American Board of Internal Medicine

Cardiovascular Disease Quality Agenda
Themes and Corresponding Society Activities*

ABMS Standard 18, Development of a Quality Agenda: In collaboration with stakeholder organizations, Member Boards must facilitate the process for developing an agenda for improving the quality of care in their specialties. One area of emphasis must involve eliminating healthcare disparities.

- Member Boards are expected to support a quality agenda in alignment with their specialty-at-large.
- Member Boards must collaborate with key organizations, including specialty societies and other quality organizations, to identify areas in which patient care can be improved, review the areas and define strategies to improve care.

Problem	Drivers	Relevant Society Strategies
AIM 1: Empower patients with cardiovascular disease.		

Cardiac patients often grapple with anxiety and depression following a cardiac-related diagnosis. This can be compounded by a change in their quality of life and a lack of understanding about their health needs.	• Patient-centered care
	• Shared decision-making
	• Ensure patients have access to physician-approved/supported patient education resources in a variety of languages, including after visit summaries.
	• Improved access to "wraparound" and social support resources including a better partnership with end-of-life training in cardiology
	• Availability and access to mental health resources
		• ACC works to enhance the cardiovascular disease patient experience through efforts such as:
		  • **Providing accessible patient education:** Offering comprehensive, topic-based educational content through on-line resources such as CardioSmart.org to help patients better understand their cardiovascular conditions and care and UpBeat for arrhythmia care.
		  • **Developing shared decision-making tools:** Creating decision aids for conditions such as atrial fibrillation (stroke prevention), aortic stenosis and heart failure to help elicit patient preferences and support informed choices.
		  • **Supporting patient–clinician communication:** Using CardioSmart infographics to facilitate clearer discussions around diagnosis and treatment options.
		  • **Expanding mental health resources:** Developing content focused on mental health and well-being.
		• The American Heart Association PREVENT™ Online Calculator
		• Examining the effectiveness of psychosocial interventions for patients with a cardiac implantable electronic device: A systematic review and meta-analysis
		• Measuring ICD shock anxiety: Status update on the Florida Shock Anxiety Scale after over a decade of use
		• General and Disease-Specific Psychosocial Adjustment in Patients With Arrhythmogenic Right Ventricular

		Dysplasia/Cardiomyopathy With Implantable Cardioverter Defibrillators: A Large Cohort Study
Problem	**Drivers**	**Relevant Society Strategies**
AIM 2: Improve health at a population level for those with cardiovascular disease-related health issues to ensure better outcomes.		
• Population health strategies include focusing on prevention, social determinates of health and systematizing routine care. • Ensure health equity among various populations of people with cardiovascular disease.	• Care coordination and team-based care • Access to integrated/ multidisciplinary care • Use registries and other patient data. • Stratify populations by demographics and other criteria to identify gaps in care and target improvements. • Improve eligible patient referrals to cardiac rehabilitation and, when appropriate, to hospice. • Increase appropriate use of antiplatelet and/or anticoagulant therapy for primary prevention and maintenance. • Improve appropriate genetic testing and counseling (including H.R.493 - Genetic Information Nondiscrimination Act of 2008) for patients with non-ischemic cardiomyopathy. • Engage in QI using quality and safety metrics. • Incorporate implementation science and health services research findings	• AHA Get With The Guidelines Registry including registries for coronary artery disease, heart failure, atrial fibrillation and stroke • ABIM: Ensure cardiologists demonstrate up-to-date knowledge, skills and attitudes to deliver excellent cardiovascular care • ABIM: Monitor the effect of the IMG pilot on the number of cardiologists, including those who practice in underserved areas (also under AIM 1) • ACC and other societies work to improve cardiovascular disease health at the population level through efforts such as: ○ **Advancing public health initiatives:** Leading and supporting programs focused on prevention, early detection and risk factor management (e.g., hypertension, cholesterol and lifestyle factors) ○ **Leveraging data and registries:** Using large-scale clinical registries to identify trends, measure outcomes and drive improvements in care across diverse populations ○ **Promoting evidence-based guidelines:** Developing and disseminating clinical guidelines that standardize high-quality care and improve outcomes at scale ○ **Addressing health equity and disparities:** Implementing initiatives aimed at reducing gaps in care and improving access for underserved and high-risk populations ○ **Engaging in policy and advocacy:** Working with policymakers to support public health policies that improve cardiovascular health and expand access to care ○ **Educating clinicians and the public:** Providing education and tools that support prevention, early intervention and long-term disease management across communities
Problem	**Drivers**	**Relevant Society Strategies**
AIM 3: Address cardiologists' work-life balance to reduce burnout and improve workforce.		
Cardiologists tend to have a poor work-life balance due to demanding hours, life-or-death	• Address factors identified in problem statement that lead to burnout in	• ABIM: The addition of the LKA allows for more choice for work-life balance that is attuned to how people learn and organize their life, providing a choice for assessment options.

responsibility and unpredictable emergencies, leading to burnout.	order to increase physician well-being including: ○ A lack of control by physicians of their own schedules contributing to increased dissatisfaction and burnout ○ Decreasing reimbursements for the same level of care	• ACC supports clinician well-being and addresses the growing burden of burnout among cardiovascular physicians through efforts such as: • **Advocating for policy change:** Supporting state and national legislative efforts to reduce administrative burden and address the stigma associated with seeking mental health care • **Monitoring burnout trends:** Including a question on the annual member satisfaction survey to assess burnout levels and track changes over time • **Providing education on workplace culture:** Offering sessions on topics such as psychological safety to foster supportive and resilient care environments • **Offering dedicated well-being resources:** Maintaining a Clinician Well-Being Portal with tools and resources to support mental health and professional sustainability • Medical Societies Call for 'ALARA+' Safety Standard to Reduce Radiation and Injury Risks in Fluoroscopy Labs
AIM 4: Reduce the cost of cardiovascular disease care.		
Heart disease is a leading cause of death for Americans which leads to significant costs to prevent, effectively diagnosis and efficiently treat the disease.	• Cost of drug and device treatments • Improve communications with patients to provide clarity on the optimal cardiovascular care needed for their specific conditions. • Ensure appropriate use criteria are considered for common tests and surgical clearances which are often unnecessary. • Better utilization of care optimization models, including a shift from hospitals to ambulatory surgery centers (ASCs). • Explore the cost implications or new therapies associated with cardiac clinical trials, including whether there are different ways to access	• SCAI Point of Care APP • ACC actively works to support value-based care and reduce healthcare costs through efforts such as: • **Promoting value-based care models:** Supporting payment and care models that reward high-quality outcomes rather than volume, helping reduce unnecessary tests, procedures, and costs. • **Using data to improve efficiency:** Leveraging registries and analytics to identify best practices and reduce variation in care, leading to more cost-effective treatment approaches. • **Developing evidence-based guidelines:** Creating clinical guidelines and appropriate use criteria that help clinicians choose the most effective—and efficient—interventions. • **Advocating for smarter healthcare policies:** Working with policymakers and payers to advance reimbursement models and regulations that prioritize cost-effective, high-value cardiovascular care. • **Encouraging care coordination and team-based care:** Promoting integrated care models that reduce

	the arterial system and build it into the science when conducting trials.	duplication of services and prevent costly complications or hospital readmissions. • **Facilitating collaboration across stakeholders:** Convening clinicians, health systems and payers to share strategies that improve outcomes while controlling costs.

**Please submit any comments or questions you may have to StrategicAlliances@abim.org. Thank you!*