



ACE Advisor

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What does Accreditation Mean on a Practical Level for the Cardiology Service Line?

A Message from Our CMO by Bonnie H. Weiner, MD, MSEC, MBA, MSCAI, FACC, ACE Chief Medical Officer

For the first time ever, cardiac catheterization laboratories have quality metrics that confirm the value of achieving full ACE accreditation for Cath/PCI programs. Three studies presented at the 2015 SCAI Scientific Sessions in May, 2015, validate the diverse benefits of ACE accreditation for cardiac catheterization laboratories, clinicians, and patients.¹⁻³



But what does accreditation mean on a practical level to cardiac catheterization laboratory administrators, regulators, payers, and other stakeholders? In addition to providing credible data, these studies provide important guidance that ACE-accredited facilities are significantly more likely than non-accredited centers to meet nationally established standards for multiple structural, process-related, and procedural domains.

Better Case-Level Quality Outcomes

To identify potential performance differences between facility types, we compared case data from 1728 patients at 24 ACE-accredited facilities to data from 445 patients treated at 4 facilities that did not initially meet the rigorous standards for ACE accreditation.

The analysis found statistically significant differences across multiple performance domains, proving that ACE-accredited facilities are delivering high quality cardiac care

that is more likely to be consistent with national standards of cardiovascular excellence.

These studies determined that, at the case level, variables such as indications for the procedure, angiographic quality, and procedural performance metrics including lesion success and complications differentiate procedures performed at ACE-accredited cardiac catheterization laboratories from those performed in non-accredited facilities.

Confirmed Value

The second study examined the perceived value of ACE accreditation at 41 cardiac catheterization laboratories that had undergone ACE review. According to survey results, the ACE accreditation value proposition affects the entire cardiac catheterization laboratory, from enhanced patient safety; to improved staff confidence and morale; to marketing and community outreach.

Most facilities reported pride in achieving ACE accreditation, with 86% of ACE-accredited facilities reporting that they incorporated their accreditation status into their marketing efforts. The observed changes in quality, safety, and morale were attributed to the ACE accreditation process.

Improved Structural and Process Factors

The third analysis compared 24 ACE-accredited facilities to 4 facilities that did not initially meet the rigorous standards for ACE accreditation. All facilities that apply to ACE, whether they initially obtain accreditation or not, receive continued coaching by the ACE team, to continue moving them forward on their quality journey.

These findings indicated that metrics such as focus on leadership, staff training and experience, documentation, and the presence of an internal quality program are critical for meeting national quality standards and achieving ACE accreditation.

Summary

In today's increasingly competitive healthcare industry, cardiac catheterization laboratories must find practical strategies to differentiate themselves while upholding the highest standards of patient care. We now have data that support the value of ACE accreditation as an evidence-based tool for demonstrating cardiovascular care excellence.

Co-investigators on the studies:

- Gregory J. Dehmer MD, MSCAI, MACC (Texas A&M University College of Medicine)
- Ralph G. Brindis MD, MPH, FSCAI, MACC (University of California, San Francisco)
- Charles E. Chambers MD, FSCAI, FACC (Penn State Hershey Medical Center)
- Mary E. Heisler RN (ACE)
- Christopher J. White MD, MSCAI, FACC (Ochsner Medical Center - New Orleans).

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1. Weiner BH, et al. What structure and process characteristics identify ACE-accredited catheterization laboratories? Presented at the 2015 SCAI Scientific Sessions. May 6-9, 2015; San Diego, CA. Abstract 13849.
 2. Weiner BH, et al. What outcome characteristics identify ACE-accredited catheterization laboratories? Presented at the 2015 SCAI Scientific Sessions. May 6-9, 2015; San Diego, CA. Abstract 13862.

More Changes at ACE: New Standards and Comprehensive Guidelines

By Mary Heisler, RN, BA, ACE Executive Director

In July, 2013, ACE published updated standards for cardiac intervention procedures to align with the published 2012 clinical competency document for PCI which included information on physician training, clinical competency criteria the updated expert consensus.

ACE hasn't stopped since.

The New PVI Standards were launched by ACE to broaden its accreditation and quality review services in November, 2014. To follow, along with our current accreditation programs in Carotid Artery Stenting, Diagnostic Catheterization and PCI, we announced new accreditation and external quality review services for EP and ICD Accreditation in May, 2015. The EP and ICD standards are a comprehensive review of interventional procedures in patients and adults with heart rhythm disorders. ACE's most recent launch was new standards for Congenital Heart Disease, launched in June, 2015. Expect to see standards for Transvalvular Therapies in early 2016.



