
Key Findings and Messages from the study include:

- 1023 (9.1%) prescribed aldosterone antagonist at discharge
- Aldosterone antagonist use varied from 0% to 40% among hospitals
- History of DM, HF, or coronary revascularization and larger hospital size associated with prescription of aldosterone antagonist
- History of kidney dysfunction, tobacco abuse, and higher EF were less likely to be prescribed an aldosterone antagonist
- From 2006 to 2009, the use of aldosterone antagonists increased from 6.0% to 13.4% (p<0.001)
- Rates of utilization of aldosterone antagonists are rising slightly over time
- A majority of AMI patients eligible for treatment fail to receive it at hospital discharge, despite a Class 1, Grade A recommendation
- This disconnect between guideline based therapy and actual prescribing patterns suggests that new initiatives for performance improvement are needed

Andrew N. Rassi, MD is currently an interventional cardiology fellow at Massachusetts General Hospital in Boston, Massachusetts. He completed his undergraduate and medical training at Case Western Reserve University. Following medical school, he completed internal medicine residency at Duke University Medical Center and then went on to complete cardiovascular medicine fellowship at the Cleveland Clinic. His clinical interests focus on percutaneous coronary and structural heart interventions. Research interests include quality improvement, the use of antiplatelet agents, and novel percutaneous interventional therapies and devices.

Poster Presentation at QCOR 2012

PowerPoint Presentation at AHA SS 2012
Key Findings and Messages from the study include:

- Patients presenting with NSTEMI versus STEMI are older and have more co-morbid conditions.
- Among hospitals participating in GWTG–CAD, adherence with guideline-based medical therapy was high for patients with both STEMI and NSTEMI.
- STEMI versus NSTEMI patients are more likely to receive guideline indicated acute and chronic medical therapies.
- There is still room for further improvement, particularly in the care of NSTEMI patients.

Dr. Somma is currently practicing interventional and general cardiology in Santa Maria, California. Dr. Somma graduated with Bachelor of Applied Science Degree and a Bachelor of Biomedical Science Degree from the University of Pennsylvania. He received his Medical Doctorate Degree from New York Medical College. Dr. Somma's Post-Doctorate training includes residency training in Internal Medicine at Scripps Mercy Hospital in San Diego. He completed a three-year Fellowship in Cardiovascular Disease, spending the last year as the Chief of the Cardiology Fellowship Program at the University of Southern California, Los Angeles. He then spent an additional year training in interventional cardiology at USC. Dr. Somma is Board-Certified in Internal Medicine, Cardiology, Interventional Cardiology, Echocardiography and Nuclear Cardiology.

Leslie Saxon, M.D., is a Professor of clinical medicine at the USC Keck School of Medicine, specializing in the diagnosis and treatment of arrhythmias in patients with congestive heart failure. After serving as the director of the electrophysiology laboratory and implantable device services at UC San Francisco, Dr. Saxon was recruited to serve as the Chief of Cardiovascular Medicine at USC.

In addition to using state-of-the-art resynchronization devices in patients with arrhythmias, such as modified pacemakers and implantable defibrillators, Dr. Saxon also collaborates with medical device companies to evaluate the latest, most innovative interventional gadgets for patients with difficult-to-treat heart failure.

Dr. Saxon has completed over 90 publications in various medical journals and is an active member of a multitude of organizations, including the American College of Cardiology, the Heart Rhythm Society, The American Heart Association, and the Heart Failure Society of America.

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The Council on Clinical Cardiology, the Stroke Council, and the Council on Quality of Care and Outcomes Research greatly value the development of young clinical investigators. To further this effort, the councils have a limited number of seed grants for young investigators for meritorious research projects based on the data gathered from Get With The Guidelines®. See link for details – Application Deadline extended to Nov 26th.
Right now, 5.7 million Americans are living with heart failure. An additional 670,000 new cases are diagnosed annually, up from 500,000 a few years ago. With the aging of the population, the problem is poised to reach epidemic proportions in coming years, taking a tremendous toll in quality of life as well as longevity. Moreover, the cost of providing heart failure care ranks among the leading U.S. healthcare expenditures. The American Heart Association has mounted a nationwide campaign to attack the problem from all sides. Target: Heart Failure provides healthcare professionals with comprehensive, content-rich resources and tools — free of charge — to address this urgent challenge.