

# Heart House: Report From the ACC Leadership Forum and Board of Governors Meeting

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The last weekend of January 2011 afforded those of us on the American College of Cardiology (ACC) Board of Governors (BOG) the opportunity to attend the annual leadership meeting. It is a challenge to describe accurately how quickly the landscape of cardiology is changing in the United States. Even 5 years ago the great majority of us were in private practice, usually in small- to medium-sized groups, and anyone who predicted that the great majority of US cardiologists would be employed by or in a tight affiliation with a large hospital, or in mega-sized groups, would have been looked upon with disbelief. Nonetheless, reality is that by the end of 2011, 50% to 100% of all US cardiologists will be working in those environments. This poses unique challenges to all of us in our patient care and in maintaining the viability of our practices.

Our leadership team, consisting of Ralph Brindis, MD (ACC President), Dick Kovacs, MD (Chair of the BOG),

and their incoming replacements, David Holmes MD, and Thad Waites, MD, are superbly qualified leaders for us in this stormy environment. Their dedication to the tasks ahead and their abilities are exceptional.

All of our leaders addressed the centrality of our missions in the ACC, those of clinical excellence, scientific advancement, education of our members, and devotion to our patients. We know how critically important it is for the public, politicians, and other health care organizations to see us as a profession and not as a guild. Yet, it is frequent that many others view our primary mission as that of a guild, protecting our income and social position.

The tools available for us to use in the PINNACLE Network™ (National Cardiovascular Data Registry®, Washington, DC) are expanding rapidly, and by the end of 2011 will give us an information base of practice quality measures that will be critically important to our work. William Oetgen,

MD, and Brendan Mullen (our staff director of strategic planning) are working tirelessly on the PINNACLE Registry™, the tool that allows us to document within our Electronic Medical Records and report on the quality measures of cardiovascular care that are well known to us. The barriers of time and work flow that have prevented so many of us from participation in this registry in the past are being eliminated rapidly, and the number of patients and cardiologists enrolled in this registry has quadrupled in the past year. It is important to know that we have complete access to the PINNACLE Network (an information and educational tool) without joining the PINNACLE Registry (the reporting and assessment tool).

This brief report can only scratch the surface of what was a superb meeting. We will hear more about the transformation of cardiology practice at the ACC Scientific Session in New Orleans (April 2-5, 2011). ■