Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY
VOL. 77, NO. 16, 2021

PUBLISHED BY ELSEVIER

LEADERSHIP PAGE

ACC: Finding Our Strengths, Being Innovative, Unifying Our Global Cardiovascular Community

Dipti Itchhaporia, MD, FACC, *President, American College of Cardiology*

We don't even know how strong we are until we are forced to bring that hidden strength forward.
—Isabel Allende (1)

The last year has been unlike any other. No one could have imagined in March 2020 that the abrupt disruption to our personal and professional lives would extend beyond a few months, let alone a year. Thankfully, there is optimism in the air as coronavirus disease 2019 (COVID-19) vaccines continue to roll out in countries worldwide.

As we slowly begin to emerge from our homes in the coming months and look to reconnect safely with family, friends, colleagues, and our patients, the question becomes, what will the post-pandemic world look like? No doubt 2021 will be a year of transition. We will have a new normal and are likely to talk in the future about pre-COVID and post-COVID times. What lessons have we learned? What hidden strengths have emerged that we can apply in our day-to-day lives from now on?

All major health crises that impact most people reveal fault lines in our system and can be seeds for health care reform. The COVID-19 pandemic has been no different. By being insightful and drawing appropriate lessons from this challenging experience, we can develop improved preparedness strategies and a better plan for reform.

The cardiovascular community has had a long history of being among the first to leverage innovative new technologies and therapies to optimize patient care and outcomes. We have been at the forefront in research, guidelines, and best practices for transforming care. These strengths have been put to the test throughout the pandemic and have proven vital to our ability to quickly adapt to provide the best care possible to patients based on the latest evidence.

We saw tremendous growth in digitization and have used digital platforms to connect virtually about best practices, the latest research, and clinical guidance for patients and clinicians—not just regarding COVID-19 but in terms of other critical areas of cardiovascular care as well. We have also come together to raise awareness and provide essential resources for addressing clinician wellbeing and safety, found creative ways to mentor and grow the next generation of cardiovascular clinicians and leaders, and so much more.

A key response to the pandemic has also been the large-scale deployment of telemedicine as a substitute for in-person care throughout the country and worldwide. Before the pandemic, telehealth was one of the "new and emerging frontiers" of health care delivery discussed by thought leaders and clinicians at nearly every major meeting as an opportunity to use technology to improve patient care. However, the ability to move forward was hindered by a lack of data showing improvement in care and questions related to reimbursement and how to operationalize.

The COVID-19 pandemic changed the playing field, however, and telehealth quickly became a viable option for continuing to treat and manage patients. During the pandemic, we all worked together with minimal planning and preparation to quickly adopt and implement telehealth. We used our collective voices for thoughtful collaboration with regulators to advocate for policy changes and flexibilities at the state and federal levels that allowed this to happen.

ISSN 0735-1097/$36.00
https://doi.org/10.1016/j.jacc.2021.03.296

JACC VOL. 77, NO. 16, 2021
APRIL 27, 2021:2151–3

Data from the Centers for Medicare and Medicaid Services show that before COVID-19, approximately 13,000 beneficiaries in fee-for-service (FFS) Medicare received a telehealth service in a week, compared to roughly 1.7 million beneficiaries in the last week of April 2020. Between mid-March and mid-June 2020, >9 million Medicare beneficiaries received a telehealth service (2).

In the past year, telehealth has helped to fill an important void, but it has also identified areas where improvements—and more data—are necessary for a more meaningful virtual visit. We will continue to see hospitals and health systems incorporate virtual care solutions across the care continuum from telehealth visits to virtual hospital care and home-based care. This growth appears to have staying power as both patients and physicians adopt a new virtualization mindset.

This is where the American College of Cardiology (ACC) and its members have an opportunity to lead the way. This is where we can bring the strengths that have proved so critical to navigating the COVID-19 pandemic to advance solutions as we head into the future. This is where our collective brain trust is needed to share best practices and lessons learned. We need to help each other define and implement virtual care delivery and decide how to best collect data and monitor outcomes. Over the past year we learned that Plato was right: necessity is the mother of invention. The pandemic became a launching point for tremendous acceleration on the pace of medical innovation. We experienced firsthand how biology could meet technology when we saw the COVID-19 genome sequenced in weeks and multiple vaccines rolled out in less than a year. Yes, urgency created the momentum, but this has allowed us to see how divergent capabilities can come together.

