



ACE Advisor

Issue: #2

Spring 2014

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"Peer review is our key to being the best physicians we can be, improving our performance, quality and outcomes. The question is: are you performing well?"
Joseph D. Babb, MD, FSCAI

Upcoming Events

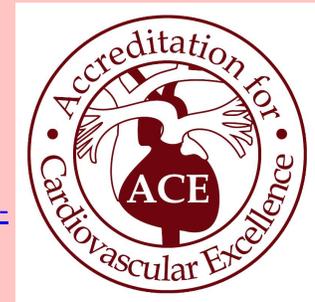


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A Message from Our CMO

By Bonnie Weiner, MD

So much has happened at ACE since our inaugural issue of the ACE Advisor. The entire [ACE Accreditation Video Series](#) is now available on the ACE website, including first-hand accounts from physicians whose programs have benefitted from ACE Cath Lab Accreditation. We are also pleased to announce that [ACE awarded its first re-Accreditation](#) to [Bon Secours St. Francis Health System](#) in Greenville, South Carolina. Please join us in congratulating Bon Secours for their ongoing commitment to quality care for their patients.



The new year also brought some important recognition to ACE from the Commonwealth of Pennsylvania. The Commonwealth [has singled out ACE standards](#) as the benchmark for cardiac catheterization lab facilities seeking a waiver from state regulation to provide elective PCI services without onsite open heart surgery.

Finally, the next time you visit our website, you'll find a new section describing [ACE's Quality Review](#) -- a collaborative success-focused approach that engages everyone on the team in achieving lasting positive changes in the cath lab. A win-win for all parties involved is now a realistic goal in the Quality arena.

ACE's Contribution to Real Value

I would also like to share a few thoughts here about how ACE contributes to the "Real Value" described in a recent editorial by Peter L. Duffy, MD, MMM, FSCAI. The concept has generated much discussion. ACE's Accreditation and Quality Review processes satisfy key components of Dr. Duffy's Real Value formula by going beyond appropriate use criteria to recognize the importance of clinically defined outcomes and patient-expected outcomes relative to cost in determining the value of cardiovascular care. Here are a few examples:

- Dr. Duffy stresses the importance of demonstrating value by "delineating, tracking, and improving our clinically defined outcomes": ACE works with programs during the accreditation process to improve their documentation process[1],[2] in these ways.
- Resource utilization is a "major driver" in Dr. Duffy's Real Value concept. It includes "total resource utilization, encompassing definable dollar outlays, staff and equipment use, and the time



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involved to providing the care" as well as "opportunity cost." ACE works closely with programs throughout the Quality Review and Accreditation processes to address these issues and reduce costs by helping to identify and reduce unnecessary variation.

- Dr. Duffy also raises the questions "How much will we reduce long- and short-term morbidity (future complications) if we perform the procedure?" and "How much will we extend this person's life expectancy with the quality of life he or she expects?" ACE assists programs in answering these questions with a Quality Review process that supports clinicians as they evaluate the potential benefits and risks of PCI based on outcomes data.

It is truly a challenging time for physicians and quality professionals who are under close scrutiny as we strive to both improve patient care and reduce costs. But tools such as Dr. Duffy's Real Value formula can help us focus our efforts on the key areas that can help us meet this challenge. Thank you for your continued support of ACE as we work with our clients to achieve and demonstrate the appropriateness and value of what they do each day.

A video of Dr. Duffy discussing the key points of his paper "Real Value: A Strategy for Interventional Cardiologists to Lead Healthcare Reform," recently e-published in *Catheterization and Cardiovascular Interventions* and a PDF of his paper are available on [SCAI's™ website](#).

[1] Weiner BH, Brindis RG, Chambers CE, Dehmer GJ, White CJ, Simon AW, Wright K, Heisler ME. Accreditation for Cardiovascular Excellence (ACE): First Experience with Process Review s. *Catheterization Cardiovascular Int* S53, 2012

[2] Weiner BH, Brindis RG, Chambers CE, Dehmer GJ, White CJ, Heisler ME. Accreditation for Cardiovascular Excellence (ACE): First Experience with Angiographic Review s. *Catheterization Cardiovascular Int* S57, 2012

Pennsylvania Prescribes ACE Accreditation for CCLs Providing PCI Without Onsite Surgical Backup By Mary Heisler, Executive Director

We are extremely proud to announce that ACE is setting the standard for invasive cardiology quality in Pennsylvania. The Pennsylvania Department of Health has recognized ACE as the Commonwealth's sole provider of accreditation for Pennsylvania CCLs that wish to provide elective PCI services without onsite open-heart surgery programs. The team at ACE has been providing expert guidance to state regulatory departments on standard criteria for cardiac catheterization laboratories since 2010.



