



Helping  
Cardiovascular  
Professionals  
Learn.  
Advance.  
Heal.

# Registries to Reduce Disparities

National Minority Quality Forum  
and Congressional Black Caucus

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CEO

May 2009



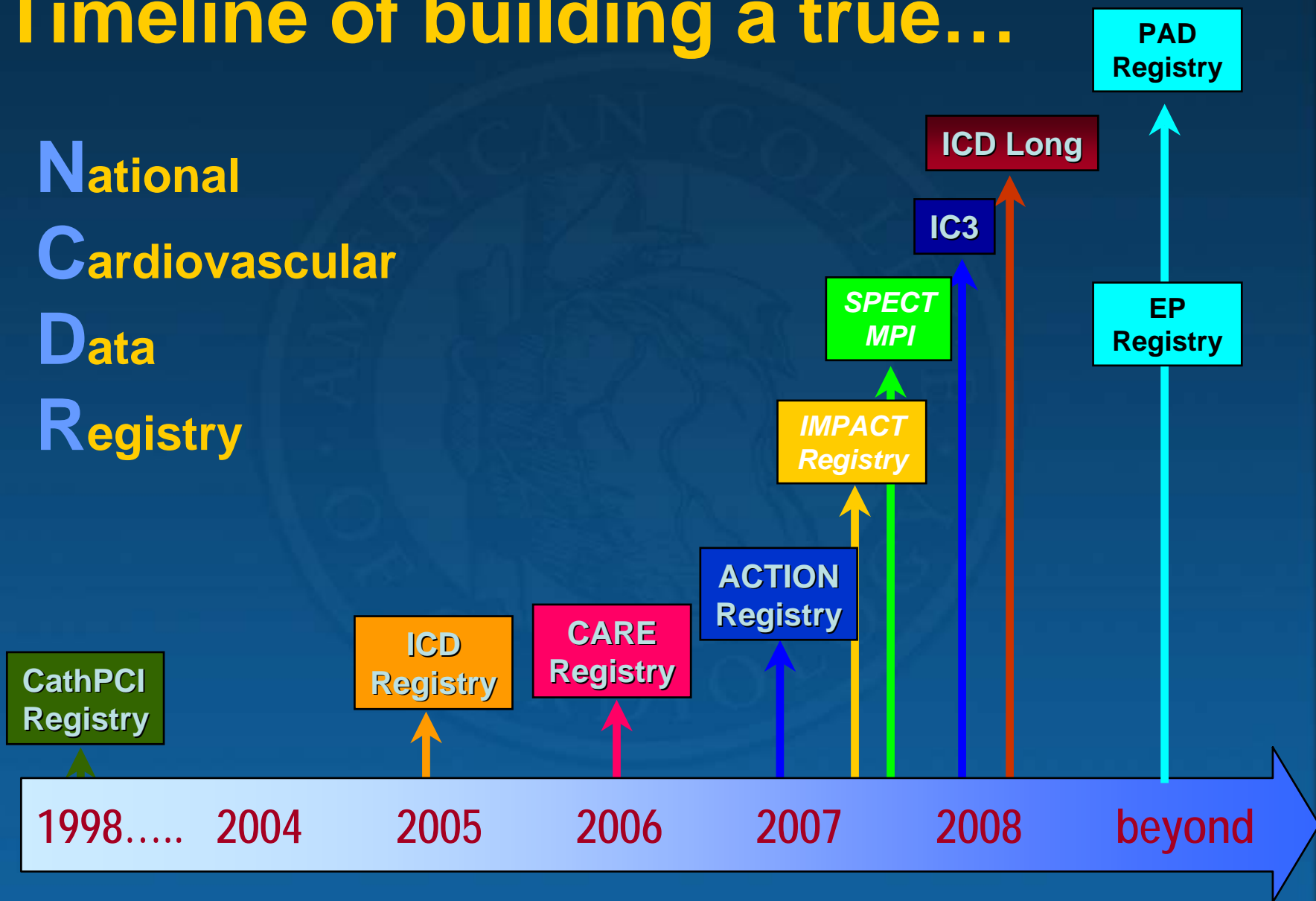


# **NMQF and ACC Collaboration**

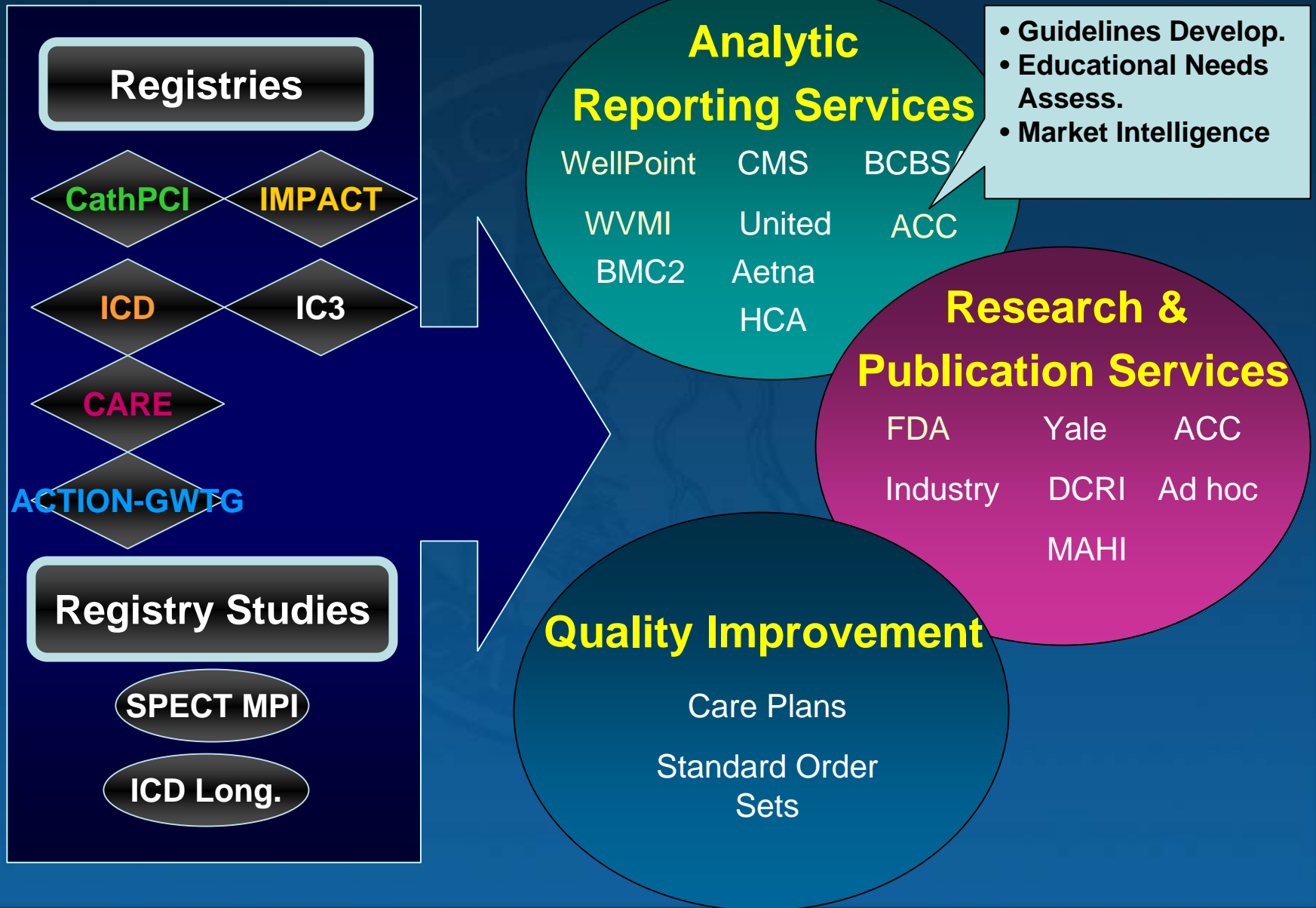
**“*Science* tells us what we can do;  
*Guidelines* what we should do;  
*Registries* what we are actually  
doing.”**

