

ACC'S COMMITMENT TO QUALITY IMPROVEMENT MIRRORS NATIONAL STRATEGY



by Joseph P. Drozda, Jr., MD, FACC

The health care quality improvement movement in the U.S. has grown significantly over the last decade, prompted by publications from the Institute of Medicine (IOM), such as “To Err is Human” and “Crossing the Quality Chasm,” and by countless efforts led by the Centers for Medicare and Medicaid Services, the Agency for Healthcare Research and Quality, and Congress. The Department of Health and Human Services added further impetus to the field of quality improvement in 2011 when it published the “National Strategy for Quality Improvement in Health Care,” which identified the following priorities:

- Make care safer by reducing harm caused in care delivery
- Ensure each person and family is engaged as partners in their care
- Promote the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
- Work with communities to promote wide use of best practices to enable healthy living
- Make quality care more affordable by developing and spreading new health care delivery models
- Promote effective communication and coordination of care

The ACC’s quality improvement (QI) efforts are right in step with these national priorities. The Clinical Quality Committee (CQC), appointed by the Board of Trustees (BOT), identifies, coordinates and implements strategic priorities for the College’s science and quality division. CQC also advises the BOT on the organizational structures and processes necessary to support a robust portfolio of QI initiatives, including:

- Developing and maintaining strategic alliances in order to help improve health care quality
- Coordinating and influencing quality-related activities across the ACC
- Developing and maintaining national or local QI projects
- Commissioning health policy statements on current, important health issues

CQC’s work encompasses several major areas, each represented by subcommittee or committee: Science and Clinical Policy,

Partners in Quality, CardioSource Science and Quality, Best Practices and Quality Improvement, Quality Implementation and Innovation, Patient Centered Care, Prevention and Informatics.

One of CQC’s 2012 goals is to initiate or coordinate strategies to enable ACC’s QI programs to align with the National Strategy for Quality Improvement. There are currently 113 QI activities taking place College-wide, nearly four times the number identified in 2011. Activities include advocacy efforts to support QI through Medicare’s national coverage policy

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process, as well as to ensure fair reimbursement for cardiovascular services. On the membership front, many of the College’s councils have work groups

dedicated to improving quality of care areas such as imaging, interventional cardiology and adult congenital and pediatric cardiology. Several education programs also focus on QI, including “A New ERA 2.0,” which is designed to improve quality of care for patients with atrial fibrillation through use of outcomes data and education. A simulation product was also developed to help lower door-to-balloon times.

In the science and quality division, staff and leaders are dedicated to improving heart health through the identification, implementation, and evaluation of evidence-based and best practice care. This work is conducted by several departments, programs and initiatives ranging from science and clinical policy development to NCDR®. Health information technology, patient-centered care and national quality initiatives like Hospital to Home and Imaging in FOCUS also fall under the science and quality umbrella.

It is clear today that QI permeates virtually every area at ACC and has become an important part of the College’s culture. Moving forward the challenge will be to build on our successes and continue to help meet the needs of all members of the cardiovascular care team as we strive to ensure high quality patient care at a time of major change.

Drozda is chair of the CQC.