ACE accreditation will support the efforts of all Pennsylvania CCL facilities to deliver the highest quality invasive cardiovascular care for their patients. The Commonwealth's new policy states the need "to ensure the delivery of safe, quality healthcare.... to support development of new evolving programs while minimizing risk associated with new technology, newly trained operators and support staff."

The ACE Board of Directors expressed confidence that other states will

follow the lead of the Pennsylvania Department of Health. "The new Pennsylvania standards reflect the latest recommendations on the delivery of safe, quality healthcare," said ACE Chief Medical Officer Bonnie H. Weiner, M.D., MSEC, MBA, FSCAI. "Comparing these cath labs against the standards is a first step toward ensuring that all invasive cardiovascular providers in Pennsylvania will withstand the scrutiny everyone in health care is under," she added.

Pennsylvania CCLs have started to contact ACE, and the team plans to deliver customized programs to help these facilities comply with documentation to meet appropriate use criteria while elevating the performance of the facility and integrating standardized care. These services are part of the broader mission of ACE to focus on vital quality indicators, resulting in cost-effective programs that mitigate risk through the delivery of Accreditation and Quality Review programs. ACE is an independent organization sponsored by SCAI and ACCF. For more information about ACE services, visit <http://www.cvexcel.org>.

[\[1\] The Commonwealth of Pennsylvania's new policy](#)



**AMERICAN
COLLEGE of
CARDIOLOGY**

ACC Quality Improvement for Institutions: Taking NCDR and Quality Improvement to a New Level

**By Kelly LeTard Wiseman,
Senior Specialist, Marketing Communications,
American College of Cardiology**

The trend toward hospital integration has required medical specialty societies, including the American College of Cardiology (ACC), to reach out to hospitals and tailor their offerings to meet the very different needs of the increasing number of members in an integrated environment.

To this end, the ACC launched its new Quality Improvement for Institutions program earlier this year that combines its NCDR clinical data registries and hospital-based quality initiatives like Hospital to Home (H2H), the Door-to-Balloon (D2B) Alliance and Surviving MI, under one umbrella. As part of the program, each member of a participating hospital's cardiac care team has on-demand access to proven quality improvement initiatives and tools that address public reporting, reimbursements, regulations and more.

According to Richard Kovacs, MD, FACC, chair of the ACC's Best Practices in Quality Improvement Subcommittee, the shifting health care landscape, is making quality programs and tools aimed at helping care providers

demonstrate the value of their practices to the hospital system, more effectively adhere to guidelines and best practices at the point of care, and close identified gaps in care delivery increasingly critical.

"The aim of Quality Improvement for Institutions is to provide health care institutions with a comprehensive suite of cardiovascular registries and service solutions that support quality clinical care, deliver improved patient outcomes, and offer national recognition for participating in ACC quality initiatives," he said.

Early feedback on the program has been positive, with more than 200 cardiovascular professionals from NCDR participating hospitals having already activated their Quality Improvement for Institutions accounts. Hospitals are also taking advantage of the specialized Hospital Recognition Kit, which includes a printed certificate of recognition, sample patient newsletter article, press release, social media messages, and other materials, that can be customized to promote participation in this groundbreaking new program.

"Over the coming year, we hope to see these numbers continue to grow as we roll out new programs and tools designed specifically for the hospital-based audience," Kovacs said.

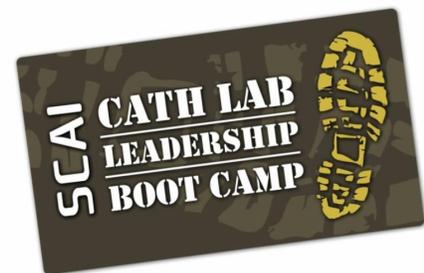
Learn more about the Quality Improvement for Institutions program at CVQuality.acc.org.

