

ACC NEWS

President's Page: The Year in Retrospect

As I write this, I am coming to the end of my term as ACC president. The past year was full of activity both on the home front—with the politics of Medicare payment rules, health care reform, our new ACC councils, the PINNACLE Registry™ for ambulatory cardiology, and the need to balance the ACC annual budget in the presence of a major economic downturn—and on the international front, where we added 4 new international chapters and established our international member policy to enable cardiologists around the world to become ACC members.

Politics

We have become famous for our lawsuit against Health and Human Services Secretary Sebelius and the Centers for Medicare and Medicaid Services (CMS). The circumstances and the methodology that CMS used to cut 30% or more from in-office cardiac imaging were flawed at best and egregious at worst. The survey that identified a 40% reduction in cardiology office expenses was wrong, and even the CMS consultants who did the survey told them of the error. The CMS acted on the data although they did not meet its own criteria for accuracy. After many meetings with the CMS staff and leadership and discussion with members of Congress and Secretary Sebelius, it was evident that CMS was going to stick with its decision. We launched a lawsuit to attempt to obtain better information about practice expenses. It was a futile effort, as the federal judge would not review the case. The law states that we must take our grievance first to the agency involved for a formal hearing before using the courts. We have continued to address the issue with individual members of Congress and have found a sponsor, Rep. Charles Gonzalez (D-Texas), who has offered legislation to correct the CMS error. It is a long process to have a bill written, obtain enough sponsors so that it has a chance to be passed, and then place the bill up for a vote. We are waiting for all of this to be accomplished.

We have been meeting with consumer groups to bring our message of quality care, heart disease prevention, and universal access to the public forum. To date, we have received a warm reception, and expect to be working with a number of patient-oriented organizations in the future for both advocacy and improving cardiovascular health.

Finally, our legislative conference was a great success last year. We made over 400 visits to legislators to get our message across. The impact of these communication opportunities is difficult to predict, but it is clear that not communicating leaves us far behind in the health care arena.

ACC Governance

The value of our new ACC councils hit home this year as they clearly demonstrated the power of a group of ACC members focused on their area of interest. The Pediatric and Congenital Heart Disease Council was instrumental in instituting the new Congenital Heart Disease registry, IMPACT, and in presenting the plight of adults with congenital heart disease to Congress. After finding that we were short of information about our member practices, we started the Council on Clinical Practice. We expect this council to provide support for the practice world of cardiology. Members of the council represent



**Alfred A. Bove, MD,
PhD, FACC**
ACC President

It has been a great year, and despite the unfriendly political environment we encountered at CMS, our goals of advocacy for quality patient care, education, and science continued to be our "True North," and we have not wavered.

private practice, hospital, and academic practices. They will be able to obtain practice profile information from all of these practice types to clearly define the issues and operations of these important groups within our membership. Our Board of Governors (BOG) also has stepped up to aid in governance of the College particularly with respect to advocacy. The BOG can quickly reach its constituents in each state to move advocacy issues forward. It has been a great help in getting our advocacy position heard both nationally and at the state level.

Year of the Patient

I focused my efforts this year on bringing patient-centered care to the College operations. This work brought new concepts of patient empowerment and participation to many of the functions of the College. The Patient-Centered Care Work Group led by Mary Norine Walsh, MD, created a number of policies and documents for patients. The highlight of the effort was our CardioSmart community health fair, held on the Saturday of the ACC.10 meeting in Atlanta. The Patient-Centered Care Work Group was made into a formal committee by the Board of Trustees at the summer meeting. This commitment to patient-centered approaches to cardiovascular care has resonated with the consumer groups we have met. I envision a continued patient education approach from the chapters, which can provide high-quality patient education opportunities in each state.

International Activities

Several years ago, I chaired a work group to establish a long-term policy for our international members, and to expand our relations with heart associations in other countries. The plan focused on the development of inter-

national chapters that supported a new International Council. The past year saw the formation of 4 new international chapters (Malaysia, England, Brazil, and China). A number of other countries have begun the process of becoming ACC international chapters. We sent ACC members from the U.S. around the world to participate in joint symposia in other countries, and we organized 15 joint International Symposia for ACC.10. The relations that have evolved from our efforts to visit the international chapters have increased recognition of the ACC as a truly international organization.

Finally, we, like many other organizations, experienced an impact from the economic downturn. Despite a reduction in income and a reduction in the value of our investments, we ended the year in the black after a significant amount of belt tightening by everyone at the College. Our investment portfolio recovered to maintain our stable financial position.

It has been a great year, and despite the unfriendly political environment we encountered at CMS, our goals of advocacy for quality patient care, education, and science continued to be our "True North," and we have not wavered. Our excellent new president, Ralph Brindis, is committed to continuing these goals, and I look forward to continuing to work with him and with all of you to advance them.

Address correspondence to:

Alfred A. Bove, MD, PhD, FACC
American College of Cardiology
2400 N Street NW
Washington, DC 20037