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Value in Cardiology

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Is value in cardiology well understood?

When we consider value we are focused on improving quality and lowering costs. In cardiology we have a long history in the development and implementation of quality measures. The American College of Cardiology (ACC) has been a leader in the development of quality measures, practice guidelines and appropriate use criteria. On the cost side there are opportunities where we can reduce costs by improving the coordination of care, decreasing redundancy in testing, and eliminating unnecessary emergency room visits and hospitalisations. The American College of Cardiology has developed a series of programmes and tools to help cardiologists be successful in providing high-value cardiovascular care for their patients such as those with heart failure.

How is the American College of Cardiology assisting cardiologists to transition to this new payment model?

In the United States, the Medicare Access and CHIP Reauthorization Act (MACRA), which replaces the Sustainable Growth Rate (SGR), is being implemented in 2017. The ACC has been focused on educating physicians about MACRA including its various components. This includes working with physicians and practice managers in all types of practice settings, from academic medical centres to rural solo practioners on how to leverage the entire care team to improve quality and lower costs. The use of tools, such as appropriate use criteria, can help guide the decision-making for ordering stress tests to referring patients for cardiac catheterisation and percutaneous coronary intervention (PCI). The use of shared decision making tools is also encouraged to engage patients in thinking through what care path is the best for them.

How can a cardiology team best promote and support value-based care?

Many cardiology practices have a combination of medical assistants, nurses, nurse practitioners, physician assistants as well as physicians working in the office setting. The goal is to leverage the abilities of each member of the team and have them work at the top of their licence. In certain office settings, such as heart failure clinics, nurse practitioners work very closely in collaboration with a heart failure physician in a way that leverages the expertise of a physician and maximises the abilities of the nurse practitioners. It is an efficient way for more patients to access providers with specific expertise. In addition to improving access, these specialty clinics improve coordination of care for patients who often see other specialists along with their primary care physician.

What is the background for appropriate use criteria in cardiology?

The ACC has 8 inpatient registries (cvquality.acc.org/NCDR-Home/Registries.aspx), including the CathPCI Registry®. These registries allow data collection, and feedback to physicians on the appropriateness of the test or procedure as well as the outcomes. For example, the CathPCI® registry allows physicians to not only evaluate appropriate use but also the 30 day outcomes of those patients both in terms of survival and complications. Then in the PINNACLE Registry®, the outpatient registry, we can follow those patients longitudinally. We can track quality outcomes that are not just process measures, but are clinical outcomes for patients over time within the registries.

Is the ACC involved in developing patient-centered outcome measures?

The ACC participates in many of the committees of the National Quality Forum (NQF), where quality measures are reviewed to be used in by both governmental and commercial payers. The ACC also participates in a core measure collaborative with the Centers for Medicare Services (CMS) and America's Health Insurance Plans (AHIP) in the development of a core cardiovascular quality measure set. The first core cardiovascular measure set was published last year and plans are to convene this workgroup next month to continue this work

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