Cardiovascular Medicine - Clinical Quality Overview

Division Clinical Units and Leads

Division Chief: David Pinsky
Quality Council Representative: Kim Eagle, Jim Froehlich
Division Administrator: Robert Keast

Domino's Farms Anticoag: Jim Froehlich
Domino's Farms Preventive Cardiology: Mel Rubenfire
CVC Disease Management: Vallerie McLaughlin
CVC Echo: Theodore Kolias
CVC EKG: Michael Lehmann
Heart Failure: Todd Koelling
CVC Clinic: Michael Grossman
EP: Hakan Oral
Cath: Stan Chetcuti

Quality Committees and Roles

Clinical Quality Director: Kim Eagle
in conjunction with leads; Kolias, Hakan, Froehlich, Chetcuti, Koelling, & Lehmann

Highest Volume Conditions

Inpatient Only

1. Acute and chronic coronary artery disease
2. Heart failure
3. Cardiac arrhythmia conduction disorders

All Patients (Inpatient and Outpatient)

4. Atrial fibrillation
5. Heart failure
6. Atherosclerosis
7. Valvular disorders

Division Specific Specialty Conditions

1. Heart failure cardiomyopathy
2. Advanced valve disease
3. Pulmonary hypertension
4. Atrial fibrillation
5. Ventricular tachycardia
6. Acute and chronic coronary artery disease
7. Hypertrophic cardiomyopathy
8. Adult congenital heart disease
9. Complex aortic disease

*Note: For high volume and specialty conditions, indicate with an * what your division does well, and with a # what your division does poorly.*

Choosing Wisely – Selected Measures

1. Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.
2. Don't perform annual stress cardiac imaging or advanced non-invasive imaging as part of routine follow-up in asymptomatic patients.
3. Don't perform stress cardiac imaging or advanced non-invasive imaging as a pre-operative assessment in patients scheduled to undergo low-risk non-cardiac surgery.
4. Don't perform echocardiography as routine follow-up for mild, asymptomatic native valve disease in adult patients with no change in signs or symptoms.
   →Status: #4 is mandated by many payers, faculty are covering each of these carefully (covered in grand rounds twice in last year)

Quality Improvement Priorities

- Risk adjusted outcomes for heart failure and myocardial infarction (specifically, accurate coding)
- 30 day readmissions, including transition to home
- Cost of care, specifically understanding what high cost drivers are
- Using data to refocus efforts on areas that matter

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<tr><th>Measurement – Peer Review Metrics</th><th>Measurement – Registries and Other Data</th></tr>
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Rate-Based Indicators
→Covered in regularly review data
Case-Based Indicators
→Covered in regularly review data

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<u>Registries</u>

IRAD (CMS)
TAVR
NCDR ICD (CMS)
PCI (BCBS)
Peripheral vascular intervention (BCBS)
Ongoing CQI work on the quality, safety, and efficiency
Pace makers
Right heart catheterization and RV biopsy (internal)
Atrial fibrillation ablation (internal)
NCDR STS/TVT
NCDR CathPCI

<u>Regularly Reviewed Data</u>
PACE

ALOS, readmissions

QMP

Working to make left ventricular ejection fraction and NY heart association class regularly available in MiChart
Working to have regular reports on adjusted mortality for heart failure and myocardial infarction
Working to have reliable cost data
Meet quarterly with Steve Bernstein

Dashboards and Regular Reports

CVC dashboard (managed by Jamie Beach)
Quarterly EP and Cath reports
Interventional cardiology (Quarterly)
Arrhythmia (Quarterly)
Echo (choose a problem to work on quarterly)
Heart failure

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