# Timeline of building a true...

**N**ational  
**C**ardiovascular  
**D**ata  
**R**egistry



# What is the NCDR®?

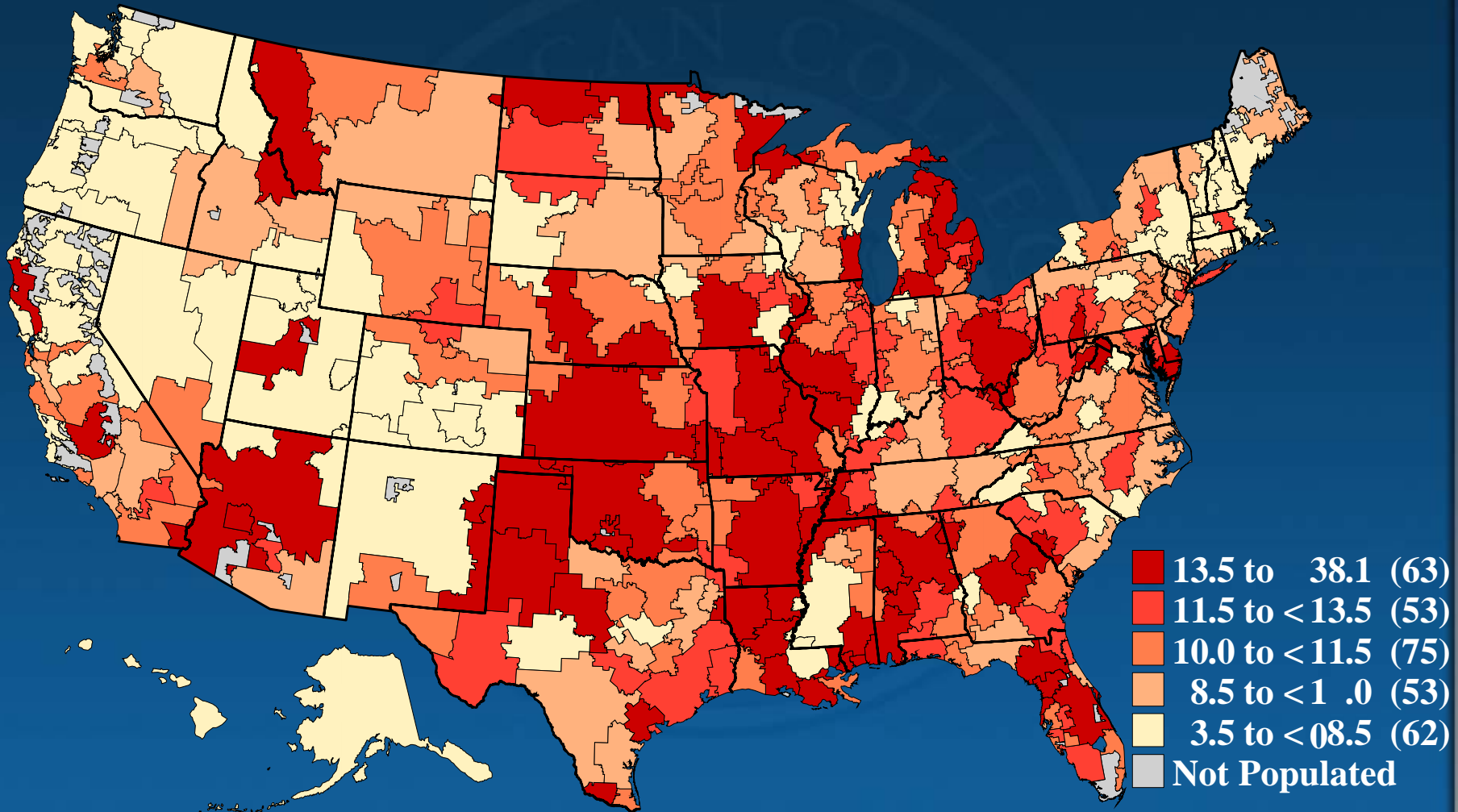


