



**Canadian Cardiovascular
Society**

Leadership. Knowledge. Community.

**Société canadienne
de cardiologie**

Communauté. Connaissances. Leadership.

2006 Heart Failure Consensus Conference Recommendations Program

Executive Summary



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Letter of Introduction – Executive Summary

RE: CCS Heart Failure Consensus Conference – Executive Summary

On behalf of the Canadian Cardiovascular Society (CCS), we wish to draw your attention to the CCS Heart Failure Consensus Conference Recommendations Program – Update 2006.

To help you better understand this innovative and exciting initiative, we have prepared this Executive Summary. In this package you will find a summary of the Consensus Conference Initiative, including its business model and development strategies and timelines.

Over the past year, our ‘closed-loop’ approach to guidelines development has resulted in a number of innovative achievements including:

- CCS’ first formal multi-disciplinary Primary Panel
- Establishment of the CCS Heart Failure Consensus Conference Advisory Roundtable
- Completion of CCS’ first-ever end-user needs assessment
- Detailed program specifications for dissemination, implementation and evaluation
- Deployment of Core Development Teams
- Completion and publication of 2006 Heart Failure Consensus Recommendations in CJC January 2006
- Publication of 2006 Consensus Recommendations in four professional journals March 2006
- National program of regional workshops for the 2006 Consensus Recommendations scheduled for Lake Louise, Toronto, St. John and Montreal
- Creation of the multi-disciplinary and –organization Impact Working Group

We believe the business and investment models for this project are similarly innovative and should enable investors, developers and stakeholders alike to concentrate their efforts and expertise on development of a world-class Knowledge Translation Program.

Please feel free to contact John Parker (parker@ccs.ca) at any time. John will be happy to address your questions and comments on any aspect of this initiative.

Kindest regards,

Heather Ross MD
Chair, CCS Consensus Conference Committee

Malcolm Arnold MD
Chair, CCS Heart Failure Consensus Conference

John Parker MN
Director, Knowledge Translation

Jonathan Howlett MD
Co-chair, CCS heart Failure Consensus Conference



Background

The Canadian Cardiovascular Society (CCS) has a fifty-nine year history as a not-for-profit organization serving as Canada's professional association for physicians who specialize in cardiology, cardiovascular surgery and cardiovascular research.

According to its mission:

The CCS is the national voice for cardiovascular physicians and scientists.

The CCS mission is to promote cardiovascular health and care through knowledge translation, including dissemination of research and encouragement of best practices, professional development, and leadership in health policy.

Recently, the CCS recognized the need to better understand the needs and expectations of its membership. Given that the majority of its current operating budget of approximately \$3M is provided through unrestricted grants from the pharmaceutical industry and others, CCS needed to ascertain whether its current suite of programs and services were providing tangible and measurable value for its members.

CCS also recognized the need to become more 'business-like' in its decision-making and day-to-day operations. The increasingly competitive funding landscape served as powerful motivation to begin applying due diligence in evaluating current and proposed programs and services. In doing so, CCS understood that it would be better positioned to sustain its current funding model, explore more innovative means of resource procurement and, ultimately, be more accountable to its supporters, stakeholders and membership.



For these reasons, CCS engaged the Ivey Business Consulting Group of the Richard Ivey School of Business, University of Western Ontario, to design, execute and report on a nation-wide survey of its membership. The purpose of this survey was, through a world-class third party, to ascertain whether CCS' current programs and services were 'on target' for its membership, to identify what refinements, modifications and new programming were needed by the membership and to crystallize a value proposition for the organization that enabled implementation of a 'member-centric' business model.

Through becoming a member-centric and –driven organization, CCS believed it could build upon its historical successes and set the stage for sustainability, scalability and growth. Further, the necessary discipline required to establish a financially sound organization would enable CCS to become a leader within the Canadian and international cardiovascular communities and health care communities at large.

Results of the national member needs survey were tabled with the CCS Council October 2004 and, since that time, CCS has embarked upon a series of strategic initiatives which better align its programs and services with its newly defined and implemented 'member-centric' business model.

Briefly, these strategic initiatives include complete revamping of the CCS' corporate information technology (IT) infrastructure and both communications and customer service plans. CCS has established collaborative partnerships with both Microsoft Canada and others to develop and execute strategic and tactical plans across these corporate requirements.

