

Accessing the Health Care System in West Virginia

**Opportunity for
Improvement:
Acute Myocardial Infarction,
Heart Failure, and Stroke**



Choosing your path

- Don't we already know the basics for treatment of AMI, CHF, and STROKE?
- How well are we applying guidelines in treatment of AMI, CHF and STROKE?
- What are the obstructions to further improvement in care of AMI, CHF and STROKE?
- How can we achieve "Top 10%" status throughout the state? nation?

Identifying the Opportunity

- Heart disease is the #1 killer of Americans.
- 1 in 4 males and females has some form of CVD.
- Stroke is the #3 killer of Americans in most states.
- About 700,00 Americans will have a stroke this year.
- Heart Failure accounts for approximately 1,000,000 hospital admissions each year in US.
- Heart failure leading cause of hospitalization in persons over 65
- Average US hospital **loses** \$1,288 per HF patient admitted

Sources: American Heart Assn 2005 Update; CMS National 2001 discharge database; MEDPAR, DRG 427; Cardinal Health Clinical Services and Consulting (CHCSC); Heart Disease and Stroke Statistics - 2005 Update; Rich MW, Epidemiology, Pathophysiology and Etiology of Congestive Heart Failure in Older Adults; O'Connell JB, The Economic Burden of Heart Failure

Identify Your Partners

West Virginia Coalition for Quality Health Care

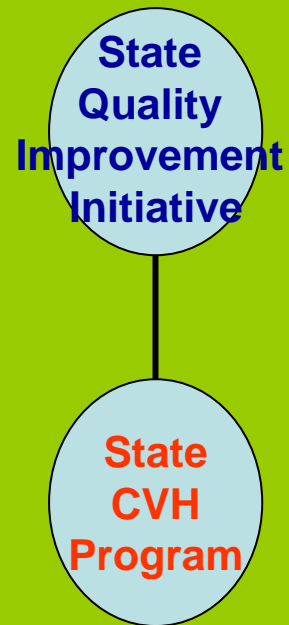
- a grant funded, physician-directed organization dedicated to exploring clinical variation, and improving health care in West Virginia for more than 7 years
- The Coalition is funded by the WV Cardiovascular Health Program and the WV Health Care Authority,

www.wvheart.org

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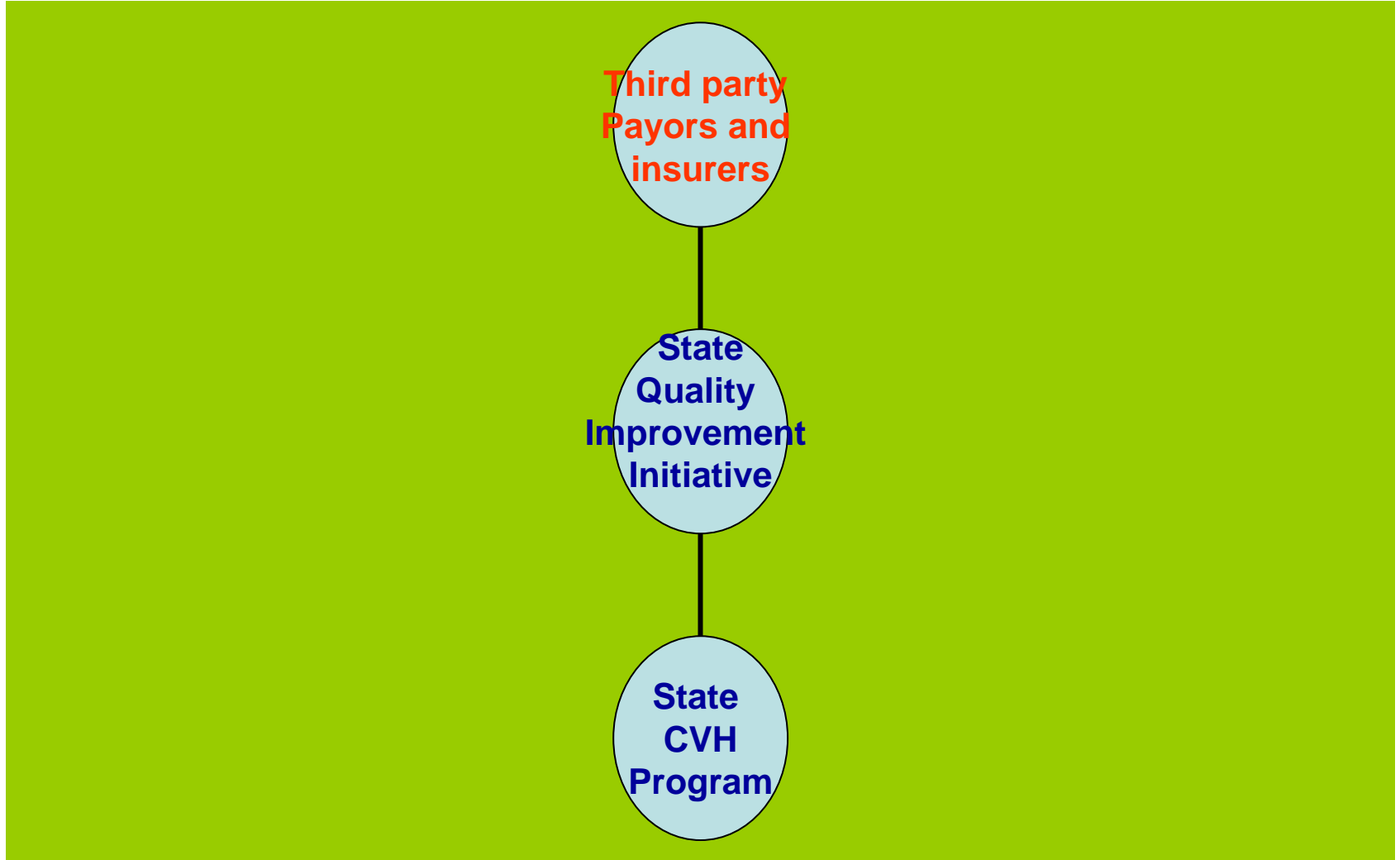