# Uses of Registry Data

- ❖ 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

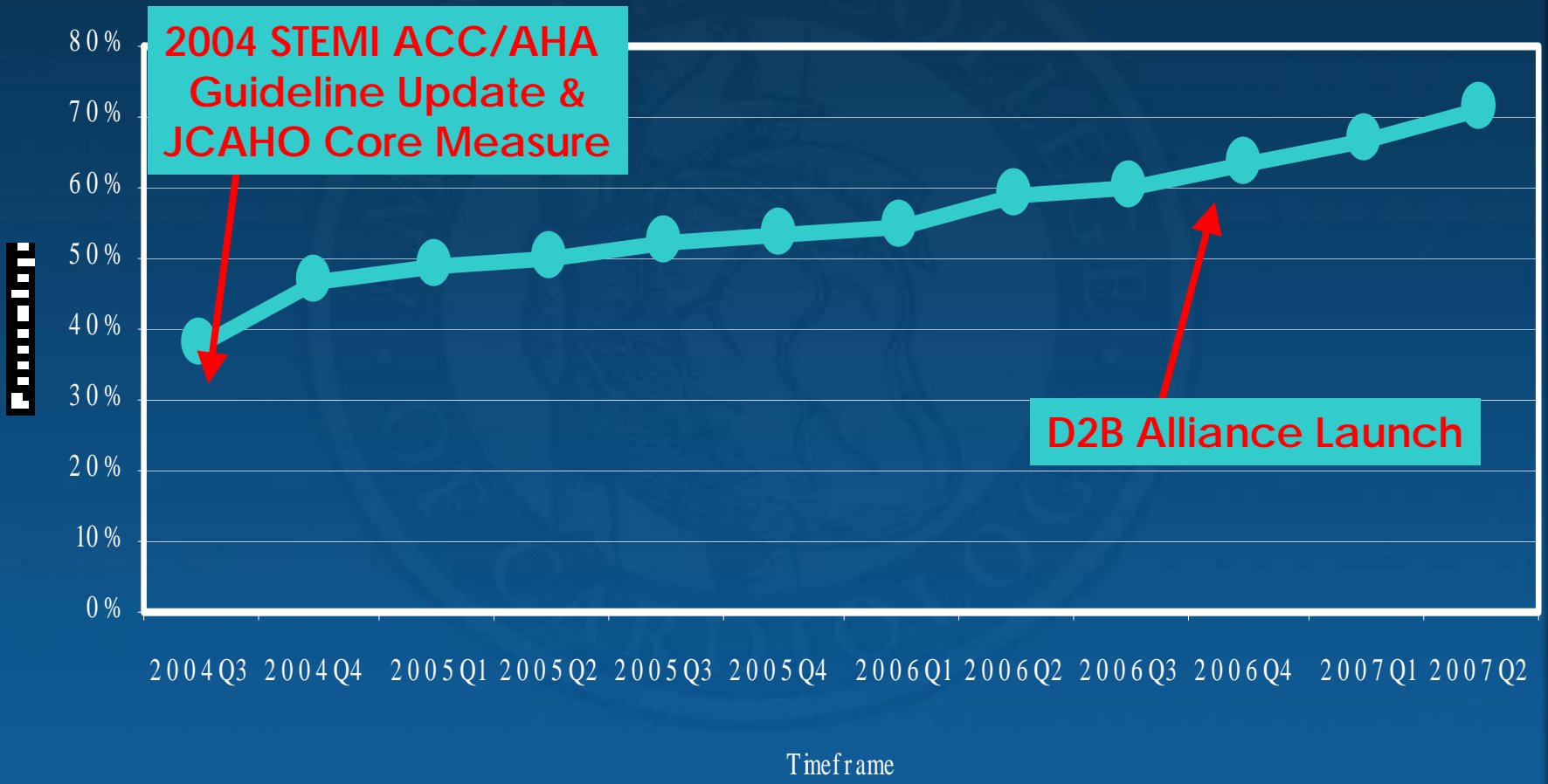
PCI Rates per 1,000 Medicare Enrollees (2002-03)



