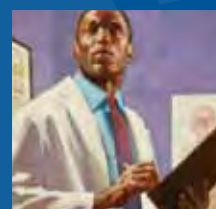


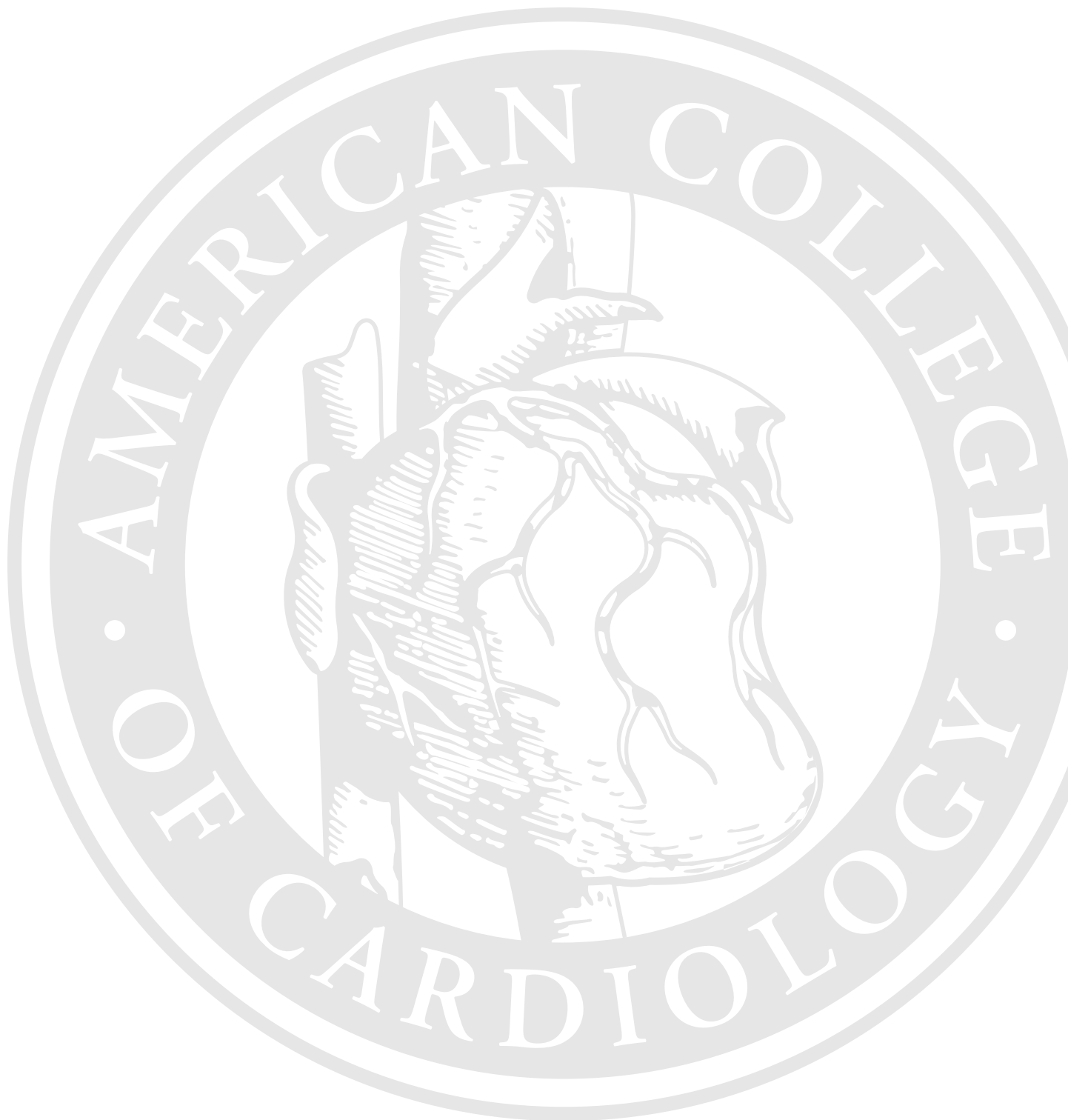
American College of Cardiology

60 Years of Quality



Mission

The mission of the American College of Cardiology is to advocate for quality cardiovascular care — through education, research promotion, development and application of standards and guidelines — and to influence health care policy.



Dear Colleague,

Sixty years ago, the American College of Cardiology began with 14 charter members and a mission to meet the educational needs of the practicing cardiologist. Today, with 37,000 members around the world, the ACC remains steadfastly focused on the needs of cardiovascular practitioners and their patients.

Everything we do is designed to advance and improve the quality of care our members deliver to patients. Our initiatives today, six decades after our founding, still include outstanding education. Physicians, nurses, nurse practitioners, physician assistants and doctors of pharmacology rely on the College for the very best in educational programs and digital cardiovascular content. Close to 30,000 attendees flock to our Annual Scientific Session each year, and more than 300,000 visit [Cardiosource.com](#) every month. Our *Journal of the American College of Cardiology* is the most read peer-reviewed journal in cardiovascular medicine.

