Notes From the American College of Cardiology Board of Governors Meeting

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What's in store for the House of Cardiology in 2014? Little more needs to be said about the rollout of the Patient Protection and Affordable Care Act, which will no doubt provide opportunities and challenges for cardiologists and our patients. Repeal of the Sustainable Growth Rate (SGR) remains a top advocacy issue for the American College of Cardiology (ACC), as are preservation of in-office ancillary services, tort reform, and funding for the National Institutes of Health (NIH). Not too much new here. The Board of Governors has wrestled with how to approach the scope of practice controversy, wondered if private practice is really dead, pondered how to manage "big data", and debated the utility of Maintenance of Certification (MOC). Let's take a look at the American Board of Internal Medicine's (ABIM) new approach to certification for cardiovascular physicians.

The ABIM has implemented major changes in the process for certification beginning January 1, 2014. These changes apply to *all* certified cardiologists, including those previously "grandfathered" out of recertification exams. Details of the program are available at www.moc2014.abim and CardioSource.org/MOC.

March 31, 2014 is the deadline for enrolling in MOC. The ABIM will begin reporting whether physicians are meeting MOC requirements after that date. On December 31, 2015, cardiologists must have earned 100 MOC points and completed the ABIM's new patient safety and patient survey requirement. Note that a proctored examination will be required every 10 years for everyone. No "grandfathers."

Why is the ABIM changing the MOC program? The ABIM believes continuous MOC will ensure that cardiologists stay up to date with the latest science and best practices. David May, chair of the Board of Governors, has argued that "MOC is not for us but for our patients, the secure examination a perhaps flawed but reassuring measure of our competence for the real customer here…our patients and their families that trust us with their very lives."

Lloyd and O'Gara[1] note that there has been considerable debate over the value of this process. A majority of cardiologists do not believe that the benefits outweigh the cost and effort. Less than 1% of the grandfathered physicians have taken the recertification examination. Most agree that lifelong learning is useful, but have concerns about the validity of the MOC process and its cost burden. Is the required proctored examination an accurate measure of competence that improves the quality of care? There is little evidence to support this notion.

Fortunately, the ACC is committed to helping members navigate the new changes. An update has been published in *Journal of the American College of Cardiology*[2] and there is an online resource center on CardioSource. The ACC's new online Lifelong Learning Porfolio is designed to help members achieve MOC requirements whereas minimizing the discomforts of doing so. ACC leaders are committed to working with the ABIM to make MOC a relevant, efficient, and effective means of improving patient care. ■

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Who Should Be at the Helm? A Discussion on Team-based Care

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Team-based care (TBC) has been gaining momentum in the medical community although many health care professionals have been practicing in TBC practice settings for many years. Many changes are already occurring due to the Patient Protection and Affordable Care Act (ACA). TBC is more important now than ever to provide safe, cost-effective, and timely patient care. This discussion will highlight how TBC is best utilized in different clinical settings and how teams are led by situational leaders based on the acuity and needs of the patient.

Much debate has occurred over what encompasses a team and who should be the team leader. In 2013, many heated discussions focused on TBC including an article by John Iglehart published by the *New England Journal of Medicine* that highlighted nurse practitioner practice in the United States.[1] The article discussed the Institute of Medicine (IOM) report on the future of nursing and implementation and barriers to nurses' increasing autonomy. Iglehart described the physician as the captain and discussed a traditional hierarchical approach to TBC. In order to have effective teams, health care leaders and law makers will need to modify the patriarchal, hierarchical approach to caring for patients. Evolution is required in health care culture to shift the focus back to patients being at the center of care, embraced by a care team. This would be better accomplished by the utilization of the situational leader, who could be a registered nurse, physician, nurse practitioner, dietitian, physician assistant, or pharmacist, depending on acuity, the needs of the patient, and the resources available.[2] A Letter to the Editor in response to a series of letters triggered by Iglehart suggested a similar theme presented here. R. Scott Braithwaite suggested classifying services according to relevance based on evidence-based protocols.[3] This idea lends itself to the situational leader.

The IOM report is clear that nurses should practice to the full extent of their education and training and should, therefore, achieve higher levels of education and training.[4] Advanced practice nurses have excellent outcome data showing safety and quality in many