

## LEADERSHIP PAGE



# Tackling Population Health

## Leaving a Meaningful Mark on the World



Patrick T. O'Gara, MD, *President, American College of Cardiology*

Cardiovascular diseases know no borders. Although huge strides have been made in treating cardiovascular diseases and reducing morbidity and mortality over the last several decades, they remain the number 1 cause of death around the globe (1). In fact, cardiovascular diseases constitute the most common form of noncommunicable diseases (NCDs), which now account for nearly 2 of every 3 deaths worldwide. NCDs affect both developed and developing countries without regard to economic disparities and, if left unchecked, are projected to account for nearly 75% of global deaths by 2020 (2).

Despite these grim statistics, there are increasing opportunities to fight back. Increasing worldwide access to and use of digital technologies are causing major shifts in how information is communicated, learned, and received at both the healthcare provider and patient/consumer level. In addition, more and more unique global partnerships targeting prevention and treatment of specific unhealthy behaviors and risk factors are forming and are being led by unique teams made up of medical societies, industry, government agencies, consumer companies, and others.

In a recent editorial page, *JACC* Editor-in-Chief Valentin Fuster, MD, PhD, MACC, said it best when he wrote: "There is true momentum to address this problem, which cannot be lost to distraction or apathy. This fight against the burden of cardiovascular disease, affecting all countries and local corners of the world, requires many physicians, specialists, and subspecialists" (3). In his editorial, Dr. Fuster emphasized the need for concrete action, measurement, and follow-up, stressing that too many pro-

grams have failed to make the transition from aspiration to reality.

The American College of Cardiology (ACC) recognizes these changing times and the inherent opportunities that go along with them. We also recognize the consequences associated with inaction—thus, our focus has been on development and implementation of a strategic plan that re-envision specialty care with the goal of positioning the ACC as the professional home for the entire cardiovascular care team. Our strategic priorities moving forward, including purposeful education, data transparency and use, and a renewed focus on improving the health of populations, are of particular importance internationally.

The ACC recognizes that, in order to maximize its mission to transform cardiovascular care and improve heart health, education needs to reach practitioners where they live and work. Personalized education, e-learning, and specialized live programs focused on training new leaders or bringing the latest cardiovascular research directly to a country are critical elements of our purposeful education strategy and international outreach.

A great example of a country that has taken purposeful education to heart is India, where educational programs over the last several years have reached thousands of cardiologists and physicians treating cardiovascular patients. The ACC Cardiovascular Symposium chaired by Dr. Fuster is 1 of the major highlights, providing a comprehensive 2-day update across all cardiovascular competency areas to leading cardiologists across the country. In addition to this program, the ACC has extended the reach of its Annual Scientific Sessions by showcasing highlights from the meeting in 8 cities across India. Perhaps the most unique offering is an electrocardiogram training program focused on helping

cardiologists and primary care doctors utilize and interpret electrocardiograms.

In addition, the ACC recently teamed up with the Chinese Society of Cardiology on a unique “Train the Trainer” program aimed at increasing awareness of atrial fibrillation treatment in China. Ten pilot centers have been established throughout the country, which offer over 50 lectures and face-to-face exchanges in hospitals with top local and global experts in atrial fibrillation and embolic stroke prevention.

The use of data is also a hot topic. Integrated registries have the potential to be used as powerful tools for identifying education and quality improvement opportunities both globally and at country-specific levels. The ACC's National Cardiovascular Data Registry (NCDR) has made considerable contributions toward improving the quality of cardiac care in the United States, and there is tremendous potential internationally to use registries to inform clinical research, identify gaps in local care, and help providers develop best practices related to cardiovascular outcomes.

In 2010, the ACC's registries were deployed internationally when the Sheikh Khalifa Medical City in Abu Dhabi implemented the ACC's ACTION (Acute Coronary Treatment and Intervention Outcomes Network)-GWTG (Get With The Guidelines) registry. Since then, additional international facilities have adopted NCDR registries, including the outpatient PINNACLE registry. Current international NCDR participants include facilities in Brazil, Canada, India, Saudi Arabia, and the United Arab Emirates. The ACC is also starting to roll out its International Centers of Excellence program that recognizes hospitals outside of the United States for high performance standards and the provision of quality cardiovascular care. Among other criteria, pilot institutions are asked to demonstrate their commitment to quality services by actively tracking their performance and closing performance gaps based on registry data. In addition, a new program for international hospitals is rolling out this fall to enable greater adoption and use of clinical data registries.