In addition to educating and informing practitioners, the College is leading the way to quality care with vital clinical guidelines, standards and appropriate use criteria. These documents translate scientific evidence into best practices for optimal care and help the practitioner to determine the best diagnostic and therapeutic choices at the point of care.

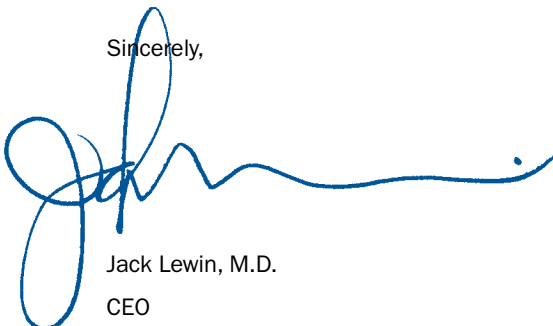
Those documents also form the foundation for quality improvement initiatives like the Door-to-Balloon initiative, which offers hospitals and other facilities evidence-based tools and strategies to improve door-to-balloon times to the guideline-recommended 90 minutes or less for patients with myocardial infarction. Our trailblazing National Cardiovascular Data Registry (NCDR[®]) has become a national gold standard for benchmarking outcomes. Payers and regulatory bodies regularly require participation in the NCDR.

The ACC also is advocating for providers and their patients. The College is a leader in the health policy arena and works closely with legislators at the state and national levels to ensure that our members can continue to practice the highest quality care. In 2008, the ACC launched its Quality First campaign, a campaign to promote health care reform that is patient-driven and value-based.

As we enter our seventh decade, we are redoubling our commitment to medical professionalism with a focus on patient value, and new patient-centered initiatives, including our *CardioSmart* patient Web site, nationwide patient events and more.

Our founders' vision is alive and well. Their College — our College — is leading the way to quality cardiovascular care in everything it undertakes. I hope you'll be a part of our next 60 years.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jack Lewin', with a long, wavy horizontal line extending to the right.

Jack Lewin, M.D.
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Sixty years ago, on a snowy Monday afternoon in Manhattan, 14 cardiovascular pioneers met to form a revolutionary new society. Dedicated to the practicing physician, this group would devote itself to improving the quality of cardiovascular care by offering cardiologists education and other services.

60 Years of Quality

Six decades later, their remarkable vision has resulted in the world's leading advocate for quality cardiovascular care: the American College of Cardiology. As the College kicks off its 60th Anniversary year, we have much to celebrate — and even more to anticipate.



In 1949 the American Board of Internal Medicine certified eight specialists in cardiovascular disease. In 2007, it certified 794.

Source: ABIM

The Early Years The founders hoped to improve cardiovascular education for clinicians. The first meeting of the membership, the precursor to today's Annual Scientific Session, took place in 1951 with 275 attendees. Just a few short years later, in the late 1950s, ACC educational programs drew as many as 2,500 attendees, a tribute to the founders' plan.

By the 1960s, the College had expanded its educational mission worldwide, offering international circuit courses in more than 40 countries. As technology grew, the ACC took advantage of new delivery methods to ensure that even cardiologists who could not attend programs in person could benefit from outstanding ACC education through offerings like the ACCEL audio journal.

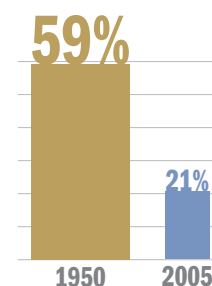
In 2001, the College launched its pioneering cardiovascular education Web site, Cardiosource. Since its inception, Cardiosource has been a thriving Web-based center for cardiovascular information and education. Today, it receives over 300,000 visitors a month.

At the Heart of Health Policy As the ACC grew, it became clear that to truly improve quality, the College would have to influence health policy. The ACC moved from New York to Bethesda, Md., in 1965 to be closer to the National Institutes of Health and the nation's capital. Soon after, the College's Government Relations Committee formed, and the ACC assumed an active role with legislators, advocating for physicians and their patients.



Hamilton Loeb's heart stopped when he suffered cardiac arrest. Pictured here with his cardiologist, Julio Panza, M.D., F.A.C.C., Hamilton now has a defibrillator to guard against life-threatening arrhythmias. These days, nothing stops him.

Percent of American Deaths from CV Disease



Putting Quality First Beginning in the 1980s, the ACC emerged as a leader in determining quality care when it partnered with the American Heart Association to develop clinical practice guidelines. These guidelines, which mark their own 25th anniversary in 2009, take the best science and translated it to everyday practice.

In addition to building standards for care, the College was breaking new ground in measuring quality. In the 1990s, the ACC used the guidelines to lay the groundwork for studies documenting discrepancies in care. The result was the earliest national clinical performance measures. The launch of the National Cardiovascular Data Registry in 1997 allowed hospitals to benchmark the quality of care delivered in their cath labs. The natural next step: quality improvement programs. Beginning in 2001, the ACC began investing in Guidelines Applied in Practice (GAP) programs designed to help clinicians apply guidelines at the point of care.

