

CORE

62<sup>nd</sup> Annual Scientific Session & Exp

E1327 JACC March 12, 2013 Volume 61, Issue 10

## $\diamond$ Practice Performance, Improvement and Adminsitration

## **COMPLIANCE WITH PERFORMANCE MEASURES IN THE NCDR ICD REGISTRY**

Poster Contributions Poster Sessions, Expo North Monday, March 11, 2013, 9:45 a.m.-10:30 a.m.

Session Title: A Potpourri of Insights from Contemporary Cardiology Registries Abstract Category: 22. Performance Improvement Presentation Number: 1305-273

Authors: <u>Nayan K. Desai</u>, Matthew Ortman, Tamara Wolf, Julie Field, Maryann Powell, John Andriulli, Melvin White, Jad Skaf, Lawrence Gessman, Andrea Russo, Cooper University Hospital, Camden, NJ, USA

**Background:** Beta-blocker (BB) and angiotensin converting enzyme inhibitors (ACEI)/receptor blockers (ARB) are well-established treatments for patients with left ventricular systolic dysfunction, with availability of NQF (National Quality Forum) endorsed performance measures related to guideline-directed medical therapy (GDMT). We conducted the current study to identify physician adherence to the combined usage of both BB and ACEI/ARB in eligible Implantable Cardioverter Defibrillator (ICD) patients identified in the National Cardiovascular Data Registry (NCDR).

**Methods:** A retrospective chart review of patients undergoing ICD implantation at our institution was performed using the NCDR (Oct 2011 to Aug 2012) to determine compliance with performance measures. All patients in the registry undergoing ICD insertion with LVEF </= 40% or post-MI were included. Additional inpatient and outpatient electronic records were reviewed for patients who were not on GDMT.

**Results:** A total of 324 consecutive patients in the NCDR were examined. Of these patients, 253 (78%) met this combined performance measure for ACE/ARB and BB therapy. After review of additional inpatient and outpatient records, it was identified that 30 pts had prior intolerance (allergy, renal insufficiency, hyperkalemia, COPD, or hypotension) documented elsewhere in the medical record. After accounting for these 30 misclassified patients, compliance with this composite measure would have increased to 87%.

**Conclusions:** Lack of documentation of contraindications/intolerance to GDMT is frequently the cause of lack of adherence with performance measures. As changes in our health care system will now include "pay-for-performance" initiatives, education of health care providers about the importance of proper documentation is essential. The impact of a simple educational initiative and automatic EHR "smart phrase" reminders has been initiated, with follow-up data pending.