Last, but certainly not least, whether it is providing support for global efforts to address NCDs or partnering with local health systems and/or governments on campaigns addressing major cardiovascular risk factors like hypertension, obesity, and smoking, there is a clear mandate that the College continue to work alongside its international chapters to improve population health.

The ACC's China Chapter has done an exemplary job in the patient education space. In China,

smoking and hypertension are alarmingly prevalent. According to a recent World Health Organization report, 53% of Chinese men smoke and 40% of Chinese adults age 45 years or older have hypertension (4). Moreover, awareness and control of these 2 risk factors are limited. Only 40% of hypertensive patients are aware of their condition, and only one-half of these patients receive medication. In response to the lack of patient awareness regarding such modifiable risk factors, the Chapter has hosted patient education events during the annual Great Wall Congress of Cardiology meeting. The Chapter also translated and distributed to patients several of the ACC's CardioSmart fact sheets on various cardiovascular disease risk factors. Building on these successes, the ACC and the Chinese Society of Cardiology are launching a major new initiative to combat hypertension in China this fall with the release of a Mandarin language website, distribution of essential educational materials for nurses and patients, and a public health event where blood pressure screening will be conducted to raise awareness around hypertension management.

Over the last several years, the ACC also has actively advised the United Nations (UN) on its efforts to combat the NCD epidemic since the 2011 Political Declaration of the UN High-Level Meeting on NCDs. In fact, ACC Past President John Gordon Harold, MD, MACC, and I both recently took part in UN hearings focused on moving from discussion to action around the global target of a 25% reduction in premature mortality from NCDs by 2025. As a proud member of the NCD Alliance, the ACC is working to support this global target, as well as corresponding NCD targets focused on high blood pressure, smoking cessation, diabetes, obesity, and reliable access to medicines. These goals are embedded in the World Health Organization's global action plan against NCDs (5). They mirror several of the efforts spearheaded by Dr. Fuster and the Institute of Medicine committee he chaired in 2010.

There is still much to learn about the treatment of cardiovascular disease. Disease type, occurrence, and treatment vary with many factors. Yet, if we can work together to increase international participation in educational activities, encourage global use and exchange of data, and raise public awareness about cardiovascular diseases and its risk factors, progress is well within our grasp. Witnessing the passion to take on global cardiovascular health among our international members and the dedication of our International Governors, more than 30 International Chapters, and our partnering societies both

in the United States (e.g., American Heart Association) and abroad (e.g., World Heart Federation), there is no doubt that we can accomplish these steps in a way that will leave a meaningful mark on the world.

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**ADDRESS CORRESPONDENCE TO:** Dr. Patrick T. O’Gara, American College of Cardiology, 2400 N Street NW, Washington, DC 20037. E-mail: [president@acc.org](mailto:president@acc.org).

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## REFERENCES

1. Heidenreich PA, Trogon JG, Khavjou OA, et al. Forecasting the future of cardiovascular disease in the United States: a policy statement from the American Heart Association. *Circulation* 2011;123:933-44.
2. World Health Organization. The World Health Report 1998. Life in the 21st Century: A Vision for All. Geneva, Switzerland: World Health Organization, 1998.
3. Fuster V. Global burden of cardiovascular disease: time to implement feasible strategies and to monitor results. *J Am Coll Cardiol* 2014;64:520-2.
4. Feng XL, Pang M, Beard J. Health system strengthening and hypertension awareness, treatment and control: data from the China Health and Retirement Longitudinal Study. *Bull World Health Organ* 2014;92:29-41.
5. O’Gara PT, Harold JG, Zoghbi WA. Thinking globally to transform cardiovascular care. *Lancet* 2014;384:379-80.