“ At the ACC, we’ve been focused on quality for the last 15 years. We have registries to measure quality and tools to improve practice. What we want to do is take those resources and put them in every office. We have a long way to go, but the ACC is committed. ”

W. Douglas Weaver, M.D., M.A.C.C.

In 2005, the College developed and released the first set of Appropriate Use Criteria (AUC). The ACC is now participating in a pilot program with UnitedHealthcare to implement AUC with a health plan for the first time.

Last year, the College launched the Quality First Campaign, a visionary campaign well-suited to the legacy of our founders. Quality First advocates for patient value, payment reform, coordination of care, professionalism and more to elevate the quality of health care in America.

The members of the American College of Cardiology — now numbering more than 37,000 worldwide — continue to believe that quality cardiovascular care is not only our greatest goal but our sacred duty.

We have much left to do to improve the quality of cardiovascular care. We will continue to define quality care through clinical documents and guidelines. We will continue to measure quality with NCDR registries. We will continue to bring quality to the point of care with Appropriate Use Criteria, quality improvement programs and support for health information technology. And in the coming years, we will place special emphasis on the cardiovascular patient. Along with CardioSmart, our Web site for CV patients and their families, we plan a variety of initiatives to help patients partner with their care team — our members — to improve outcomes. Stay tuned for more on these patient-centric plans.

The American College of Cardiology will continue to fulfill the great vision of our founders. We will meet the future, in the words of Franz Groedel, “not merely by dreams, but by concerted action and unextinguishable enthusiasm.”

1949

American College of Cardiology incorporated in Washington, D.C.



1961

First International Circuit Course in Taiwan and the Philippines



1958

College first publishes *The American Journal of Cardiology* (Simon Dack, editor)



1969

ACC launches ACCESS audiotape program (precursor to ACCEL)



1977

Heart House opens on Old Georgetown Road in Bethesda, Md.



1984

First ACC/AHA Clinical Practice Guideline publishes



2001

Cardiosource launches



2006

Heart House relocates to Washington, D.C.



2008

ACC launches CardioSmart

1949

1951

First ACC scientific meeting in New York



1965

First Bethesda Conference (devoted to physical fitness standards for aircraft pilots)

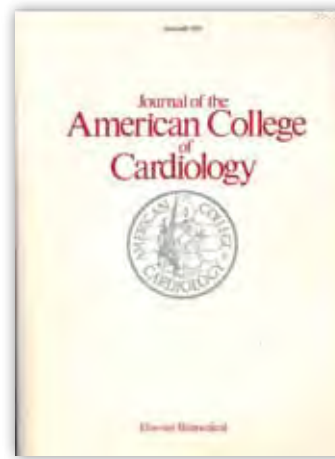


1970

Government Relations Committee forms

1981

ACC first publishes *Journal of the American College of Cardiology* (Simon Dack, editor)



1997

National Cardiovascular Data Registry launches



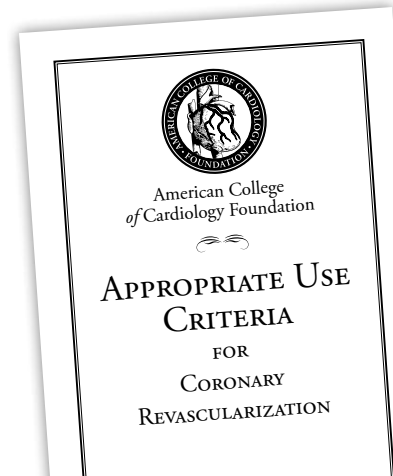
2000

ACC partners with AHA on National Performance Measurement Standards



2005

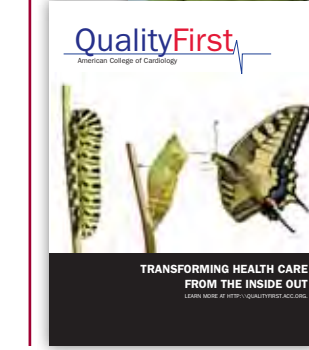
ACC develops first Appropriate Use Criteria



2009

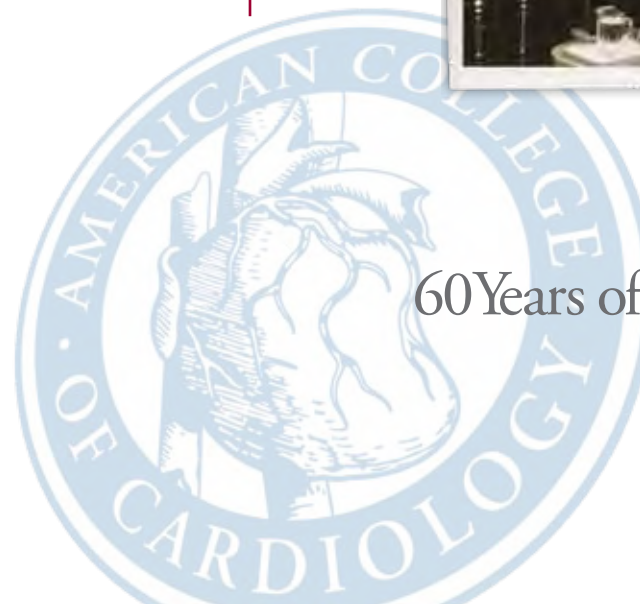
2009

Year of the Patient



2008

ACC launches Quality First Campaign



60 Years of Quality

ACC Science & Quality

The American College of Cardiology is leading the way in defining care for the cardiovascular community and patients. Its guidelines and clinical documents are designed to transform the very best in cardiovascular knowledge into practice, and its registries provide a means to benchmark quality and improve upon it.