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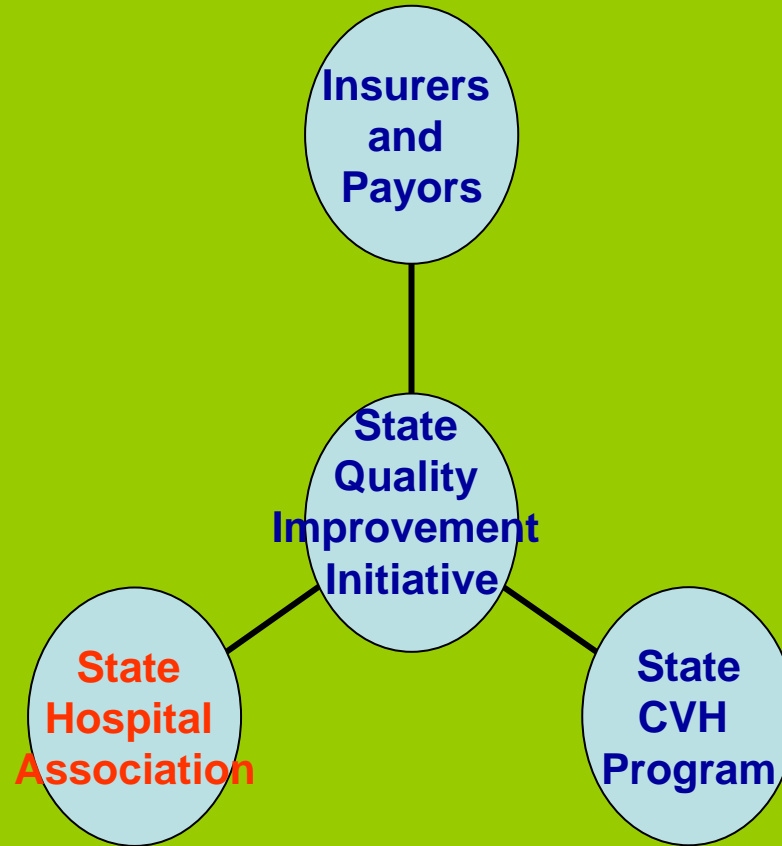
Third party
Payors and
insurers