2015 has seen many changes at ACE, but one our most difficult changes is still ahead. It is with great personal regret but warm wishes that I announce the retirement of Marcia Schallehn. Interventional cardiology will not be the same without Marcia; her departure marks the end of an era for ACE, cardiac catheterization laboratories, and the medical device business. In her career, Marcia mentored many people, and we are all very grateful for her vision, commitment and expertise. We wish Marcia well in her next great adventure.

Taking the Politics Out of the Review Process

By Sheree Schroeder, MSN, RN, RDCS, FASE
ACE Director, Quality Review Programs

Our clients realize and appreciate the value of partnering with ACE for their external expert quality review services. One client said it best: "ACE takes the politics out of the review process for us". Another shared, "This is the best insurance policy we could possibly purchase".

ACE is able to custom tailor our reviews to meet the needs of our clients. We offer our standard review with attention to AUC, overall quality, technique and outcomes. Also

available is Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE) Services. Many clients turn to us for review services on non-invasive and invasive cardiovascular procedures. As one client stated, "We don't have the needed expertise on campus, so we turned to ACE to provide it".



Interventional Cardiology remains under great scrutiny from our payers. To mitigate risk, ACE recommends that cardiac catheterization laboratories implement structured reporting and design cath lab reports as a "Stand Alone Documents", to include the patient's cardiovascular H&P, clinical risk and components of the AUC score for diagnostic cases and revascularization, which also addresses medical necessity. A great reference document is the [2014 Health Policy Statement on Structured Reporting for the Cardiac Catheterization](#).

External random case Quality Review can provide your cardiac catheterization laboratory an unbiased expert angiographic review with recommendations on how to improve overall quality. Contact us for assistance in assessing and improving your cardiovascular services.

Visit ACE at Upcoming Meetings in Cardiovascular Medicine

As in previous years, ACE will participate in major cardiovascular meetings taking place over the next several months. Each of these meetings focuses on achieving optimal patient outcomes in a healthcare environment increasingly driven by cost as well as quality. Be sure to follow our meeting coverage on Twitter ([@ACE_CVEXCEL](#)) and stop by the ACE booth at each meeting for the most current information on quality sessions. ACE looks forward to seeing you there!

TCT 2015

The world's largest meeting specializing in interventional cardiovascular medicine, [Transcatheter Cardiovascular Therapeutics \(TCT\) 2015](#) will take place October 11-15, 2015 at the Moscone Center in San Francisco, California. The meeting, sponsored by the Cardiovascular Research Foundation (CRF), provides the latest evidence-based data affecting the practice of interventional cardiology and endovascular medicine. Session highlights include:

Saturday, October 10

- 12:00-6:00 pm: Cardiovascular Professionals (CVP) Course: 24th Annual Cardiovascular Nurse and Technologist Symposium, Part 1 - Registered Cardiovascular Invasive Specialists (RCIS) Review Course

Sunday, October 11

- 8:00 am - 12:00 pm: SCAI Cath Lab Boot Camp at TCT 2015

- 9:20-10:40 am: Session II. Cath Lab Quality
 - 9:35 am: ACE and Quality: Is It Worth It for My Lab? Bonnie Weiner, MD
- 10:40 am - 12:00 pm: Session III. Cath Lab Economics
- 8:00 am - 5:50 pm: Cardiovascular Professionals (CVP) Course: 24th Annual Cardiovascular Nurse and Technologist Symposium, Part 2

Wednesday, October 14

- 1:00-2:00 pm: Hot Topic Lunch: Fellows Session 1: PCI Year-in-Review
 - 1:12-1:20 pm: ACS/PCI Guidelines and AUC Update: Hitting the Highlights

Thursday, October 15

- 1:00-2:00 pm: Early Career Development for the New Interventionalist
 - 1:15-1:23 pm: Understanding Quality: What Kind of QI Should I Look for in Practice?
- 2:00-6:10 pm: Didactic Symposia: The Left Main and Bifurcation Summit, Part 2: Left Main Intervention
 - 2:26-2:34 pm: Who Should Undergo LM PCI Today? US and EU Guidelines and AUC Review

Vascular Interventional Advances (VIVA)

The [Vascular Interventional Advances \(VIVA\) meeting](#) (November 2-5, 2015, at the Wynn Las Vegas in Las Vegas, Nevada) will present timely updates on the care of patients with vascular disease for a multidisciplinary audience of interventional cardiologists, vascular surgeons, and vascular medicine specialists. Session highlights include:

Tuesday, November 3

- 1:30-3:10 pm: SCAI @ VIVA

Wednesday, November 4

- 9:05-9:55 am: Increasing Safety During Peripheral Vascular Interventions

Be sure to visit the ACE exhibit at Booth #7 in the VIVA Exhibit Pavilion!