In 1961, the Framingham Heart Study found that high cholesterol, high blood pressure and electrocardiogram abnormalities increase the risk of heart disease.

Clinical Guidelines and Documents Developed and consistently updated by cardiovascular leaders, ACC/AHA Practice Guidelines address contemporary practice issues. These guidelines are developed after careful analysis of the strongest clinical trial evidence available. In some cases, evidence is limited, so some recommendations are based on the consensus agreement of a panel of leading experts. The ACC strongly advocates for additional clinical trial evidence to supplement this outstanding suite of clinical documents. The guidelines assist in clinical decision making by describing a range of generally accepted approaches for the diagnosis, management and prevention of specific conditions.

The ACC Foundation's Guidelines Applied in Practice (GAP) program is an effort to improve the quality of cardiovascular care by bringing the ACC/AHA Practice Guidelines to the point of care. The program consists of a series of projects in a well-defined geographic area, using local quality champions and guidelines-derived tools to implement continuous quality improvement systems.

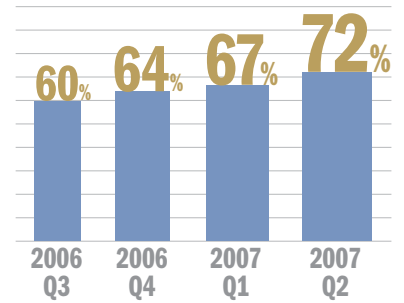
D2B: An Alliance for Quality is one such GAP program that has been widely adopted by ACC chapters. ACC/AHA guidelines state that hospitals treating STEMI patients with emergency PCI should reliably achieve a door-to-balloon time of 90 minutes or less. However, accomplishing this level of performance is an organizational challenge. D2B: An Alliance for Quality provided key evidence-based strategies and tools to help hospitals reliably reduce their door-to-balloon times. The next phase of the initiative, D2B: Sustain the Gain, provides strategies and tools for hospitals to maintain the reduction in their D2B times.

As medical technology and knowledge advance at an astronomical rate, the College has devised Appropriate Use Criteria to assist practitioners in applying the new diagnostic and treatment strategies available to them. These criteria combine scientific knowledge and guidelines with clinical findings to create guidelines for the most appropriate use of tools and procedures.



James Bachand's heart stopped on a Washington, D.C., Metro train. After a stranger used a defibrillator to shock James back to life, Allen Solomon, M.D., F.A.C.C., treated him with a coronary artery bypass graft and an implantable cardioverter defibrillator. Today, James is healthy — and still grateful to the stranger who saved his life.

Door-to-Balloon Times ≤ 90 Minutes
Since Launch of D2B:
An Alliance for Quality



Source: CathPCI Registry®

Registries The American College of Cardiology Foundation is the acknowledged leader in benchmarking — and improving — cardiovascular care. Its National Cardiovascular Data Registry (NCDR®) collects information from more than 2,400 participating hospitals on patient risk factors, procedures, devices and clinical outcomes. Standardized data elements ensure valid data. Many states and payers, including the Centers for Medicare and Medicaid Services, require participation in one or more of the NCDR® Registries.

The NCDR® encompasses several registries: The flagship CathPCI Registry® for diagnostic cardiac catheterization procedures and percutaneous coronary interventions, the ICD Registry™ for implantable cardioverter defibrillator procedures, the CARE Registry® for carotid artery revascularization and endarterectomy procedures, the ACTION Registry®-GWTG™ for acute coronary syndrome patients, and the IMPACT Registry™ for improving pediatric and adult congenital treatments. The NCDR also includes the IC3 Program®, a practice-based program designed to improve care in the ambulatory setting.

“ I have particular pride related to the NCDR®. We continually grow and expand our registry portfolio. I’m excited about the role registries can have as the nation develops an institute for comparative effectiveness to better deliver value for our patients. I know the NCDR registries can be an important component of any institute of comparative effectiveness. ”

Ralph Brindis, M.D., M.P.H., F.A.C.C.

Health IT The ACC Foundation is a vocal advocate of health information technology (IT) to support quality care. Offering health care providers the technology they need to access patient records, eliminate errors and duplicate tests, and access evidence-based decision support tools will improve care and lower costs.

The ACC offers members a wide variety of health IT resources. Our e-Prescribing initiative offers practices straightforward criteria for selecting an e-prescribing system, as well as recommended vendors that meet the College’s standards. The initiative also encourages interoperability of these systems.

The College collaborates with the Get Connected Campaign and the eHealth Initiative to further encourage e-prescribing and system interoperability.