State
Quality
Improvement
Initiative

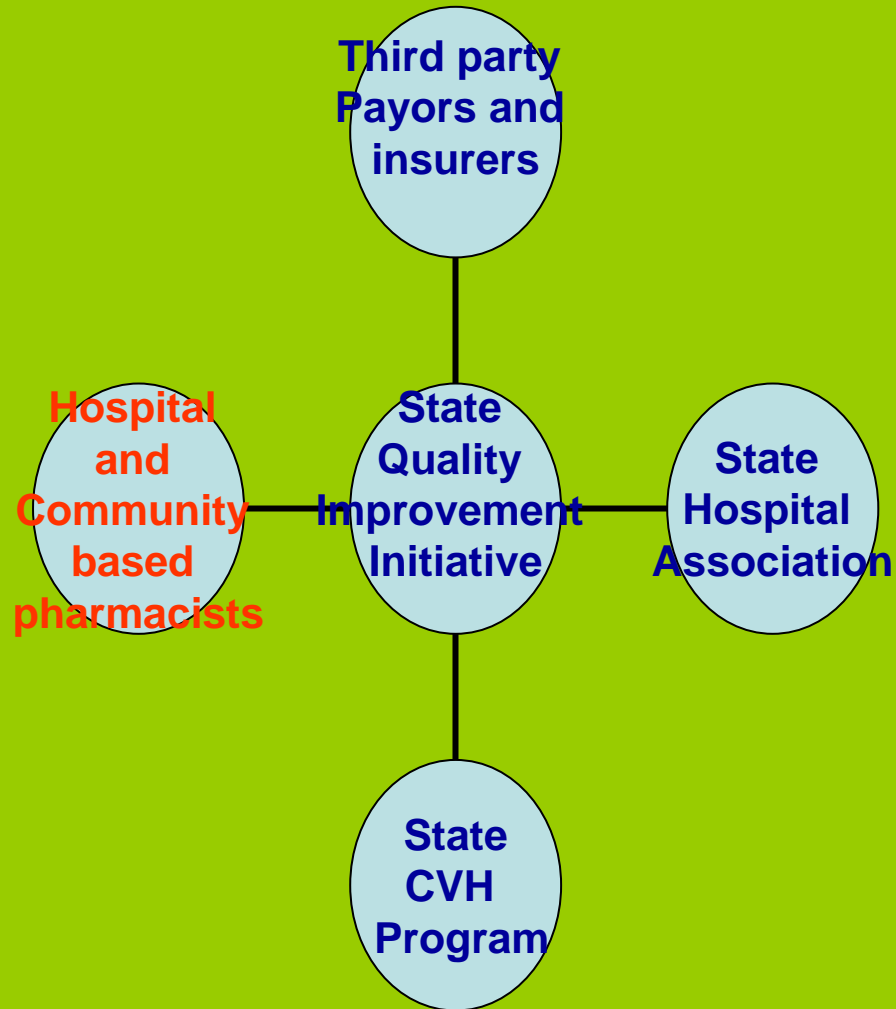
State
CVH
Program



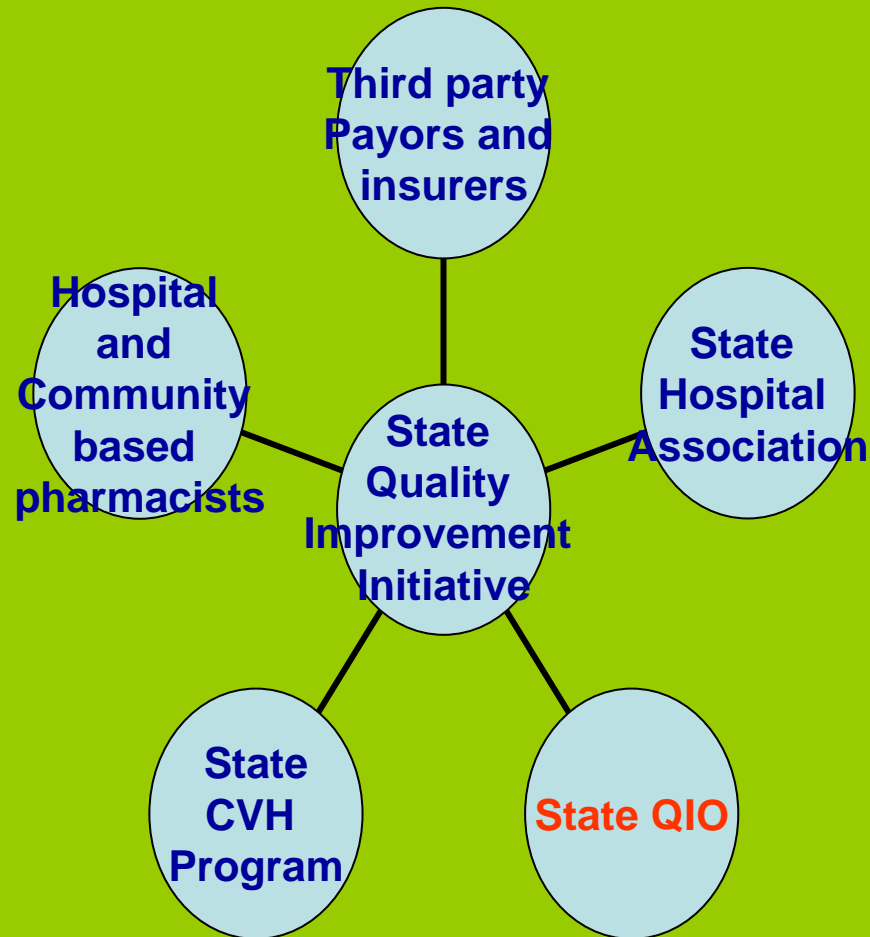
