American Heart Association/American Stroke Association Latest Quality Research


- This study examined the care of patients in Get With The Guidelines®-Heart Failure to determine which patient and hospital factors are associated with better process of care as defined by Medicare.

- The Medicare process of care measures include assessment of left ventricular ejection fraction (LVEF), use of angiotensin converting enzyme inhibitors or angiotensin receptor blockers (ACEi/ARB) if the LVEF is < 40%, discharge instruction, and smoking cessation counseling.

- After adjustment for patient and hospital characteristics, older patients and those with evidence of renal failure were significantly less likely to receive recommended care.

- Patients with higher body mass index were more likely to receive ACEi/ARB and discharge instructions, but less likely to have LVEF documented or to receive smoking cessation counseling.

- Small hospitals (<200 beds) were less likely to provide each of the performance measures compared to larger hospitals.

- Programs to improve evidence-based care for heart failure should consider interventions specifically targeting and tailored to smaller facilities and patients that are older with comorbidities.
Dr. Heidenreich Bio

Dr. Paul Heidenreich is Professor of Medicine and Health Research and Policy at the Stanford University School of Medicine and Staff Cardiologist at the VA Palo Alto Health Care System.

Dr. Heidenreich is chair of the Get With The Guidelines Quality Improvement sub-committee. He directs the VA’s Chronic Heart Failure Quality Enhancement Research Initiative, a center whose goal is to improve the quality of heart failure care throughout the VA system. Dr. Heidenreich has an extensive background in health services research in the areas of evidence-based medicine, quality improvement, and cost-effectiveness research.

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