TOP TEN THINGS TO KNOW
An Organized Approach to Improvement In Guideline Adherence for Acute Myocardial Infarction

1. Over eight million adult Americans have had a myocardial infarction (MI); over 900,000 develop new or recurrent MI every year; at age of 40 years or older, 18% of men and 23% of women will die within a year after their first MI.

2. Despite compelling clinical trial evidence and ACC/AHA guideline recommendations, prior studies have shown, gaps, variations, and disparities in the use of evidence-based therapies for patients with cardiovascular disease.

3. The AHA launched Get With the Guidelines (GWTG) to support and facilitate the improvement of the quality of care of patients with cardiovascular disease using a web-based patient management tool to collect clinical data, provide decision support, and provide real-time online reporting features.

4. The effectiveness of the program in patients with coronary heart disease, stroke, and heart failure before and after GWTG intervention has been previously documented. However, there has not been a head-to-head concurrent comparison for quality measures between GWTG hospitals and non-GWTG hospitals.

5. This study compared eight individual quality-of-care measures and two composite scores in 223 GWTG-CAD hospitals and 3407 non-GWTG-CAD hospitals.

6. These quality measures included aspirin on admission, aspirin use at discharge, beta-blocker use on admission, beta-blocker use at discharge, ACE inhibitor use at discharge, tobacco cessation counseling at discharge, administration of thrombolytic agents within 30 minutes and PCI within 120 minutes. The two composite scores included: the CMS hospital comparison composite score which encompasses all the above-mentioned quality measures; and the GWTG-CAD performance measure composite score which encompasses four GWTG performance indicators.

7. Adherence to the overall hospital comparison composite score was 4.7% higher in GWTG hospitals compared to non-GWTG hospitals.

8. Adherence to the GWTG-CAD composite score was 6.5% higher in GWTG hospitals compared to non-GWTG hospitals. The difference was significant after adjusting potential confounding factors.

9. GWTG-CAD hospitals demonstrated superior adherence as compared to non-GWTG-CAD hospitals in the following four individual measures: aspirin use at discharge, beta-blocker use at discharge, ACE inhibitor use at discharge, and tobacco cessation counseling at discharge.

10. Participation in GWTG was independently associated with improvements in guideline adherence beyond that associated with public reporting for CAD patients.

http://archinte.ama-assn.org/cgi/content/abstract/168/16/1813