In addition, CCS has introduced significant changes to its annual meeting, known as the Canadian Cardiovascular Congress (CCC), again driven by detailed feedback provided by attendees, sponsors and stakeholders. The CCC is the largest annual health care professional meeting in Canada and the flagship of CCS programs and services.

The meeting involves collaborative relationships with 11 national health care societies and organizations which include physicians, researchers, nurses and allied health personnel included among their memberships.



Evaluative feedback was captured by both the Ivey Business Consulting Group working in partnership with the Haskayne School of Business, University of Calgary.

Development of evidence-based guidelines is the second major activity of CCS. Since 1991, CCS has developed 24 sets of such guidelines covering a broad spectrum of subspecialty interests in cardiovascular medicine. In that time, approximately \$10M has been invested in the creation of these documents.

While this significant effort has resulted in publication of numerous world-class documents, CCS, like many organizations similarly dedicated to creating guidelines, did not address the issue of impact of these recommendations on standards of clinical practice and, as importantly, health outcomes. Further, CCS did not consult with those involved in the day-to-day provision of care to ascertain the relevance, practicality and effectiveness of its guidelines.

Consequently, CCS was unable to provide those who underwrite this significant effort with evidence of impact on clinical practice and health outcomes. This rendered more difficult the ongoing procurement of funding and resources to sustain this very important activity for CCS.

Recognizing the need to revisit its process of developing guidelines, CCS has made a long term commitment to a fundamentally new and innovative development model. Referred to as a 'closed-loop' model', CCS is now implementing enhancements to its CC development process by introducing formal collaboration with health care professionals involved in delivery of cardiovascular care in Canada, introduction of detailed needs assessment and evaluation development stages, impact analyses on clinical practice patterns and health outcomes and incorporation of internationally recognized standards for guidelines development.

Further, CCS has consolidated many duplicative and often redundant development processes which has resulted in realization of immediate and significant resource efficiencies and the funding model has been redesigned to become a long term investment opportunity for those with a vested interest in Canadian cardiovascular guidelines.



The CCS has identified its *Diagnosis and Management of Heart Failure Guidelines* to be the first set of guidelines to go through this closed-loop development process with a commitment to evaluate its effectiveness through to January 2010. Incidence and prevalence and associated direct and indirect care costs of heart failure are projected to increase in Canada through the current decade. Heart failure poses ongoing diagnostic, treatment and management challenges where the balance of this care is delivered by community cardiologists, general practitioners, nurses and allied health personnel across Canada.

CCS has elicited the support and active participation of 12 national health professional societies and organizations, patient support and advocacy groups, Federal, Provincial and Regional health governments, national health outcomes databases, international and national IT companies, national medical communications companies and pharmaceutical industries.

Heart and Stroke Foundation of Canada, Canadian Institutes for Health Research, College of Family Physicians of Canada, Canadian Nurses Association, Canadian Pharmacists Association, Public Health Agency Canada, Canadian Cardiovascular Outcomes Research Team, Microsoft Canada and many others are among the participating organizations.



Project Summary

The Consensus Conference (CC) process advances the mission of CCS through the provision of evidence-based recommendations for specialists, general practitioners and others in Canada involved in cardiovascular care. Additional goals of the CC process include improving quality of cardiovascular care, patient outcomes and cost effectiveness in addition to highlighting areas of future research need.

The CCS library of CCs continues to grow and, more recently, CCS has collaborated with others, including the American College of Cardiology, American Heart Association and Canadian Society of Echocardiography, in the development of evidence-based recommendations. This impressive growth is accompanied by a number of emergent challenges including significant resource and support requirements, evolving development processes and growing numbers of related national and international guidelines developed on an annual basis.

To address these changes, CCS will adopt an innovative ‘closed-loop’ model of CC development for the CCS Consensus Conference on the Diagnosis and Management of Heart Failure – Update 2006. This model accommodates end-user and stakeholder input and evaluation on an ongoing basis in the spirit of collaborative development of timely, practical and effective CCs. In the long-term, CCS will be positioned to assess impact of the Consensus Conference on the Diagnosis and Management of Heart Failure on both clinical practice and health outcomes. In addition, the development processes identified through this initiative will be entirely replicable and, therefore, of utility and interest for all those dedicated to translating new knowledge into clinical and public health practice.

