

as a member of the care team improves stability of the illness, reduces hospitalizations and emergency visits, and decreases overall cost of care.

A "Patient-Centered Care" approach represents a new movement aimed at improving outcomes in a growing population of patients with increased CVD risk and overt CVD. It requires that patients be properly educated about their heart disease so that they understand goals of therapy, expected performance standards

for care, and methods for assessing health status. A critical component of Patient-Centered Care is the need for seamless communication between the patient and the heart care team. An emerging Internet technology called "My Personal Health Record" allows a patient to establish an electronic health record that can be accessed via the Internet, with which physiologic assessments including blood pressure, blood glucose, or daily weight can be recorded, viewed, and transmitted to

selected practice teams for both archival recording and reporting of health status.

As the number of patients with chronic heart disease grows, due to improved care and the increasing age of the population, and with the lack in parallel growth of the medical work force, team care with patient participation will be an essential component of medical practice. The Year of the Patient is our first step toward a commitment to this new practice paradigm. ■

Health Care Reform and the Year of the Patient

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Despite a deepening recession, talks of health care reform are becoming increasingly common. Participating in these discussions are not just policymakers, but policy wonks, special interest groups, and even—occasionally—patients.

However, what physicians and other medical professionals must not forget is the important role that their feedback plays in these discussions. Although it would be considerably easier to stand back and let others call the shots in an overhaul of our health care system, this clearly would not be ideal. Physicians, and particularly cardiovascular professionals, can contribute invaluable knowledge that could positively influence the way our future health care system is structured. One of the most important areas in which the physician community

can work with policymakers to reform the system in a positive and meaningful way is by being a higher profile advocate for the patient.

A Changing Paradigm

The paradigm for providing care is changing: patients are seeking to take an increasingly active role in their care. Patients who are involved and invested in their care and who work with their doctors as equal partners have better outcomes. Patients who are enrolled in outpatient heart failure management programs, which require them to take an active role in managing their cardiovascular disease, have fewer hospital admissions, better quality of life, and lower morbidity than patients who do not participate in their own care.¹ In the current system, however, a recent national

pharmacy benefit management assessment of patients postdischarge for heart failure show that almost half of patients were no longer taking essential medications 6 months out.²

Knowing this, any changes to the health care system must encourage greater participation by patients in the care team to improve quality and value. Payment policies should encourage communication with patients. An informed patient will be more likely to choose care that is high value—meaning not the most expensive or the care that involves the most procedures, but rather the highest quality of care at the most effective cost. At this moment, patients simply do not possess the knowledge they need to choose value-filled care.

In addition, health care reform must involve finding ways to establish and

maintain effective communication and collaboration within and across care teams and care settings. With better coordination between ambulatory and hospital care, readmission rates for cardiovascular diseases will drop—as will the costs associated with these readmissions—and patients will be able to live longer, healthier lives.

Unknowns

Admittedly, there are many unknowns in the patient-centered care concept. For example, many now tout the patient-centered medical home (PCMH) as one solution to better involving patients in their own care. However, this method of providing care is still at the stage of a concept and requires further testing and modification before we can support it as a major part of health care reform. The American College of Cardiology (ACC) is collaborating with the American College of Physicians (ACP) on testing the idea of the PCMH to see if it can meet certain thresholds for improving quality of care and outcomes. In a 2009 report on the state of the nation's health care, the ACP advocates that the current Medicare Medical Home Demonstration, currently limited to 8 states, be expanded to a national pilot program in order to more fully understand the effects of the medical home.³

Yet another unknown area is the use of physician extenders or advanced nurse practitioners to increase the time spent with patients and improve communication. In the area of chronic disease management, almost all major studies investigating the team approach have identified the advanced trained nurse as a

crucial team player in the care of patients with improved outcomes. However, the issues surrounding the role of advanced nurse practitioners are complex, and are made even more difficult because licensing, certification, and definition of the scope of practice are handled at the state level. Again, many issues with this concept need to be resolved before we can present it as a part of a health care reform package.

Moving Forward

The ACC, through its "Year of the Patient" and its chapters' initiatives, is moving forward with efforts to involve patients in their own care by increasing their knowledge of cardiovascular disease. For example, the California Chapter of the ACC launched a series of in-person forums to spread knowledge about cardiovascular health. In the first, Ramin Manshadi, MD, FACC, FSCAI, FAHA, raised awareness about sudden cardiac death (SCD) in athletes, following the death of a teenager to this condition. In the fifth annual Sheila Kar Health Foundation's Valentine's Day Symposium on "Stress and the Heart," more than 400 individuals came to learn about the impact of stress on cardiovascular health.

As ACC President-elect Alfred A. Bove, MD, PhD, FACC, described in his editorial, in March, the ACC will officially kick off its "Year of the Patient," in which the needs of patients will be at the forefront of all of the College's efforts. The theme will resonate throughout national leadership and into our state chapters not only in 2009, but as a long-term theme for the College. Programming

will be held that will strengthen the patient-physician relationship with both short- and long-term strategies.

Supporting the "Year of the Patient" initiative, ACC's "Quality First Blueprint for Reform," which contains the principles the College believes are essential components for health care reform and an action plan to enact these principles, includes patient-centered care and patient empowerment as its focal points. Quality First is the ACC's health care reform campaign, which aims to set a new standard for reform centered on patient value and access to quality care.

Major health care reform requires significant knowledge, research, discussion, collaboration, vision, and strategy. The ACC has set in motion the necessary steps to acquire the knowledge and develop the leadership needed to understand the problems of the current health care system, and the College continues to bring together experts to strategize the steps toward a workable health care reform platform. ■

References

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