2016 CV Summit

The American College of Cardiology's [2016 Cardiovascular Summit: Solutions for Thriving in a Time of Change](#) will take place February 18-20, 2016, at the Cosmopolitan Hotel in Las Vegas, Nevada. Intended for physicians of all clinical focus specialties within cardiology regardless of practice setting, the CV Summit will feature small group workshops and utilize dynamic teaching methods to help practitioners achieve operational excellence and financial success while improving high-quality, patient-centered, cost-efficient care.

NCDR 2016

The [National Cardiovascular Data Registry \(NCDR\) Annual Conference](#) is scheduled for March 31 - April 1, 2016, in Chicago, Illinois. Geared toward an audience of registry professionals, quality experts, cardiovascular administrators and practicing physicians, the NCDR 2016 program features registry-specific education focused on data collection skills for increased accuracy, as well as ideas and best practices for achievable quality improvement projects.

Cardiovascular Professional Memberships at SCAI

By Eric Grammer, SCAI

In early 2015, the Society for Cardiovascular Angiography and Interventions (SCAI) opened its professional membership to the whole cath lab team including nurses, technologists, managers and administrative directors. Nearly 200 of these Cardiovascular Professional (CVP) Members have already joined.



Benefits include the following:

- Access to quality tools and guidelines for the cath lab team;
- Tuition discounts for SCAI educational programs and products;
- Educational offerings with CE credits for all member categories;
- Online subscription to Catheterization & Cardiovascular Interventions (CCI); and
- Participation in SCAI committees and initiatives.

In many ways SCAI has already been serving the needs of CVP. Featuring a Heart-Team Approach throughout SCAI 2014 and SCAI 2015, SCAI attracted record attendance by CVPs both years and is looking to do the same in Orlando at SCAI 2016 on May 4-7. The participation of cath lab administrators in SCAI's Quality Improvement Toolkit and Cath Lab Leadership Bootcamp programs have been overwhelming and instrumental to their success. No other group matches the society's advocacy efforts strictly on behalf of the whole cath lab team.

Membership is available for individuals and entire cath lab teams. To learn more about SCAI CVP membership, along with group discounts, please [click here](#)!

CathPCI Physician Dashboard: A Physician-Centric Tool for Improving CV Care

By Ralph Brindis, MD, MPH, NCDR Sr. Medical Advisor and an ACC past president



The ACC's CathPCI Registry Physician Dashboard is a confidential web portal that allows invasive and interventional clinicians to take advantage of their own registry data to track and improve the quality of patient care. The dashboard allows physicians to privately view their registry data, gauging performance on over 40 metrics including appropriateness of percutaneous coronary interventions (PCIs), volume of cases treated, observed and expected mortality, door-to-balloon times and vascular complications. It also allows comparisons to other CathPCI Registry physicians in aggregate. In addition to raising awareness of performance, the dashboard can also help physicians earn Maintenance of Certification Part IV credit.

The dashboard is truly physician-centric. If the clinician performs cath procedures at more than one NCDR facility, the dashboard offers both individual MD facility data as well as aggregate MD data from all their cath facilities. Aggregate physician data may be of particular value as an advocacy adjunct for the physician in meeting certification needs, maintaining hospital privileges and answering payer demands for clinician data requests. The dashboard offers you, the clinician, an additional avenue to assess and assure the quality of your own cath lab data being collected - of particular value in hospital systems where ready access to your own performance may have been impeded by the local hospital environment.

I have seen a powerful example of a clinician's personal NCDR reports used successfully in defense of unjustified hospital accusations of incompetent care. The presentation of the benchmarked 40 quality metrics of this physician, as compared with his local and national peers, easily surpassed the impact of any personal testimonials or diatribes brought for or against the doctor in this particular clinician's situation.

With the changes now occurring in the health care system, particularly surrounding accountability for clinical outcomes and for our appropriateness of care and resource utilization - physician access to their own benchmarked performance measures, appropriate use criteria and utilization metrics offers an interactive, proactive opportunity to assess an individual's own practice style.

I encourage my FACC colleagues to explore this underappreciated and underutilized, free member benefit that is easily accessible through the ACC.org website.

How to log into the dashboard:

1. Log into ACC.org using your ACC membership credentials (formerly your CardioSource.org credentials)
2. Click on *My ACC* in the navigation bar to expand the drop down menu
3. Select *NCDR Physician Dashboard* from the menu
 1. If this is your first time using the dashboard, you may need to validate your national provider identifier (NPI). Follow the link provided to update your NPI within the member profile on ACC.org.

More information and instructions can be found at ACC.org/PhysicianDashboard.

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