Heart Failure is considered an ideal first topic for this new development process for a number of reasons. First, incidence and prevalence of heart failure, and associated



direct and indirect care costs, are projected to increase in Canada over the next decade. Second, the balance of medical care delivered to this growing patient population is provided by community cardiologists, general practitioners and related health care professionals. Third, the CCS Consensus Conference on Diagnosis and Management of Heart Failure is scheduled for an update in early 2006.



Project Assumptions

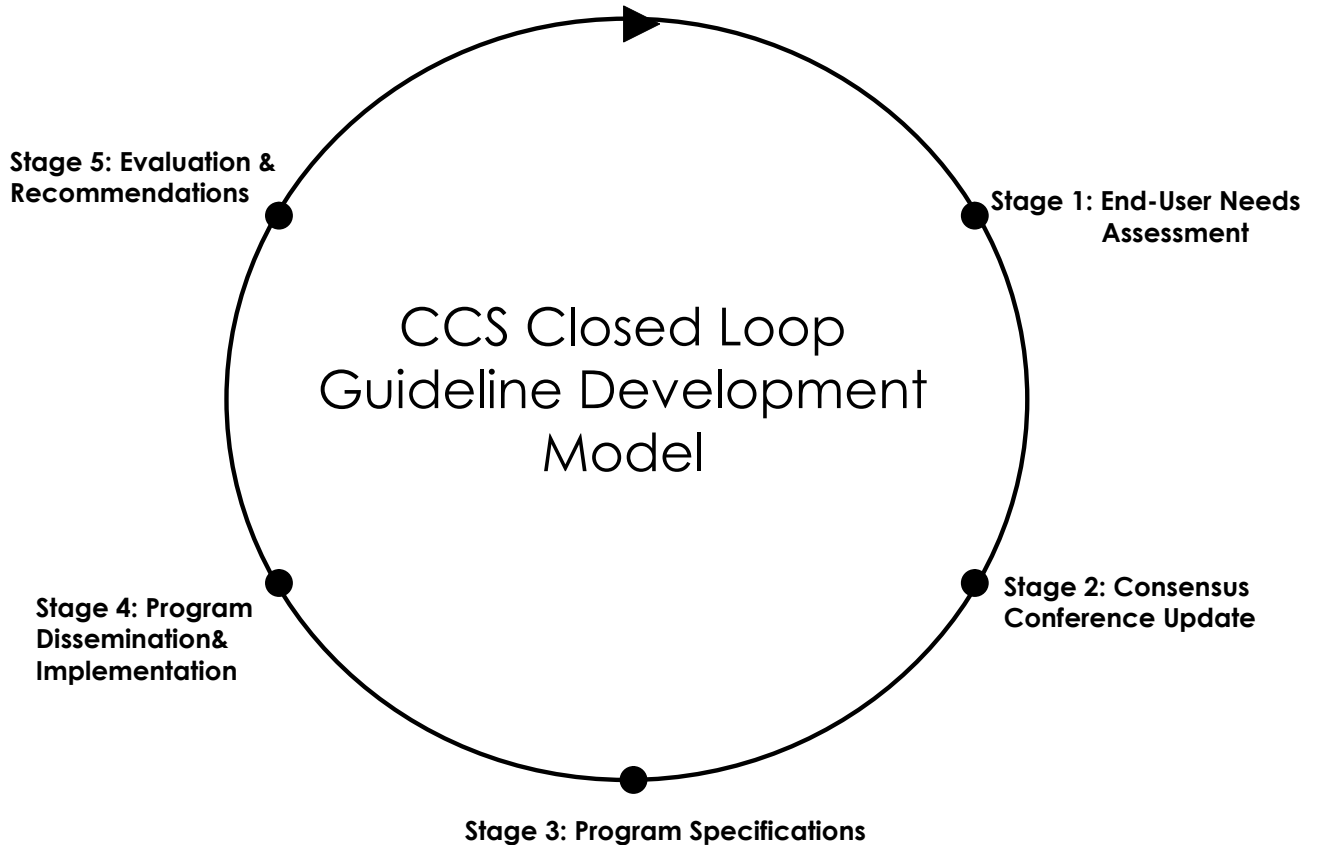
A number of assumptions underlie this initiative:

- Consensus Conference (CC) development is a strategic priority of CCS
- Content of all CC must be objective, balanced and represent true consensus
- Development of original CC documents must be supported through non-commercial means
- Selection of CC topics is free of third party influence
- Consensus Conference development is a collaborative process wherein the input and evaluation of all stakeholders involved in delivery of care are actively sought and integrated in evidence-based recommendations
- The rigorously developed content of CC represents world class intellectual capital of CCS and its partners
- CCS CCs aspire to complete compliance with internationally recognized guidelines development standards
- CCS is committed to ascertaining potential impact of its CCs on clinical practice patterns and health outcomes.