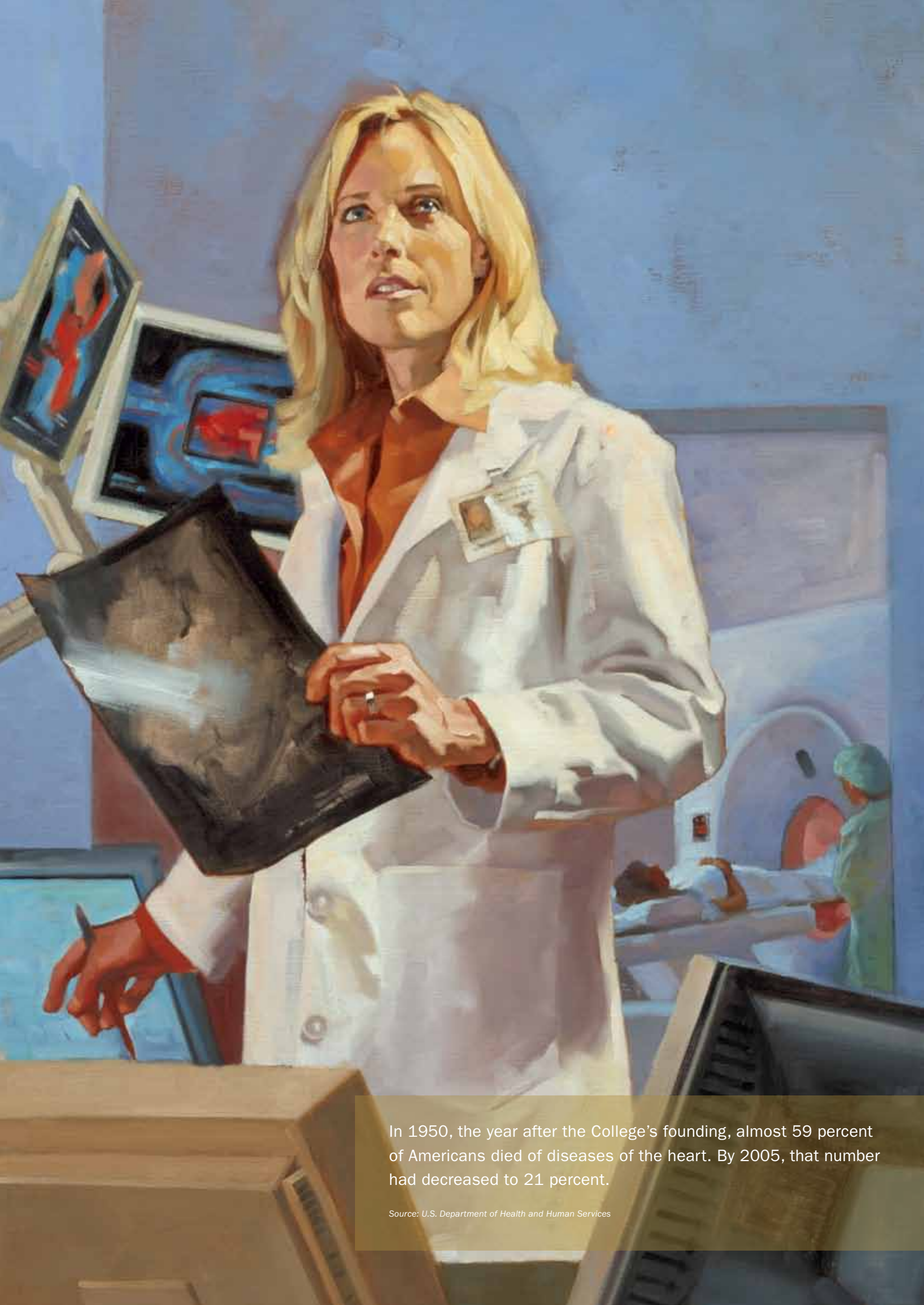
The ACC plays an active role in Integrating the Healthcare Enterprise (IHE), a professional collaboration of medical societies, clinicians and vendors. IHE accelerates the adoption of the electronic health record (EHR) by encouraging interoperability and transparency for electronic health record systems and vendors.

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ACC Education

The College is renowned for delivering the very best cardiovascular knowledge through its clinical educational offerings. From live programs to convenient digital content, the ACC Foundation offers a variety of education tailored to the needs of every clinician. The ACC Foundation is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The College also is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.



In 1950, the year after the College's founding, almost 59 percent of Americans died of diseases of the heart. By 2005, that number had decreased to 21 percent.

Source: U.S. Department of Health and Human Services

The ACC offers physicians and other health care practitioners lifelong learning, from residency to retirement. Our individual portfolio approach is designed to help clinicians identify and fill educational gaps.

Programs like the New York Cardiovascular Symposium and the Cardiovascular Conference at Snowmass have a tradition of excellence dating back nearly four decades. Faculties include the thought leaders in cardiovascular medicine, and sessions are designed to offer attendees ample opportunity to interact with the experts and each other, maximizing their learning. Each year, the College's educational experts examine the needs of members and customers and add new programming designed to meet the changing needs of this community.