<http://www.dartmouthatlas.org/>

Percentage of Primary PCI with D2B  $\leq$  90 minutes

NCDR CathPCI v3



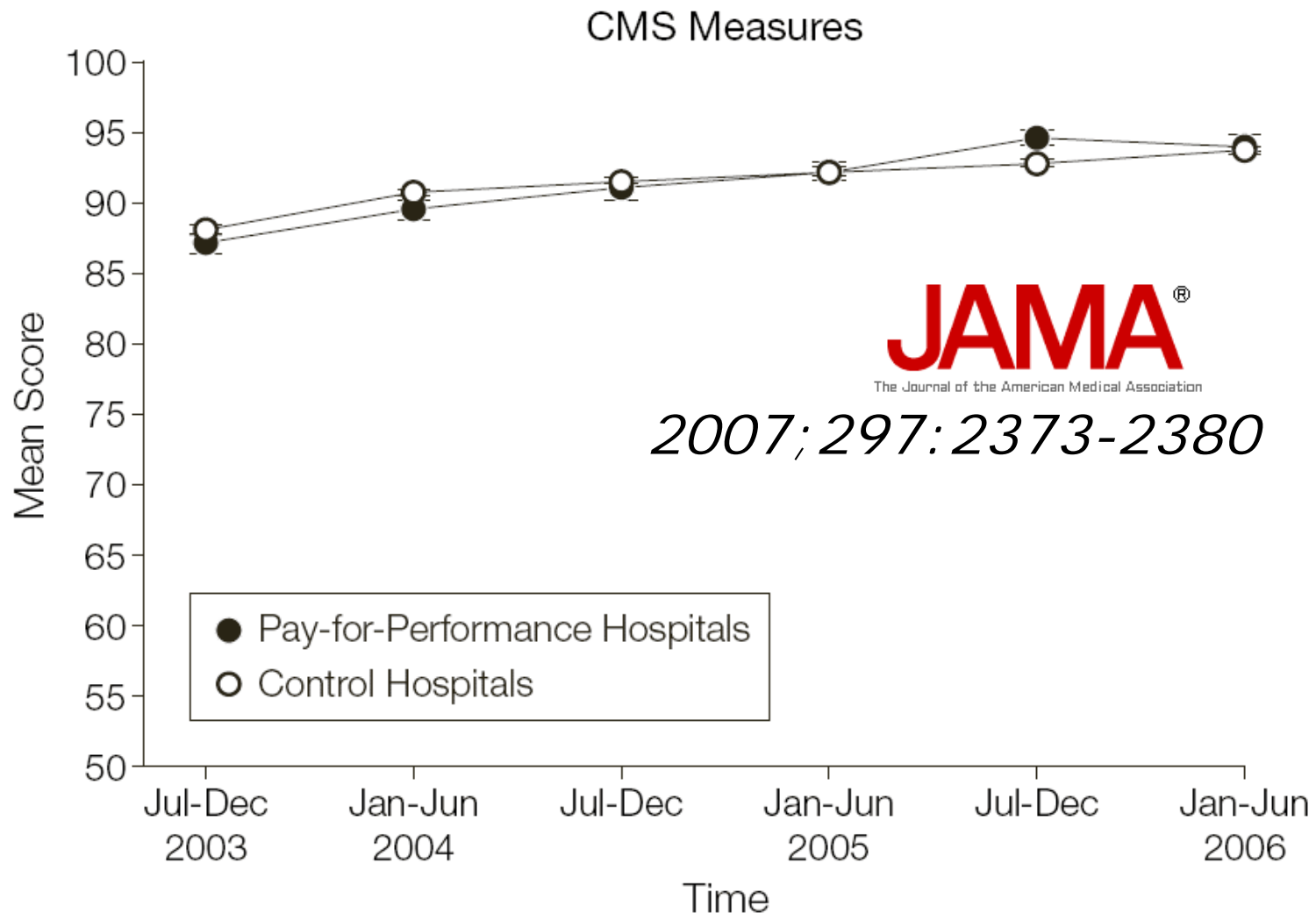
# Outcomes of Patients > 85 years Undergoing PCI NCDR<sup>®</sup> 2001 – 2004

