

Executive Summary

Ischemic heart disease (IHD) was responsible for more than 1 of every 5 deaths in the United States in 2001. It is the single largest killer of males and females in the US. In 2004, the total cost (direct and indirect) for caring for patients with IHD will exceed \$133 billion. Over 500,000 VHA patients carry a diagnosis of IHD, and it is a leading cause of mortality and hospitalization of veterans. The mission of Ischemic Heart Disease QUERI (IHD QUERI) is to improve the care of veterans with ischemic heart disease, working collaboratively with operational units and other QUERI groups to enable implementation of best practices. The Center aims to define cost-effective interventions; improve quality of care and successfully measure outcomes of care based on existing data systems.

During the past year, the members of the IHD QUERI have overseen a dramatic expansion of activities and involvements and have achieved a number of notable successes in furthering our work to improve the prevention and treatment of adverse events due to IHD. We have maintained our initial emphasis on **secondary prevention**, most importantly management and control of LDL-cholesterol in patients with IHD. Our efforts in lipid management in VISN 20 resulted in a 10% reduction in mean LDL-c values which could translate to a 17% reduction in adverse cardiac events. If implemented throughout VHA, these reductions could save up to 10,000 lives over a 20 year period. We are also adding efforts to address the management of hypertension that will provide additional benefit in secondary prevention to patients with IHD. This work is being led by Dr. Mary Goldstein, who has agreed to take the lead nationally in coordinating QUERI-related research in improving quality of care for veterans with hypertension. Planned projects focus on treatment of veterans with IHD who have mental health or substance abuse comorbidities, the effects of a comprehensive series of reminders, and roll-out of the ATHENA decision support system for hypertension care in VISNs 1 and 21.

In addition, over the last year, IHD QUERI invested substantial effort into forging partnerships with VA leaders to support interventions that both improve care and foster research as part of the National Cardiac Care Initiative. This Initiative involves Patient Care Services, the Office of Quality and Performance, Office of Information, Employee Education Services and the National Clinical Practice Guidelines Council. This work has been at the direction of the Secretary, and reports to the Deputy Under Secretary for Health. Through this Initiative, we have been involved in the development of VA/DoD guidelines for patients with acute myocardial infarction (heart attack) and unstable angina patients, supported performance measure

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development in the area of cardiac care, reviewed all VISN plans for improving care for patients with ACS, and were directly involved in critiquing those plans.

Furthermore, because of this Initiative, we have received significant new funding to actively engage in projects focusing on the **acute phase of care** for patients with IHD. As a result, we are expanding our focus to include the assessment of variations in practice for inpatient management of acute coronary syndromes. We have developed a cardiac catheterization data capture tool (CART-CL) that is being implemented through a phased roll out in all VHA hospitals with cardiac catheterization labs. It is a prototype that will be used in other areas of the hospital to improve care to cardiac patients. Planned projects aim to address access to timely cardiology consultation through long-distance and regional cardiology consultations and access to protocols for chest pain assessment and data on what was done during the emergency assessment of chest pain.

We are also continuing to address **management of chronic manifestations of IHD**, specifically chronic stable angina. Dr. Stephan Fihn's chronic stable angina project has been funded and is moving in four tertiary VA medical centers.

Finally, exploiting the rich sources of data within VHA we have produced a number of important reports, for example, in the American Journal of Cardiology, American Journal of Medicine, and in the American Heart Journal, that highlight areas for potential improvement of care in this arena and that provide important insights essential to developing improved approaches to care.