CCS Closed Loop Development Model

The Closed-Loop development model adopted for this project is illustrated below:

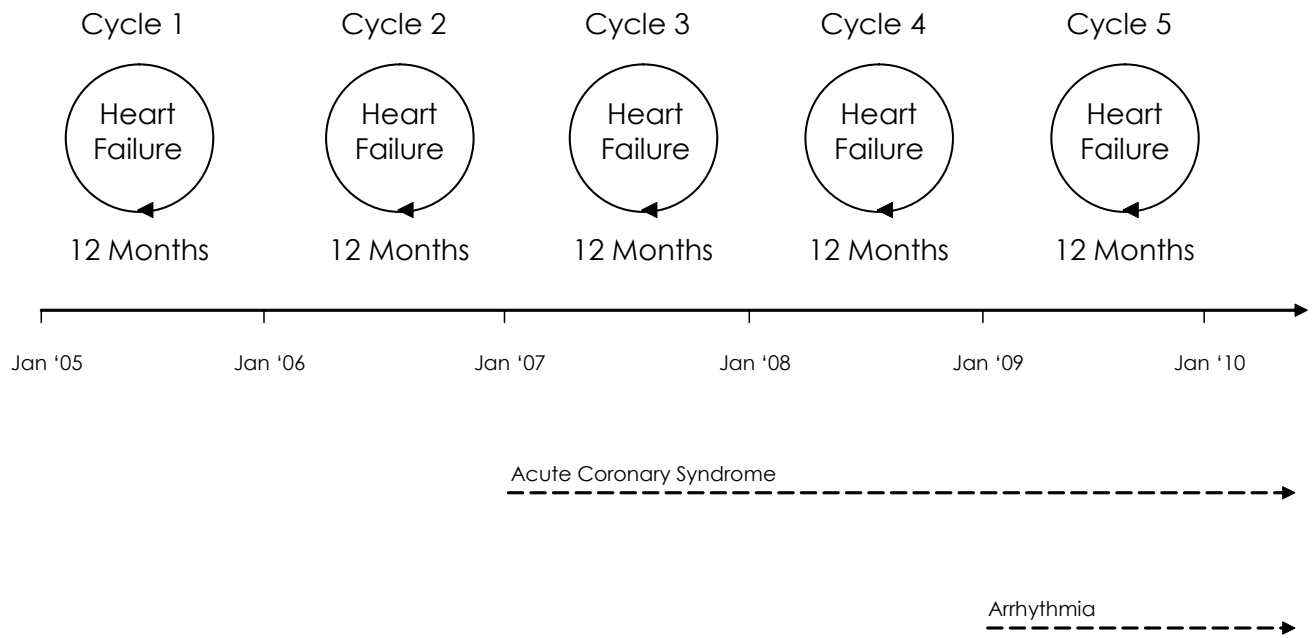


In this process, end-user needs assessment and evaluation are actively sought with feedback integrated into the next iteration of CCS Consensus Conference in the Diagnosis and Management of Heart Failure. The closed-loop model also permits integration of industry quality standards for guidelines (AGREE Collaboration) in addition to ongoing performance measurements and incremental improvements on a cyclical basis.



Development Cycles

How the recurring closed-loop development cycles for the CCS Heart Failure Consensus Conference Recommendations Program relate to time is illustrated in the diagram below:



