chapter is working to implement the One Million Pounds and 10 Million Miles initiative to help Kansas lose 1 million pounds and walk 10,000,000 miles in 1 year. Other ACC chapters across the country are working to promote statewide bans on indoor smoking to prevent the known risks for cardiovascular disease from secondhand smoke.

Although the State of the States report helps us look back on the successes of the past year, we are continually looking at how the landscape of cardiology will change the actions and focus of chapters the next year. Moving forward, we will continue to build on the successes of the past year by learning from each

other. The key to spreading success is collaboration and sharing best practices. We can also learn from our challenges. There is no doubt that topics like Maintenance of Certification and member engagement and apathy will continue to rise to the top as some of the biggest challenges facing the ACC and the broader cardiovascular community. It is the job of the College and its Board of Governors to work to find the opportunities within these challenges and to ensure that the needs of members and patients are met.

From a state advocacy perspective, there are several topics expected to emerge in 2015. Increasingly, state health departments are relying on the ACC's guidelines, appropriate use criteria, and quality initiatives to set oversight rules for cardiovascular services. The College has been involved in several states to ensure that the ACC documents are not codified into law, but rather used as a resource. We expect this intersection of clinical research, quality improvement, and state health regulations to take center stage.

The regulation of the sale and marketing of energy drinks to youth is expected to be another big issue. State officials are proposing bills and regulations surrounding these drinks, and more broadly, there is a growing effort to reform school nutrition programs. We also expect scope of practice to come into play this year, particularly around the work of naturopaths—alternative medicine practitioners who are advocating for the ability to perform many of the services, tests, and diagnoses that physicians are licensed to perform. There are 17 states with boards that approve naturopathic licenses and set rules for their scope of practice. We will continue to watch these issues over the next year and we will revisit the work that our Chapters do around them—and the many other state advocacy issues—at the culmination of 2015.

ACC chapters are a key piece of the College's focus on improving member value and engagement. The ACC's primary focus for chapters is to maximize each state chapter's potential to affect and transform care on a local and national level, even beyond the impressive successes we have seen in 2014. It is a lofty challenge, but one that will no doubt be met.

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## REFERENCE

1. American College of Cardiology. ACC survey shows significant uptake in ACO participation; jury still out on overall impacts. Aug. 19, 2014. Available at: <http://www.acc.org/latest-in-cardiology/articles/2014/08/19/09/13/acc-survey-shows-significant-uptake-in-aco-participation-jury-still-out-on-overall-impacts>. Accessed January 20, 2015.