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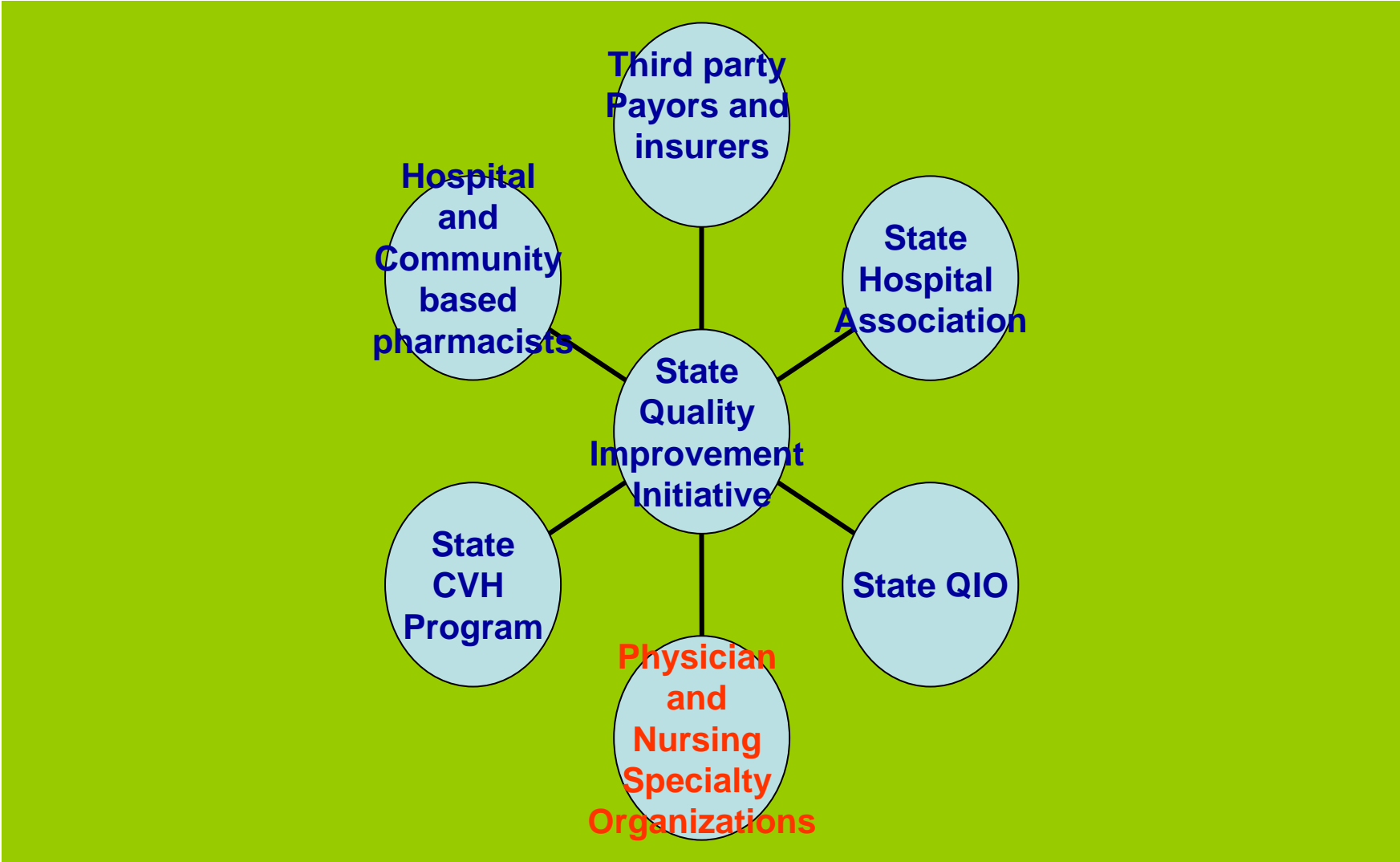
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Identify the Process

