



Transforming Cardiovascular Care



Cardiologists and other healthcare professionals are inundated with more information than ever, are facing changes in reimbursement and practice patterns and are undertaking more administrative/nonclinical duties.

Richard A. Chazal, MD, FACC, of Lee Memorial Health System in Fort Myers, Fla., acknowledged these issues and more in an editorial published online in the *Journal of the American College of Cardiology* on April 13.

Still, Chazal wrote that cardiologists should not forget the American College of Cardiology (ACC) mission statement: “transform cardiovascular care and improve heart health.”

Chazal, who [assumed](#) the role as the ACC’s President earlier this month, noted that advances in diagnostics and therapeutics have led to treatments in heart failure, managing hyperlipidemia and hypertension and extending lives for patients who used to not respond to treatments.

He added that the ACC has more an international presence than ever before with hospitals and practices in China, Mexico, Brazil and Saudi Arabia participating in National Cardiovascular Data Registry initiatives. In addition, nearly 60 percent of submissions to the *Journal of the American College of Cardiology* come from outside the U.S.

Physicians are learning in a different way, too, with more of an emphasis on online learning, mobile applications and smaller meetings. Cardiologists are also treating older patients and more patients with comorbid conditions and significant cardiovascular risk factors such as obesity, diabetes, hypertension and high cholesterol. In addition, they are working and communicating more with nurses, nurse practitioners, physician assistants, cardiovascular administrators, pharmacists and emergency medical personnel.

More changes are coming, as well, according to Chazal. He mentioned that the Medicare and CHIP Reauthorization Act of 2015 (MACRA) “has the potential to have a bigger effect on U.S. health care than the 1965 creation of the Medicare and Medicaid programs themselves.”

Under MACRA, which [repealed](#) the sustainable growth rate formula, physicians treating Medicare patients will now operate under a value-based system instead of a volume-based system. Although the details of MACRA have not been finalized, Chazal expects other payers to follow suit and adopt more of a value-based system.

“In a changing environment where some will embrace and leverage change (and flourish), others may find the challenges overwhelming,” Chazal wrote. “It is my belief that the best and the brightest are also most likely to be those flexible and adaptable enough to find great success (professionally and personally) in this environment. Further, the move toward a value-based system presents the potential for a better model than one

based solely on volume without heed to demonstrable quality. Those well-educated, dedicated physicians and team members who are practicing evidence-based medicine in a cost-effective manner will likely (and hopefully) be the same persons who best succeed moving forward. Implementation of change is going to be difficult and the transition fraught with anxiety—but few real accomplishments are achieved without angst.”

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