For clinicians who can't spare time out of the office, the ACC Foundation offers a wide variety of digital programming designed to make continuing medical education convenient anytime, anywhere. Self-assessment programs like ACCSAP are the standard for digital CME in the cardiovascular community and are regularly updated by panels of renowned experts. The College's audio journal, ACCEL, is now delivered in MP3 format. The monthly installments of audio interviews covering CV news and controversies remain as indispensable to users as they were at ACCEL's inception almost 40 years ago.

The College's clinical portal, Cardiosource, is the most comprehensive source of cardiovascular information online, featuring Clinical Collections that assemble science, expert opinion, case studies and more on a given cardiovascular topic. Cardiosource also offers online access to *JACC* and a range of CME that can be earned in increments or through more traditional self-assessment programs. Cardiosource Video News provides brief video news and interviews with experts on the most cutting-edge topics in cardiology today, available for easy access and viewing through any Internet browser.



Gwendolyn Sutton has coronary artery disease. Her cardiologist, Louis Kanda, M.D., F.A.C.C., has treated her CAD, mitral insufficiency, mitral stenosis, tricuspid insufficiency and atrial fibrillation.

ACC Annual Scientific Session & i2 Summit The ACC Annual Scientific Session is a landmark event for the cardiovascular community. Each year, tens of thousands of cardiovascular professionals from around the world flock to the Annual Scientific Session for the very best in cutting-edge science and practical clinical applications.

The meeting is the premier venue for the presentation of critical late-breaking science. The College receives more than 100 late-breaking clinical trial submissions each year.

Education is tailored to attendees with a variety of innovative formats, including traditional lectures, interactive panel discussions, live cases, Meet the Experts sessions, Brown Bag breakfast and lunch meetings and more.

“ We plan a variety of initiatives to help patients partner with their care team — our members — to improve outcomes. ”

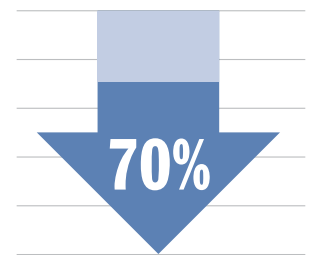
Alfred Bove, M.D., Ph.D., F.A.C.C.

The Annual Scientific Session attracts notable public figures from government and the private sector, and has played host to luminaries from the medical community, as well as guests including President George W. Bush, First Lady Laura Bush, Larry King, former House Speaker Newt Gingrich (R – Ga.), and more.

In 2006, the ACC launched Innovation in Intervention: i2 Summit, a companion meeting to the Annual Scientific Session designed to meet the educational demands of interventional cardiologists. This seminal event takes place each year in conjunction with the Annual Scientific Session and offers interventionalists an unparalleled array of late-breaking interventional science, live case studies, simulation training and more.

The ACC Exposition brings more than 400 exhibitors to interact with attendees of the Annual Scientific Session and i2 Summit, disseminating new advances in diagnostic and therapeutic technology and pharmaceutical science.

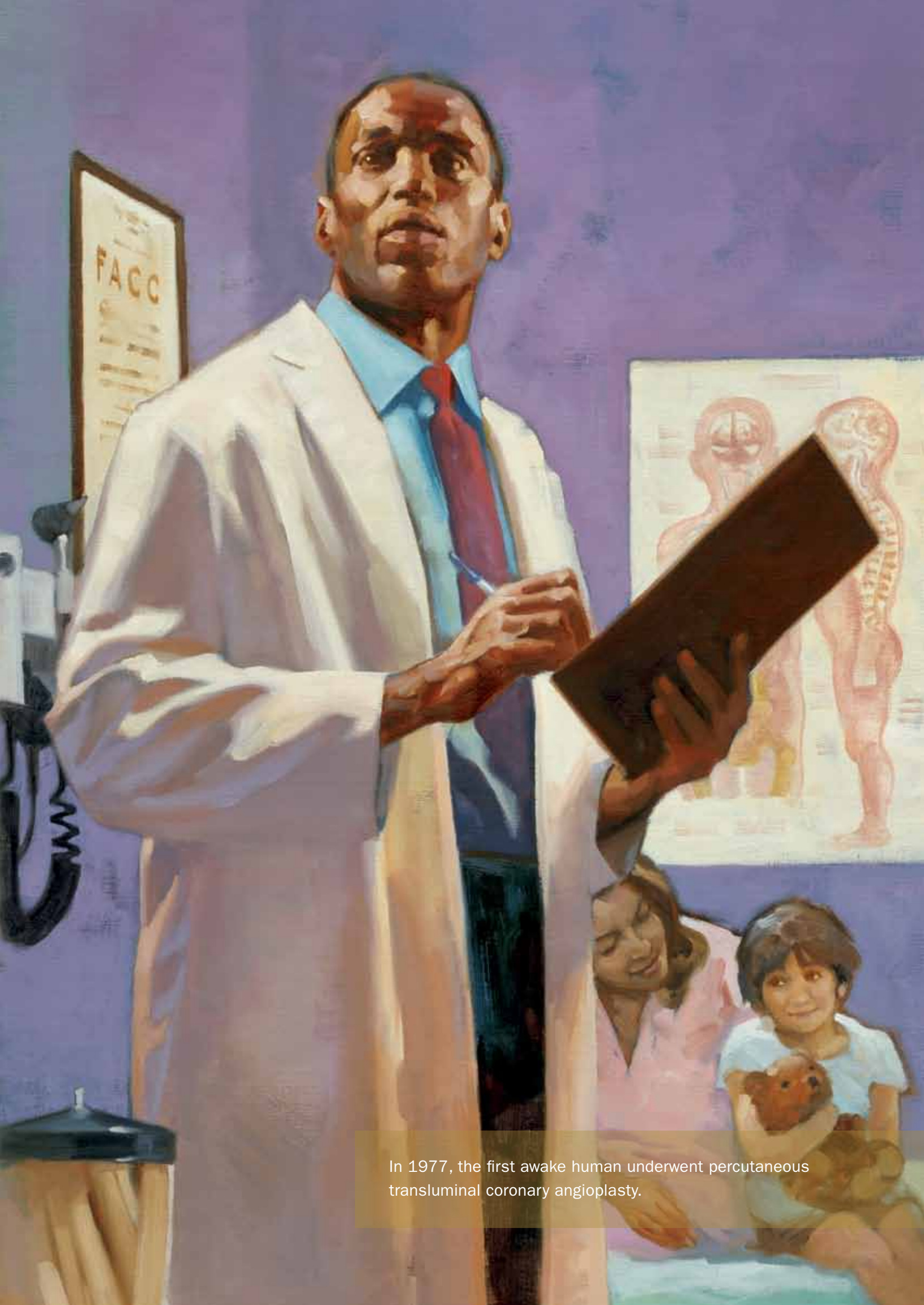
Drop in Deaths from
Coronary Artery Disease
1980-1990



