News From the California Chapter of The American College of Cardiology

Norman E. Lepor, MD, FACC, FAHA, FSCAI

President, California Chapter of the American College of Cardiology; David Geffen School of Medicine at UCLA and Cedars-Sinai Medical Center, Los Angeles, CA, and Westside Medical Associates of Los Angeles, Beverly Hills, CA

[Rev Cardiovasc Med. 2015;16(4):253-254 doi: 10.3909/ricm16-4CAACC]

© 2016 MedReviews[®], LLC

S ince our last publication, ICD-10 came ashore and, just like most hurricanes, did not arrive with the force that was predicted. There were winners, though—all those companies and consulting firms that benefited from the panic!

One storm due to come ashore in 2018 that will have greater negative force than forecast is the modifications to physician reimbursement that will be the price for jettisoning the Sustainable Growth Reduction, otherwise known as SGR. Be careful what you wish for-I predict models of care will be proposed and enacted that will continue to erode the patient-doctor relationship, patient access to care, and our ability as highly trained physicians to determine care for our patients. Incentives change from "fee for service" to "fee for no service." I need to be convinced that patients benefit from a system that provides a negative incentive for care and, at the same time, leaves physicians

more exposed to liability claims. The continued apathy of physicians and their lack of engagement in the political process-with their effort or their dollars-will, I predict, continue to impair our ability to manage our patients to the best of our abilities. Those of us who have moved out of private practice into vertically oriented practice models should feel immune to the impact of decisions that more and more are being made for us and not by us. It is time for us to commit our time so that our patients get the best care possible and not care that is just "good enough." Advocacy at the state level has its greatest impact. In California, we have had an impact on some key issues, including Scope of Practice, malpractice "reform," physician drug testing, access to advanced imaging in an office setting, and Medicare reimbursement.

In California, we have engaged our membership in a more intense way with our goal to provide *greater member value*. Many of our newly initiated activities were developed with crossover benefits that not only increase member value and engagement, but also impact population health, purposeful education, and transformation of care. We are particularly proud of our state-wide valvular heart disease initiative, CalValve.

Member Value and Engagement

We have revamped our committee structure to focus on key issues that are relevant to our membership. We have also reached out to CA ACC members from around the state who have reputations for being "doers," but who were not yet involved as committee members, and engaged them into the committees. We have developed a Certification and Licensure Committee in response to the angst of cardiologists in California to focus on state issues, and we have developed a Quality of Care Committee to focus on gaps in care that negatively impact patient outcomes. The Technology Committee will look at how we can provide resources to our membership on a wide variety of technologies, ranging from electronic medical records to biosensors, and how to implement these technologies into practice.

Population Health

CalValve is a state-wide initiative that has two key missions:

- To educate patients in California at risk for valvular heart disease so they can make better decisions about their care, including symptom recognition and options for care; and
- To provide peer-to-peer education for Fellows of the American

College of Cardiology (FACCs) in California that have received an educational training update on valvular heart disease and present to other cardiologists and primary care providers around the state.

We have identified over 141 FACCs in California that have been engaged as CalValve-certified experts. The CalValve program will begin its first phase focusing on aortic stenosis. We anticipate future opportunities that will include the disease state of mitral insufficiency.

Purposeful Education

The CA ACC self-develops or partners in the development of many educational events. We recently partnered with the Cedars-Sinai Heart Institute to provide their Cardiology Grand Rounds Program via the CA ACC website to expand the reach of their excellent programs.

Transformation of Care

Utilizing the dozens of educational outlets with whom we partner, we aim to increase awareness of Appropriate Use Criteria and Guidelines to enhance the efficacy and efficiency of care we provide our patients. Through our advocacy efforts with our state legislators and with payers, we look to improve the access patients have to proven therapies and diagnostics that improve outcomes and leave decisions on healthcare delivery between the patient and treating physicians.