2005 Canadian Cardiovascular Society

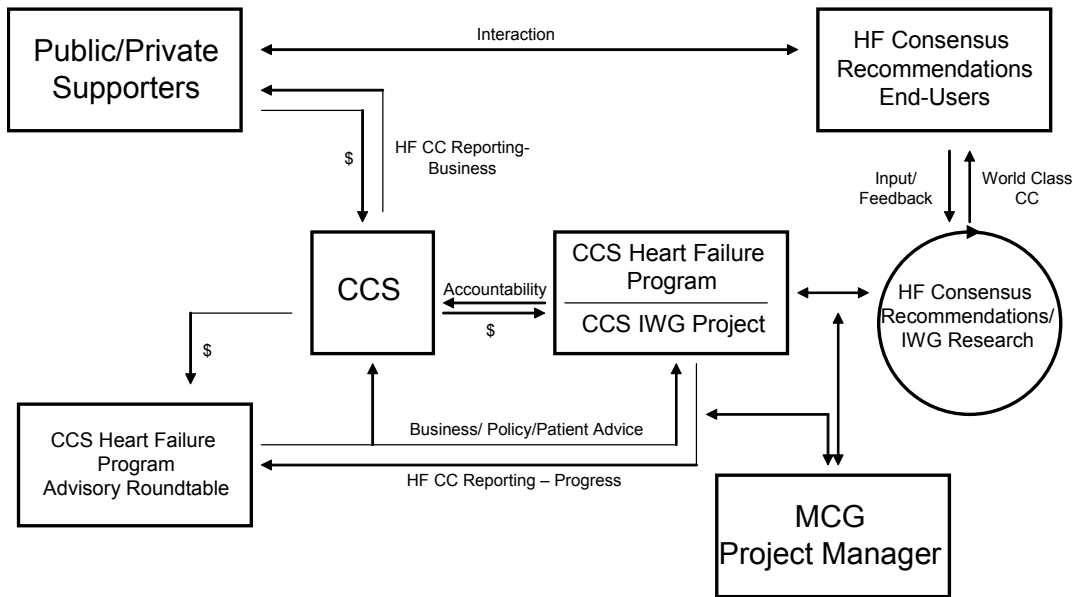
Given the cyclical nature of the closed-loop development model, efficiencies within various development processes will be identified over time. This will result in overall and ongoing cost reductions. Further, as needs assessment, dissemination, implementation and evaluation processes become refined, CCS will be positioned to consider careful introduction of additional Consensus Conferences which utilize CCS-identified/-developed best practices.

Note that the investment request for this project extends through the third development cycle depicted above – January 2008.



Business Model

The business model developed for this project is illustrated below along with brief descriptions of roles and responsibilities:



Public/Private Supporters: Public and/or commercial entities which provide annual investment directly to CCS with minimum 3 three year commitment. Provided opportunities to interact with end-users (physicians, pharmacists, nurses, others), receive regular updates from CCS and participate on the Heart Failure Consensus Conference Advisory Roundtable

Heart Failure Consensus Conference End-users: Specialists, general practitioners, pharmacists, nurses, policy-makers, patients and others with direct and vested interest in implementation of these Guidelines. Provide focused input and feedback to the Heart Failure Consensus Conference Primary Panel throughout all development cycles

Canadian Cardiovascular Society: Represents 1400 cardiovascular physicians, surgeons and researchers from across Canada and ideally positioned to lead a national standards initiative for heart failure care in Canada. Provides necessary funding and



resources to the Heart Failure Consensus Conference Primary Panel which in return, is accountable to CCS. Provides modest support to public sector representatives on the Heart Failure Consensus Conference Advisory Roundtable

Heart Failure Consensus Conference Primary Panel: Comprised of representation from CCS, *in addition to*, College of Family Physicians of Canada, Canadian Pharmacist Association, Canadian Geriatric Society and the Canadian Nurses Association. Are accountable to CCS, seek focused input/advice/counsel from the Heart Failure Consensus Conference Advisory Roundtable and, in return, provide regular reports and updates and, finally, provide world class Heart Failure Consensus Conference to end-users

Heart Failure Consensus Conference: World class, evidence-based recommendations developed with the end-user in mind, following industry-recognized development standards (AGREE Collaboration) and enabling recurring performance measurement and quality improvement

Heart Failure Consensus Conference Advisory Roundtable: Consists of Non-commercial and Commercial representation and provides ongoing expert counsel and advice to development teams assembled for each stage of the closed-loop cycle of consensus conference development.

Heart Failure Consensus Conference Impact Working Group: Consists of multiple representation of national-level health care organizations who are developing, resourcing and executing a five year CCS Heart Failure Consensus Conference Recommendations clinical practice pattern and health outcomes impacts strategy.

Mezzanine Business Consulting (MBC): Brings world-class project management skills and coordinates development and execution of communication, branding, needs assessment, consensus conference update dissemination, implementation and evaluation stages. Has access to advice and counsel of the faculty of the Richard Ivey School of Business, University of Western Ontario.