**Due to Risk Factor Reduction
and Improvements in Treatment**

ACC Member Services

ACC members recognize the value of membership in the world's preeminent cardiovascular organization because the College works every day to make it easier to deliver high quality cardiovascular care. The physicians, physician assistants, nurses, pharmacists and practice administrators who make up the College's membership truly are the heart of its many activities.



In 1977, the first awake human underwent percutaneous transluminal coronary angioplasty.

Publications *Cardiology* is the College's monthly member magazine. Written by members for members, *Cardiology* offers news, opinions, and important analysis of the science and developments offered in the College's peer-reviewed publications.

ACC News is a biweekly, electronic news update from the College. ACC News delivers brief updates on ACC Advocacy, Education, Membership, Quality and Science.

CV News Digest is a daily compendium of cardiovascular news taken straight from the mainstream media. Cardiovascular professionals benefit from a convenient digest of the news their patients consume every day.

Sections The ACC offers membership sections for special interest groups, including interventional cardiologists, women in cardiology, specialists in pediatric and congenital heart disease and the cardiovascular team. These formal sections provide opportunities for networking and mentoring, specialized advocacy initiatives and strengthened relationships with subspecialty organizations.

The College also offers unique opportunities for international members, specialists in cardiovascular imaging, fellows in training, training directors, practice managers and more.

Chapters Regional chapters offer members an active local voice in their field, with 45 independently incorporated chapters in 47 states — and more forming. Chapters host annual meetings and public service campaigns and are integral grassroots advocates for ACC members.



In 2007, Lee Olson Ensminger became a cardiovascular pioneer. At risk of stroke due to an arrhythmia, Mrs. Olson Ensminger chose to participate in a clinical trial. Her physician, Zuyue Wang, M.D., F.A.C.C., placed a small jellyfish-shaped device across her atrial appendage. The device is designed to strain out the clots that cause stroke.

Professional Development The ACC provides a variety of development opportunities for members at all stages of their careers. From mentors and early career advice to research and travel awards for junior members, the College actively promotes tomorrow's leaders. More established members benefit from workshops for developing faculty. Distinguished awards honor our most senior members.

Every member benefits from Cardiology Careers, the College's online career placement site.

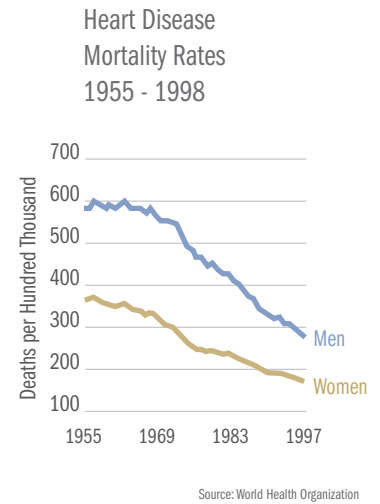
ACC Scientific Journals ACC journals are the most trusted scientific publications in cardiology today. Cardiovascular specialists ranked the College's flagship journal, the *Journal of the American College of Cardiology*, as the most valuable publication for their specialty in a survey conducted by the *New England Journal of Medicine*.

As the preeminent journal in CV medicine, *JACC* received 4,081 quality submissions in 2008, and accepted 11 percent of those papers. The journal's impact factor, an index of the average number of citations per article and a recognized measure of quality, is at an all-time high of 11.05.