The Benefits of Participation:

ACC Quality Improvement for Institutions offers participants unlimited, on-demand access to:

- The ACC's NCDR, offering clinical data capture and national benchmark reporting on catheter-based interventions, ICD implantations, acute coronary syndrome, congenital heart disease and peripheral vascular disease.
- Proven ACC hospital-focused quality initiatives (ie. H2H, the D2B Alliance and Surviving MI).
- Online assessments to help identify gaps in care, programs and tools to implement needed changes, and the ability to monitor progress using NCDR data.
- A multimedia Hospital Recognition Kit to help institutions promote their dedication to advancing quality care.

SCAI Cath Lab Leadership Boot Camp: Where Teams Tackle Quality Together



By Kathy Boyd David, Senior Director, Communications, Development & Strategic Alliances. SCAI - The Society for

Cardiovascular Angiography and Interventions

This spring, the Society for Cardiovascular Angiography and Interventions (SCAI) will host a brand-new program that prepares current and future cath lab leaders to tackle quality in a forum that brings the whole team together.

SCAI's Cath Lab Leadership Boot Camp is an essential educational experience that moves beyond science to the practical issues that cath lab teams face as they strive to improve their practice and deliver optimal patient care.

Boot Camp will be held the mornings of Wednesday, May 28, and Thursday, May 29, during the SCAI 2014 Scientific Sessions at Caesars Palace in Las Vegas, NV. The program was developed by SCAI's Education and Quality Improvement Committees to address the interests of a diverse audience, including cath lab directors and cath lab managers as well as others who comprise the cath lab team.

"We're recommending Boot Camp for all of our clients, whether they are already accredited, just getting started, or somewhere in between, because the program will include physicians and non-physicians both on the faculty and in the audience," said Mary Heisler, RN, executive director of Accreditation for Cardiovascular Excellence (ACE). "In addition to presentations that focus on how to make programs work optimally, the program will include open-mike discussion. I anticipate a lot of pearls of wisdom from speakers and attendees alike."

When boots initially hit the ground on Day 1, the focus will be on the roles of cath lab leaders and on preparing teams to face the challenges that inevitably arise. Discussion will focus on conflict resolution, granting and rescinding cath lab privileges, reporting outcomes to clinical databases, and managing relationships with vendors.

"I think everyone on the cath lab team needs to attend these sessions," said Ms. Heisler. "And I'm especially interested in the conversation that will come out of Dr. Peter Duffy's presentation on defining quality. Across all of our clients, we have seen that an unexpected benefit of accreditation tends to be that the whole team gets really focused on quality. I predict this topic is going to result in knowledge sharing and networking that extends well beyond the days of the meeting."

On Thursday morning, when attendees come back for the second installment of Boot Camp, they'll focus on issues that physicians often face as cath lab directors, including how to deal with outliers and maintaining a productive cath lab. Attendees will address building a team, launching a research program and managing budgets in the current era of cost containment.

Advance Registration is required to attend the Wednesday morning session, [Click here](#)

SCAI 2014 Scientific Sessions registration is required to attend the Thursday session. [Click here](#) to access the SCAI 2014 program and register.

Boot Camp will offer up to 6 CME credit hours for both days, 4 credit hours for attending the Wednesday program and 2 credit hours for

Thursday.

Upcoming Quality Events in Cardiovascular Medicine

By Marcia Schallehn, ACE Director, Strategic Marketing

NCDR AND ACC OFFER THE LATEST IN AUC AND QUALITY INITIATIVES



Later this month in Washington, D.C, **NCDR** (March 27-28 at the Omni Shoreham Hotel) and **ACC** (March 29-31 at the Walter E. Washington Convention Center) will host back to back educational events with sessions on achieving quality in cardiovascular care.

Visit the ACE booth at both meetings for the most current information on quality sessions and to learn how ACE helps healthcare professionals achieve quality in their own organizations.

NCDR Stresses Quality Improvement

Geared toward quality professionals, administrators, and physicians, the [NCDR meeting](#), March 27-28 at the Omni Shoreham Hotel, will focus on using registry data to achieve quality improvement and cost savings. Session highlights include...