The ACC's ongoing Innovation Program work is also crucial to this space. Our work with health care start-ups, industry partners, regulatory agencies, and payers can help us with the details, like identifying the remote monitoring tools we need, new or updated payment models, and more. Working all together, we can demystify the process and help clinicians and patients understand and embrace technological advances. We have an opportunity to reduce the administrative burden on clinicians, minimize the very real inequities in health care delivery, and potentially create more time for meaningful clinician and patient interaction.

The attention that the pandemic has brought to health inequalities offers an opportunity to address this shortcoming. The ACC's Health Equity Task Force has worked hard this past year to bring light to health equity, disparity, and the social determinants of health from a cardiovascular perspective. The Task Force has also launched a health equity survey to help us understand the gaps in our understanding. Last, a strategic plan was developed, promoting a culture of cardiovascular health by having a mindset of health equity.

To paraphrase Allende, we did not truly know how strong we were until the pandemic forced us to bring these strengths to the forefront. As I take on the presidency of the ACC, I urge all of us not to forget these strengths and become complacent, but rather hone them further so that when we emerge on the other side of this pandemic, we are stronger, more focused, and more united around our shared vision of a world where innovation and knowledge optimize cardiovascular care and outcomes.

More than ever, we need to come together as a cardiovascular community. There is a need for emotional connectivity after a year of social isolation and social distancing. Our mental health and well-being ought to be a priority for us because we cannot give without staying well ourselves.

Over the next year we have a number of strategic priorities that will continue to need our attention as we work to deliver on the College's Mission and our Vision while also navigating the pandemic. Among these priorities, we will need to continue to develop tools for clinical guidance as well as optimize our clinical guideline process. We also need to optimize our NCDR registries to ensure we are keeping up with the pace of research and science and delivering on the desired needs of members and health systems for real-time data and information at the point of care. We must continue to innovate and leverage what we have learned in both areas over the last several decades in order to continue providing the services and tools that clinicians, health systems, hospitals, and other stakeholders from around the world have come to expect from the ACC.

We must focus on digital transformation—both the internal systems necessary for the College to deliver the right information to the right clinicians at the right time, but more importantly the external components like virtual care, remote patient monitoring, and artificial intelligence. Digital transformation, if done right, should make our lives better; it may be the real answer for clinician wellness and may also be the solution for health equity.

As we move into this digital world, many have discussed the digital divide highlighting the economic, educational, and social inequalities between those who have online access and computers and those who do not. How can we turn this fact into a

positive and provide more access and at the same time improve the lives of these same people with digitization?

The COVID-19 pandemic has underscored just how much we can accomplish if we work together toward the same goal. It has been inspiring to see members of our community from around the world uniting around a shared purpose—and making a difference in patients' lives. While the pandemic has changed life as we know it, both personally and professionally, we should be proud of all we have done to overcome the many unexpected challenges along the way.

With the rapidness of change we are undergoing as a society, as health care professionals, and as caregivers, we need to change. As technology-enabled transformation is imperative, a shift in mentality is needed to carry us forward. The ground rules, beliefs, and assumptions that drive health care culture will require rethinking and a new mindset to propel us to our future success.

As president, my hope for—and my challenge to—ACC members for the next year and beyond is to not lose sight of our strengths or the sense of community that have grown out of our shared vulnerabilities and our shared sense of purpose to find solutions for ourselves, our patients, and our communities. We are stronger together, and this past year has taught us we can transform cardiovascular care and improve heart health. Let's chart the next 70 years of health care delivery, starting now!

ADDRESS FOR CORRESPONDENCE: Dr. Dipti Itchhaporia, American College of Cardiology, 2400 N Street NW, Washington, DC 20037, USA. E-mail: president@acc.org.

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