Registries to Reduce Disparities

National Minority Quality Forum and Congressional Black Caucus

Jack Lewin, M.D.
CEO
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NMQF and ACC Collaboration
“Science tells us what we can do; Guidelines what we should do; Registries what we are actually doing.”
Timeline of building a true National Cardiovascular Data Registry

1998... 2004 2005 2006 2007 2008 beyond

CathPCI Registry
ICD Registry
CARE Registry
ACTION Registry
SPECT MPI Registry
IMPACT Registry
ICD Long Registry
IC3 Registry
EP Registry
PAD Registry
What is the NCDR®?

Registries
- CathPCI
- IMPACT
- ICD
- IC3
- CARE
- ACTION-GWTG

Registry Studies
- SPECT MPI
- ICD Long.

Analytic Reporting Services
- WellPoint
- CMS
- BCBS/A
- WVMI
- United
- BMC2
- Aetna
- HCA

Research & Publication Services
- FDA
- Yale
- ACC
- Industry
- DCRI
- Ad hoc
- MAHI

Quality Improvement
- Care Plans
- Standard Order Sets

- Guidelines Develop.
- Educational Needs Assess.
- Market Intelligence
Uses of Registry Data

✈ Quality Improvement
  • Effectiveness of P4P
  • Guideline adherence
  • Performance measure development, implementation, validation

✈ Post Market Surveillance
  • Adverse/sentinel events
  • Identify device performance trends
  • Inappropriate off-label use
  • Hypotheses for follow up studies
Variation in Care
PCI Rates per 1,000 Medicare Enrollees (2002-03)

http://www.dartmouthatlas.org/
Percentage of Primary PCI with D2B <= 90 minutes
NCDR CathPCI v3

2004 STEMI ACC/AHA Guideline Update & JCAHO Core Measure
D2B Alliance Launch

Timeframe
Outcomes of Patients > 85 years Undergoing PCI  
NCDR® 2001 – 2004

<table>
<thead>
<tr>
<th>CABG</th>
<th>Mortality</th>
<th>Emerg.</th>
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<tbody>
<tr>
<td>Chronic CAD (n=14,077)</td>
<td>1.4%</td>
<td>0.2%</td>
</tr>
<tr>
<td>STEMI (n=2,941)</td>
<td>15.6%</td>
<td>0.3%</td>
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<tr>
<td>Non-STEMI (n=4,316)</td>
<td>5.1%</td>
<td>0.2%</td>
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</tbody>
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• Total PCI procedures = 666,415 from 409 institutions
• %>85 years old = 2.9% CAD, 3.2% STEMI, 4.7% NSTEMI
Need to add *ethnic* and *gender* data to registries
Registries Can Drive Quality of Care

JAMA
The Journal of the American Medical Association
2007;297:2373-2380

Graph showing CMS Measures over time from Jul-Dec 2003 to Jan-Jun 2006.
Registries Can Define QI Targets

Pre-hospital ECG

↓ Door to reperfusion times

↓ Risk-adjusted mortality

27%

J Am Coll Cardiol, 2009; 53:161-166
We can achieve similar results with *ethnic* and *gender* breakdowns.
Vision: How can we *eliminate* disparities?

- Education
  - Physicians and caregivers
  - Patients
- Transparent CQI
- Adherence to guidelines with ethnic and gender breakdowns
- Progress toward improving outcomes with gender and ethnic breakdowns
- Personalized care