Thursday, March 27, 2014

- 3:35 PM:
 - Case Scenarios Using Data Elements Pertaining to AUC Criteria

Friday, March 28, 2014

- 10:35 AM:
 - Using Data to Drive Improvements
 - Building Your Effective Cardiovascular Quality Team
- 2:29 PM:
 - High- and Low-Performing PCI Hospitals in 2013: Insights from Top PCI Hospitals

[An agenda](#) with a complete list of sessions is available at the NCDR website.



ACC Addresses Quality with Special Topics

The theme of quality in cardiovascular care is woven throughout [ACC's 63rd Annual Scientific Session and Expo](#), March 29-31 at the Walter E. Washington Convention Center in Washington D.C. Session planners have recognized quality as a key consideration for physicians and other healthcare professionals under pressure to improve outcomes with reduced costs.

Most quality sessions are found under Special Topics, one of the meeting's 14 learning pathways. The Special Topics pathway includes sessions with a broader focus beyond traditional educational specialties. Quality highlights from this pathway include...

Saturday, March 29, 2014

- 4:45 PM
 - Session 639: Not Just for Coders: How ICD-10 Will Affect Clinicians and the Practice of Medicine

Monday, March 31, 2014

- 8:00 AM
 - Session 684: MOC Part IV: An 8-Step Approach to Involving Your Team in Performance Improvement
- 10:45 AM
 - Session 313 - Team Based Care Models: Are There Successful Models with Quality Data and A Positive Bottom Line

[ACC's eMeeting Planner App](#) and [Online Planner](#) are handy tools for sifting through the long list of sessions offered and planning your schedule.

Ensuring Quality in the Cardiac Cath Lab

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

"Peer review is our key to being the best physicians we can be, improving our performance, quality and outcomes. The question is: are you performing well?"



Joseph D. Babb, MD, FSCAI,
East Carolina Heart Institute, Greenville, NC

In a thought provoking article in [Cath Lab Digest](#) Sheree Schoeder, MSN, RN, RDCS, FASE asks "Who defines quality in the cardiac cath lab?"

Who defines quality in the cardiac cath lab? "The determination of successfully meeting quality metrics in the CCL is complicated and ever-changing. In a pay-for-performance health care model, the insistence of transparency of process and third party validation is an unequivocal reality. Noting that systems of care are increasingly complex, Dr. Babb states, "...it becomes a challenge for all of us to practice at the highest level while keeping up with expert opinion and evidence-based guidelines."

One of the ways to ensure quality in the CCL is to employ external, expert random case peer review, writes Sheree. Proactive peer review can ensure quality and help identify any opportunities for improvement. Quality Review is a system of peer review that relies on standardization and determines quality on angiographic case review utilizing Appropriate Use Criteria (AUC) from the most recent published guidelines.

"Accreditation for Cardiovascular Excellence offers the option for external peer review providing opportunities to look at the CCL for specific issues that need to be addressed," emphasized Charles E. Chambers, MD, FSCAI, Penn State Hershey Medical Center, during the 2013 SCAI Scientific Sessions.

"Being proactive really sits well with external reviewers," stated Ralph G. Brindis, MD, FSCAI, Clinical Professor of Medicine, University of California, San Francisco.

For the complete article, [click here](#).

[i] <http://www.who.int/mediacentre/factsheets/fs310/en/index2.html>, Accessed 12/18/2013.

[ii] Kochanek KD, Xu JQ, Murphy SL, Miniño AM, Kung HC. Deaths: final data for 2009. National vital statistics reports. 2011;60(3).

[iii] Heidenreich PA, Trogon JG, Khavjou OA, et al. Forecasting the future of cardiovascular disease in the United States: a policy statement from the American Heart Association. Circulation. 2011;123:933-44. Epub 2011 Jan 24.

[iv] ACCF/AHA/SCAI 2013 Update of the Clinical Competence Statement on Coronary Artery Interventional Procedures, A Report of the American College of Cardiology Foundation/American Heart Association/American College of Physicians Task Force on Clinical Competence and Training
Harold, JG et al.

[v] IBID.

[vi] IBID.

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