

Improving Cardiovascular Outcomes in Minority Populations

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Problem

CV disease is the number one cause of death, a major source of disability and significantly drives current and projected costs of health care expenditures in the United States.¹ Effective treatment of acute myocardial infarction (AMI) can improve outcomes related to CV disease. A comprehensive review of the last decade of CV research and an analysis of the National Registry of Acute Myocardial Infarction led the American Heart Association (AHA) and the American College of Cardiology (ACC) to recommend a Door – To – Balloon (D2B) time (the time it takes for a patient presenting with a ST-elevation myocardial infarction (STEMI) to undergo percutaneous intervention) of 90 minutes.² Despite improvements, there remains significant statistical difference in D2B time for minorities: 122.3 minutes for African Americans, 114.8 minutes for Hispanics and 103.4 minutes for non-White Hispanics.³

Evidence

The Centers for Medicare and Medicaid Services (CMS) requires specific metrics for AMI patients.⁴ Quality analysis includes D2B for STEMI patients.

Strategy

Expecting Success (ES), a national program of the Robert Wood Johnson Foundation, aims to reduce CV health care disparities.⁵ ES seeks specific and replicable strategies to reduce the disproportionate burden of CV disease in the Hispanic and African American populations. Participants in this multi-center, multi-disciplinary initiative all have large minority populations.

Practice Change

ES participants share strategies designed to improve CV outcomes in health care institutions with large minority populations.

Evaluation

Quarterly analysis of CMS metrics track progress on AMI benchmarks including D2B times.

Results

Utilizing shared learning innovations, our institution has seen a near 30 % reduction in D2B time for the 1st quarter of 2007 in comparison to the first half of 2006.

Recommendations:

Collaborative networking can be an effective strategy to reduce D2B time in high risk populations.

Bibliography:

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