

The Year of the Patient: The BCS and the CA ACC

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While lecturing to students at Harvard Medical School, Boston, Massachusetts, in the fall of 1925, Dr. Francis W. Peabody noted, “. . . the secret of the care of the patient is in caring for the patient.”¹ Peabody’s words have become a paradigm for all physicians, as he personifies the theme of the American College of Cardiology’s (ACC) “Year of the Patient.” This edition of *Reviews in Cardiovascular Medicine* includes editorials that discuss important issues in how we currently deliver patient care and forecast what the future holds for patient care. Alfred A. Bove, MD, PhD, President-elect of the ACC, introduces the Year of the Patient program and will describe his goal of expanding the delivery of patient-centered cardiovascular care across the United States. Gordon Fung, MD, PhD, FACC, the ACC Governor for Northern California, and Jack Lewin, MD, the Chief Executive Officer of the ACC, discuss Health Care Reform and the Year of the Patient.

The ACC has embraced the concept of patient-centered care and its goal to enhance the quality of

health care to a growing population of patients with cardiovascular disease. The College has developed a patient website called CardioSmart, at <http://www.cardiosmart.org>. This patient education site seeks to engage, inform, and empower patients to better prepare them for participation in their own care. The College is committed to providing visitors to the site with accurate, unbiased information on cardiovascular health in an advertising-free environment.

Donald M. Berwick, MD, President and Chief Executive Officer of the Institute for Healthcare Improvement, has defined patient-centered care as “the experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one’s person, circumstances, and relationships in health care.”² The American College of Cardiology’s Quality First Campaign aims to set a new standard for health system reform that is patient-focused and value-based, and that fosters continuous quality and outcomes improvement. The ACC is working to transform health care

from the inside out. Leadership from both the ACC and the American College of Physicians believe that health system reform is essential and imminent, and that the medical community must be at the table for this very important discussion. To be most effective, this involvement must be on a personal level, as you interact with your state and federal representatives, as well as on a societal level. Your ACC chapter can provide the direction and tools to assist in your own personal involvement.

The CA ACC is pleased to report that we have twinned with the British Cardiovascular Society (BCS). The twinning concept pairs ACC chapters with international cardiac societies. The stated goal of the twinning concept is to foster contact and educational exchange between the 2 societies. We look forward to expanding the alliance between the CA ACC and the BCS. A ceremony commemorating the twinning of the CA ACC and the BCS will be held at the 2009 annual meeting of the ACC in Orlando, Florida.

In this issue of *Reviews in Cardiovascular Medicine* we introduce the “BCS Corner,” which will provide an

international perspective on cardiovascular health issues from BCS leadership. The ACC's strategy of fostering more extensive knowledge exchange among cardiovascular professionals around the world will

have a positive impact on the practice of medicine in the United States and will ultimately benefit the patients we serve. We trust that you will enjoy this unique perspective from the United Kingdom. ■

References

1. Peabody F. The care of the patient. *JAMA*. 1927;88:877-882.
2. Berwick DM. What patient-centered care should mean: confessions of an extremist. Paper presented at: American Board of Internal Medicine Foundation 2008 Forum; July 27, 2008; Yountville, CA.

The Future of Care for Patients With Heart Disease

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I have deemed the year of my presidency of the American College of Cardiology (ACC) to be the "Year of the Patient," in order to highlight a process that empowers patients with heart disease to become more effective members of their heart care team. Over the past 50 years, we have seen a substantial reduction in the incidence of death from heart disease, with an astonishing 29% reduction within the past 10 years. This decrease has been attributed to improvements in the prevention and treatment of heart disease through pharmacologic, medical device, and lifestyle interventions.

Care for patients with an ST-elevation myocardial infarction has been advanced enormously by efforts to intervene earlier in the presentation, led in part by the ACC, which established national guidelines for the "door-to-reperfusion time" program. Our understanding of heart failure has improved along with the available drugs and devices, allowing us to develop management guidelines. Who would have thought even 10 years ago that the therapy for valvular disease would advance to

the point at which, in some patients, valves can be repaired or replaced using percutaneous technologies?

We also know that the prevention of manifestations of heart disease has contributed to the reduction in the death rate attributed to cardiovascular disease (CVD). A health care team including physicians and physician extenders can use educational methods to motivate patients to adhere to a CVD prevention program that should lead to improved compliance and better outcomes. The physician needs to assume the role of educator, advisor, and motivator, and the patient's role should be to implement those strategies required to lower CVD risk.

With the increased prevalence of heart disease, owing to an aging population, longer survival of patients with overt heart disease, and limited financial resources for treatment, the development of more efficient methods to enhance the health status of these patients becomes increasingly important. We have learned from the treatment of diabetes and heart failure patients

that a patient-centered care team, including the physician, nurses, nurse practitioners, physician assistants, and pharmacists, can lead to improved outcomes. Diabetes has for many years been managed using home-measured blood glucose tests and prescribed protocols that allow patients to manage their insulin dosing at home. Home heart failure care has replicated this model by allowing a motivated and educated patient to manage his or her fluid status using daily weight measurement and a formula-directed modification of fluid intake and diuretic use. Recent studies in hypertension have found that in-home blood pressure measurement can be a reliable method for assessing hypertension control and motivating the patient to comply with his or her treatment plan. Home monitoring of international normalized ratios in patients on warfarin is becoming increasingly popular, with the patient receiving instruction on warfarin dose modification from a nurse or other member of the heart care team.

Outcome studies of these disorders have shown that patient participation