Determining what is cost-effective quality care. What is the most cost-effective management of patients after acute myocardial infarction? Should all such patients undergo catheterization? Should noninvasive tests be used to determine candidates for catheterization? If so, which noninvasive test is best? Unfortunately, at this time, there are no uniformly accepted answers to these questions. Each of us arrives at our answers based on our continuing education, experience and what we perceive to be best for that individual patient. Our choices, however, are increasingly restricted.

Concern with cost has become the driving force behind health policy, and will continue to do so for the foreseeable future. Reimbursement decisions and policies by those controlling the purse strings are based primarily on cost containment and hope; hope that these reimbursement decisions will reduce costs by eliminating "inefficiency," while maintaining access and quality. At present, our profession is being asked to determine what is "efficient" and what is quality care, and nowhere is the challenge greater than in the cardiovascular area with its high volume, high cost technology. I suspect that there are few of us willing to see others assume this role, yet we currently are ill-prepared to fulfill this task. We can, by consensus, generally arrive at what we believe is quality care, but frequently disagree as to what is the most efficient or cost-effective care of a particular problem.

Fortunately, we do have powerful tools with which to attack our problems. As is evident from this Symposium, clinical decision modeling can provide us with data on cost effectiveness with which to approach health policy decision-makers and reimbursers. Costly procedures need to be justified or replaced by less costly alternatives based on scientific data rather than our impressions or someone's desire to reduce costs.

Role of the American College of Cardiology in the use of decision modeling. The American College of Cardiology long has been involved in ensuring quality cardiovascular care. Through our Committees on Technology Assessment, Medical Devices, Cardiac Pacemakers, Electrophysiology/Electrocardiography, Echocardiography and Cardiovascular Imaging as well as our Joint American College of Cardiology/American Heart Association Task Force on Cardiovascular Procedures and Bethesda conferences, issues of quality care have been addressed. Our Government Relations Committee and, recently formed, Private Sector Relations and Economics of Health Care Delivery Committees have and will continue to work with regulatory agencies and third party carriers regarding quality of care issues. Yet, it became apparent that our opinions expressed without supporting data were increasingly challenged, particularly in the area of cost-effective cardiovascular care. Thus, under the leadership of Dr. Suzanne Knoebel and our Cardiovascular Norms Committee, we have been actively involved in the development of cost-effective strategies for cardiovascular care, using scientific data derived from decision modeling. The Presidential Address at the Opening Plenary Session of our Annual Scientific Meeting in 1985 was devoted to the importance of decision modeling in protecting high quality care. Our Computer Applications Committee has had an exhibit at several of our Annual Scientific Sessions, demonstrating the use of decision modeling in clinical practice. We are currently considering how to best increase our activities in the area because we see decision modeling as the means for obtaining the information needed to protect high quality cost-effective cardiovascular care.

Questions for the future. There may however, be significant impediments to the general and effective application of these techniques. Is the necessary patient data base available? If not, can it be obtained? Can we develop the infrastructure to produce the data? Can we use the data to affect health policy? These impediments are not insurmountable. Many of the leaders in decision modeling have participated...
in this meeting, and their expertise and enthusiasm are evident. Organizations such as the American College of Cardiology can bring together those with the expertise and those with the necessary data to facilitate the development of scientifically based cost-effective strategies. Such organizations, through their previously established relations with those determining health policy, can then use this information to attain what we all desire: high quality cost-effective care. The American College of Cardiology looks forward to its continued role as an active participant in this endeavor.