- Study Groups formed by physician interest
- Docs study care with areas of high variation
- Emphasis is placed on identifying what drives variation
- Strategies devised to decrease variation, and IMPROVE CARE

Study Group Timeline

- Formative meeting
- Planning retreat
- Quarterly Video Conference Meetings
- Roll-out (recruiting) meetings
- Develop Tool Kit
- Learning sessions
- Site Visits
- Ongoing Technical Assistance

AMI Project:

“GAP in the Mountains”

- Modeled after the successful American College of Cardiology/American Heart Assn GAP Project in Michigan
- 31 Hospitals participated on a voluntary basis (59%)
- Each participating hospital had a Physician Champion and a Project Leader (RN or QI coordinator)

GAP TEAM MEMBERS

(For AMI, CHF, and STROKE)

Administrators	Cardiac / Medical Rehabilitation
Physicians	Health Educators
Nurses	Social Services
Quality Improvement Staff	Physical Therapy
Pharmacy	Respiratory Therapy
Utilization Review Staff	Occupational Therapy

ABC's of Heart Health

- A- Aspirin and ACE Inhibitors
- B- Beta Blockers
- C- Cholesterol screening and medications

Heart Failure Project

- Fashioned after our successful AMI *GAP in the Mountains* Project
- Three arms to this project
 - Inpatient care
 - Physician involvement
 - Public Education campaign

HEART FAILURE QUALITY MEASURES

- Discharge instructions
- LVEF assessment
- ACEI for LVSD
- Adult Smoking Cessation Counseling

GAP STROKE PROJECT

- Beginning 2005 in West Virginia
- No publicly reported data
- Need to develop indicators
- Will apply GAP AMI and HF Process to Stroke

Who can remember all that?

- Clinical guidelines
- Quality measures
- ER orders
- Admission orders
- Nursing clinical pathways
- Discharge contracts/instructions

STRIKE WHILE THE IRON IS HOT

**CMS
Hospital Compare
Physician Specific
Data**

Centers for Medicare & Medicaid Services

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CMS News

For Immediate Release:

Friday, April 01, 2005

Contact:

CMS Office of Public Affairs
202-690-6145

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INFORMATION ON HOSPITAL QUALITY NOW AVAILABLE

CMS PARTNERSHIP WITH HOSPITAL QUALITY ALLIANCE RESULTS IN PUBLIC REPORTING AND QUALITY IMPROVEMENT INITIATIVES NATIONWIDE

Americans will be better able to compare the quality of care in nearly all of the nation's hospitals using quality information now available from the Centers for Medicare & Medicaid Services (CMS) and the Hospital Quality Alliance (HQA) for the first time ever.

The new information provides consumers with standardized assessments of the care that nearly 4,200 hospitals across the country provide to all adult patients, based on valid and reliable measures that have been shown to reflect quality of care. Hospital Compare is available on the Internet at <http://www.hospitalcompare.hhs.gov/> or <http://www.medicare.gov/>.

Consumers without web access can call 1-800-MEDICARE (1-800-633-4227) to get the same information on hospital quality.