“It's such an honor to be a physician and to become an integral part of patients' lives.”

Ralph Brindis, M.D., M.P.H., F.A.C.C.

In 2008, *JACC* launched two daughter publications, *JACC: Cardiovascular Imaging* and *JACC: Cardiovascular Interventions*. These journals represent a major milestone in the history of the ACC, and are an important first step in the evolution of *JACC* from a single journal to a family of publications designed to meet the academic and clinical needs of an increasingly specialized audience. Like the parent *JACC*, the new journals are high-impact publications which exemplify the highest standards of scholarship.



ACC Advocacy

The American College of Cardiology is promoting quality to protect patients. Advocacy efforts are helping shape the future of health care policy on Capitol Hill and nationwide. In 2008, the College launched Quality First, a campaign to transform health care. Quality First is physician-driven and focused on increasing patient value and access to quality care. The campaign encompasses a wide variety of health care reform issues, from health information technology (IT) to physician payment. The ACC is working to spread this Quality First message to members, legislators and the public.



1982 The first patient receives a permanent artificial heart.

Members and legislators come together at the annual Health System Reform Summit, where thought leaders in economics, policy and medicine debate the issues and consider how best to work together for positive reform.

The ACC's annual Legislative Conference assembles its member advocates each year to learn more about health care reform and other key issues. Attendees spend a portion of the conference on Capitol Hill speaking directly to lawmakers.

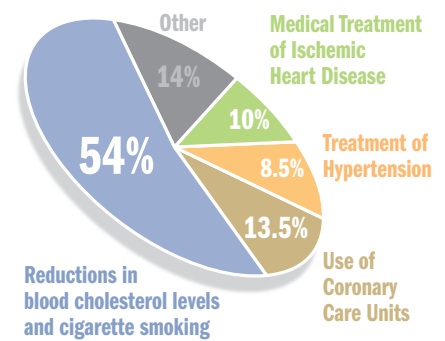
The College's annual Medical Directors' Institute brings together physicians and payers to evaluate issues including payment, cost-effectiveness and how to develop incentives for quality care.

Practice Management The ACC also provides a variety of assistance for our practice administrator members, who are instrumental to providers as they strive to offer quality care. The College works closely with the Medical Group Management Association (MGMA) and MedAxiom to offer practices of various sizes the help they need in ensuring they run efficiently and effectively.



Miles Davis, 16, suffers from heart failure due to what doctors believe was a viral infection. Leslie Miller, M.D., F.A.C.C., complements Miles' left ventricular assist device with a medical regimen to strengthen his heart muscle and perhaps help him avoid transplant.

Factors in Decline
of Heart Disease Mortality
Mid-1960s - Late 1970s



Source: Pampel & Pauley, *Progress Against Heart Disease*, Praeger, 2004

ACC Community Outreach The College's primary audience is its professional membership. But as an active member of the health care community, the College also is involved in a variety of outreach to the public, and in particular to cardiovascular patients and their families.

In 2009 and beyond, the College is celebrating our commitment to improving the lives of patients through the highest quality care. The ACC has designed a variety of initiatives to include the patient as a member of the cardiovascular care team, taking responsibility for his or her cardiovascular health and actively contributing to decisions about his or her care. The ACC plans to offer patient education through live seminars with its chapters, as well as tools and resources that help patients communicate better with their care teams.

“ The Year of the Patient is really to bring the patient into the quality agenda and have them be a participant in their care rather than just a recipient of their care. ”

Alfred Bove, M.D., Ph.D., F.A.C.C.

A pivotal part of the ACC's outreach to patients is CardioSmart. The CardioSmart Web site, launched in 2008, directly targets patients and their families with news, condition-specific information, a patient forum, risk calculators and more.

In addition to its own patient-centric initiatives, the ACC has actively participated in prevention campaigns like the National Heart, Lung, and Blood Institute's The Heart Truth. This initiative

sends women the important message that heart disease is the top killer of American women. The campaign encourages women to be aware of their risk factors, to take steps to prevent CV disease, and to be advocates for their own health. The College has twice hosted the Heart Truth's Red Dress Collection, featuring red gowns from top designers to visually promote awareness of heart disease in women.

The College's headquarters, Heart House, offers another important opportunity to reach out to the larger community. Heart House eventually will include museum space and other educational displays which could be used to educate children and other members of the public about the importance of heart healthy eating and activity as well as the dangers of cardiovascular disease.

*“ The last 60 years in one word ... SPECTACULAR!
I can't wait to see what we do in the next 60. ”*

W. Douglas Weaver, M.D., M.A.C.C.

Acknowledgements

Paintings **Gregory Manchess**

Photography **Debi Fox**

Thanks to **W. Bruce Fye, M.D., M.A.C.C., ACC historian.**

**Washington Hospital Center and Drs. Julio Panza, Louis Kanda,
Zuyue Wang and Leslie Miller. George Washington University Hospital
and Dr. Allen Solomon. Hamilton Loeb, Gwendolyn Sutton,
Lee Olson Ensminger, Miles Davis and James Bachand.**

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