ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING COMPLIANCE AND CORRELATION WITH SMOKING STATUS DOCUMENTATION AT AN ACADEMIC MEDICAL CENTER: 5 YEARS LATER WHERE ARE WE?

ACC Poster Contributions
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Background: Aortic Aneurysms account for 15 000 deaths in the United States annually; of these, 9 000 are abdominal aortic aneurysm (AAA) - with most of these deaths occurring in men above 65 years of age. In 2005, updated guidelines by the United States Preventive Services Task Force (USPSTF) recommended a one-time screening with abdominal ultrasonography for AAA in men aged 65-75 years of age who have ever smoked. National data on compliance with AAA screening guidelines and detection rates are sparse.

Methods: Retrospective reviews of the electronic medical record (EMR) of male patients between ages of 64 and 76 years former smokers or currently active tobacco users who had been followed by their primary care physicians for a period of at least 1 year were performed in a busy outpatient clinic. The aim was to determine patients who had at least a one-time abdominal ultrasound primarily for AAA screening or any other screening modality for any other indication eg. abdominal CT with concomitant infra-aortic imaging. The likelihood of AAA screening was then compared with the likelihood of smoking status documentation. The study period was from the installation of the EMR in 2006 till August 31, 2010.

Results: The final study sample size was 126 patients. The average rate of AAA screening was 36%. There was huge variability in rates of screening for AAA among the individual physicians with rates ranging from 0%-69%. In our study, higher rate of documentation of smoking status resulted in higher screening rates for AAA. However the highly variable trend of screening rates among individual physicians is worrying and there is need for marked improvement in documentation of smoking status and one-time AAA screening.

Conclusion: Despite the glaring survival benefits of AAA screening, compliance rates remain low. Documenting smoking status among older men and increasing awareness about mortality benefits of screening are necessary first steps. Future studies and guidelines should emphasize reporting of screening compliance to maximize long term mortality benefit from this recommendation.