



The Society for Cardiovascular Angiography and Interventions

SCAI President's Page

President's Page: The Mandate for Quality: An Invitation to Be Part of the Solution

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"Quality is not an act, it is a habit." —Will Durant [1]

Given the highly charged and rapidly changing environment in which we practice, it is not surprising that many cardiovascular professionals are raising questions about the future of medicine, as well as expressing concerns about specific impacts on the practice of cardiology.

In our roles as presidents of the Society for Cardiovascular Angiography and Interventions (SCAI) and the American College of Cardiology (ACC), many of these questions and concerns are directed at us. The overarching theme: What are the SCAI and ACC doing to ensure that cardiovascular professionals are able to continue providing optimal care to the patients who trust us with their health needs?

To answer this question it is important to address some of the large, complicated challenges facing cardiovascular medicine. Perhaps the most critical of these challenges involves our responsibility to help address ever-increasing health care costs. The reality is that the United States is facing an enormous deficit in Medicare resources while, at the same time the Medicare beneficiary population is rapidly expanding. Recent estimates suggest that health care accounts for 17.9% of total U.S. spending, with forecasts predicting this number will significantly increase over the next 20



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years if left unchecked [2]. Interventional cardiology – with its transformational, yet expensive, innovations and achievements – accounts for a sizable portion of these costs.

To date, the government's response to this looming crisis has been to seize every potential opportunity to drive down expenditures. Although physicians' fees seem almost nominal compared with other Medicare costs, it is doctors who order tests and recommend and/or perform procedures and surgeries. Policymakers believe that managing behaviors is the way to get to the "root" of the issue, thereby influencing all

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downstream costs that ultimately would flow to the cash-strapped Medicare system.

Another troubling challenge facing the cardiovascular community is the periodic allegations of physician overuse or fraud. These cases, not surprisingly, are typically accompanied by front-page media coverage that reflects poorly on the entire specialty. This negative coverage detracts from the hard work and achievements of the vast majority of cardiovascular professionals who are dedicated to doing the right thing and who are transforming cardiovascular care and improving their patients' heart health. It is not acceptable to put patients at risk through overuse of therapies for personal gain. Such behavior, if confirmed, violates a patient's trust, as well as the codes of ethics of both the SCAI and ACC. Fraud and abuse warrant serious consequences that might include loss of medical licensure, legal and judicial ramifications, and/or expulsion from medical specialty societies.

Our respective jobs as president involve helping to find solutions to these challenges and helping our organizations chart strategic courses moving into the future. Although we do not claim to have the "magic elixir" that will fix all that ails the system, we do know that quality, or more specifically, accountability for quality, is of the utmost importance. In fact, this dedication to quality is front and center in the mission statements of both the SCAI and ACC and we are continually recognized by policymakers, payers and others for our leadership in defining, recording, and measuring quality cardiovascular care and developing innovative tools to achieve these goals.

In many cases, our quality tools are made stronger by collaboration. For example, the ACC and SCAI have grown the National Cardiovascular Data Registry (NCDR) into the preeminent tool for measuring achievement of quality metrics and opportunities for improvement. Likewise, with our jointly-crafted practice guidelines and appropriate use criteria, we continually define quality-based practice on the evolving accumulation of experience and evidence, thereby

facilitating the daily delivery of quality care in many of the scenarios practitioners encounter.

The SCAI Quality Improvement Toolkit (SCAI-QIT) is another great example. This innovative toolkit goes beyond prescribing how to address the challenges of practice to helping catheterization laboratory care teams implement the best processes and practices that have been shown to yield the best outcomes. Last, but certainly not least, the Accreditation for Cardiovascular Excellence (ACE), an independent peer-review and accreditation body founded by the SCAI and ACC, provides a mechanism to identify gaps in care and/or document quality achievements.

These and forthcoming quality-assessment and quality-improvement efforts from both organizations are where the solution starts. We are also fortunate to lead organizations that are made up of members who have responded and continue to respond to the call for quality in a serious, sustained, "all-in" manner. As such, we have positioned cardiovascular medicine at the forefront in the context of value-based purchasing, public reporting, and pay-for-quality. We are not just ready for accountability, we have established processes to put our specialty out in front of the accountability curve and we are in position to show others how it is done.

At the end of the day, it comes down to a combination of our ideals about quality and our efforts to achieve quality. As a profession, our duty is to do the right thing for the right patient at the right time. There has never been a more important time to be involved in professional organizations like the SCAI and ACC. We know what the solution is, and we are well on the way to getting there.

For more information on how to get involved in SCAI and ACC, email president@SCAI.org and president@ACC.org.

1. Durant W. *The Story of Philosophy: the Lives and Opinions of the Greater Philosophers*. New York, NY: Simon & Schuster, 1926.
2. World Bank; Health expenditure, Total (% of GDP). Available at: <http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS>; Accessed July 18, 2013.