THE RELATIONSHIP BETWEEN PROVIDER EXPERIENCE AND CARDIAC PERFORMANCE MEASURE COMPLIANCE IN OUTPATIENTS: RESULTS FROM THE NCDR®

Poster Contributions
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Authors: Njeri Thande, Kensey Gosch, Philip Jones, Samantha Risch, Yale School of Medicine, New Haven, CT, USA

Background: The role of provider experience in compliance with outpatient cardiac performance measures is not well described. We undertook this study to examine the relationship between provider experience and compliance with performance measures for outpatients with coronary artery disease (CAD), heart failure, and atrial fibrillation in the PINNACLE Registry®.

Methods: Using clinical data from January 1 2010 to Dec 31 2012 in the PINNACLE Registry, we employed hierarchical logistic regression analyses to examine the relationship between 8 cardiac performance measures for outpatients with CAD, heart failure, and atrial fibrillation and provider experience, defined by the number of years since initial cardiology board certification (< 10 years vs. 10 to 20 years vs. ≥ 20 years). The cardiology board certification information was acquired from the American Board of Internal Medicine (ABIM).

Results: Compared to providers with ≥ 20 years since certification, providers with more recent certification were more compliant with the use of a beta blocker in CAD patients after a myocardial infarction or with left ventricular dysfunction (ejection fraction < 40%) (< 10 years: odds ratio 1.34 (1.10, 1.65), P-value 0.0046) and documentation of CHADS2 score to determine appropriate use of anticoagulation (< 10 years: odds ratio 2.87 (1.58, 5.21), P-value 0.0006; 10-20 years: odds ratio 1.68 (1.01, 2.79), P-value 0.0472). Compared to providers with ≥ 20 years since certification, providers with more recent certification were less compliant with the use of angiotensin-converting enzyme inhibitor (ACE-I) or angiotensin receptor blocker (ARB) therapy for patients with CAD and either left ventricular systolic dysfunction (ejection fraction < 40%) or diabetes mellitus (DM) (< 10 years: odds ratio 0.71 (0.55, 0.91), P-value 0.0066; 10-20 years: odds ratio 0.80 (0.65, 0.99), P-value 0.0416).

Conclusion: While there is some variance in provider compliance with cardiac performance measures based on provider experience, the majority of compliance measures are being met equally between all levels of experience. In some cases, the variance in compliance observed may be related to use of the electronic medical record.