"Hospital Compare gives consumers and health professionals quality of care information to help them make more informed decisions about their health care, while providing stronger rewards and support for high-quality, efficient care in the nation's hospitals," said CMS Administrator Mark B. McClellan, M.D., Ph.D. "Not only are we spending more on our health care, but where we choose to get our care matters more than ever before. Valid, consistent measures of quality care are an important

CMS Hospital Compare Data- AMI

MEASURE	TOP 10%	USA	WV
ACEI for LV dysfunction	100	75	71
Smoking counseling	100	75	75
ASA on arrival	100	91	90
ASA on discharge	100	86	84
Beta blocker on arrival	100	83	86
Beta blocker on discharge	100	84	86
PTCA within 90 minutes	70	37	39
Lytics within 30 minutes	100	37	37

CMS Hospital Compare Data

Heart Failure

	<u>Top 10%</u>	<u>USA</u>	<u>WV</u>
ACEI in CHF for LV dysfunction	100	74	71
Smoking counseling	100	65	74
Assess LV function	98	78	75
Discharge instructions	88	45	49

ORDERED	COLUMN	<p style="text-align: center;">ROUTINE ACUTE CORONARY SYNDROME ADMISSION ORDER (Chest pain not evaluated by a physician, or without accompanying orders and note must be diverted to the ED)</p>
		<p>ADMISSION</p> <input type="checkbox"/> Admit to Inpatient to service of Dr. _____ <input type="checkbox"/> Admit to Observation service of Dr. _____ Unit: _____ Room: _____ with telemetry
		<p>DIAGNOSIS</p> <input type="checkbox"/> Chest pain <input type="checkbox"/> Unstable Angina/Non-ST-elevation MI <input type="checkbox"/> ST elevation MI
		<p>CONSULT</p> <input type="checkbox"/> Consult Cardiology: _____ Notified at: _____ by: _____ <input checked="" type="checkbox"/> Dietary and cardiac rehab consult
		<p>ACTIVITY</p> <input type="checkbox"/> <u>Bedrest</u> x 12 hours <input type="checkbox"/> Bedside commode <input type="checkbox"/> Bathroom privileges <input type="checkbox"/> Progress as tolerated
		<p>DIET</p> <input type="checkbox"/> NPO until pain free, then Cardiac I, advance as tolerated to Cardiac II diet; ADA _____ cal diet
		<p>I&O</p> <input checked="" type="checkbox"/> Measure I&O Daily Weights
		<p>LABORATORIES</p> <input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> Fasting lipids in the a.m. if not drawn in ED <input checked="" type="checkbox"/> CMP on arrival if not drawn in ED <input checked="" type="checkbox"/> <u>Troponin I</u> on arrival if not drawn ED and 8 hours post arrival to hospital <input checked="" type="checkbox"/> CPK with MB on admission and every 8 hours times 3 <input type="checkbox"/> Other _____
		<p>MEDICATIONS</p> (check yes or no and appropriate doses and frequency) a. ASA 162 mg PO, Suppository, or NG now if not given in ED and daily or list contraindication _____

HEART ATTACK DISCHARGE CONTRACT

I know I've had a heart attack and that I need to do the following:

1. Medications: The following prescribed medicines may reduce my risk of another heart attack and may prolong my life:

- a. Aspirin _____ daily Does not apply because _____
- b. Plavix 75 mg one daily Does not apply to me because _____
- c. ACE Inhibitor/ARB _____ Does not apply because _____
 - i. My heart is weakened with an ejection fraction of _____ %
- d. β -blocker _____ Does not apply because _____
- e. Aldosterone Blocking Agent _____
- f. Lipid lowering medicine: _____
 - i. My lipids were measured as follows:

		Normal Values
1. Total Cholesterol	= _____ mg/dl	(0-200)
2. LDL ("bad") Cholesterol	= _____ mg/dl	(<100)
3. HDL ("good") Cholesterol	= _____ mg/dl	(>40)
4. Triglycerides	= _____ mg/dl	(<150)
- g. Nitroglycerin 0.4mg 0.3mg 0.6mg one under tongue up to 3 in 20 minutes as needed for chest pain, come to Emergency Department if not relieved.
- h. Other medicines:

“Patient” Problems”

- Patients who sneak into the hospital
 - Apply admission orders
- Patients who sneak out of hospital
 - Code room, secondary diagnoses
- Patients with new diagnosis in hospital

“Institutional” Issues

- It’s really not the institution, it’s the people who work there.
 - Administrators
 - Physicians
 - Nurses
 - QA departments
 - Coders, medical records

Physician issues

- Resistance to use of admission orders
 - How can we streamline them?
 - Is there some way to include more automatic items?
- Resistance to use of discharge instructions
 - Use of computerized systems
 - Incentives, through payers?
 - Threats, medical records sanctions
 - Public reporting of physician specific care

For more information...

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Questions and answers