<u>CABG</u>	<u>Mortality</u>	<u>Emerg.</u>
• Chronic CAD (n=14,077)	1.4%	0.2%
• STEMI (n=2,941)	15.6%	0.3%
• Non-STEMI (n=4,316)	5.1%	0.2%
• <i>Total PCI procedures = 666,415 from 409 institutions</i>		
• <i>%&gt;85 years old = 2.9% CAD, 3.2% STEMI, 4.7% NSTEMI</i>		

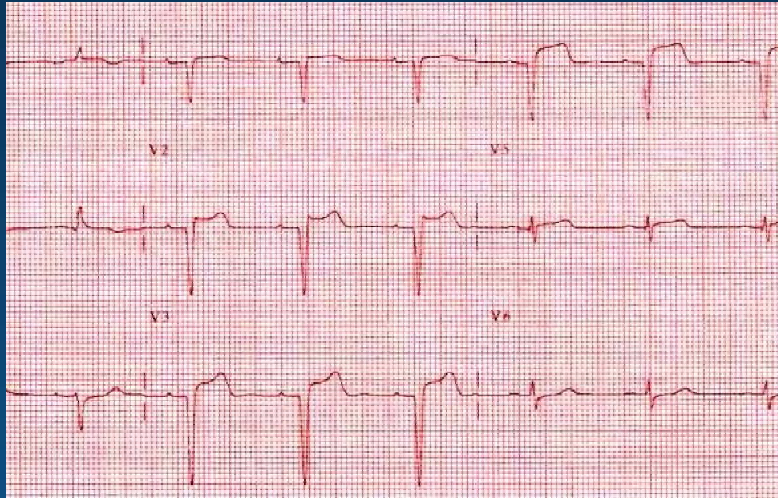
**Need to add *ethnic* and  
*gender* data to registries**



# Registries Can Drive Quality of Care

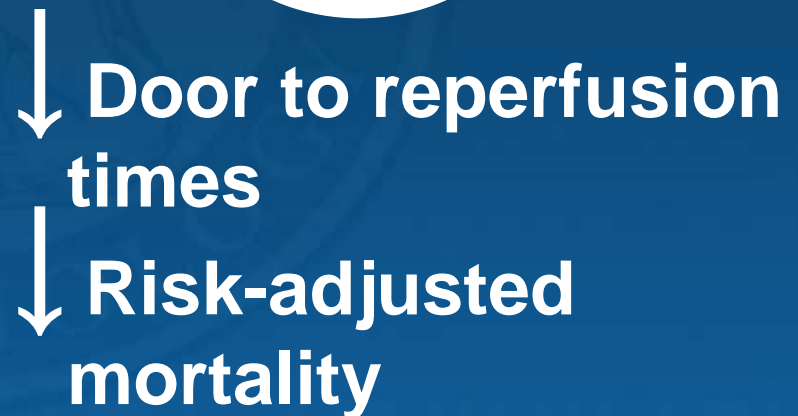


# Registries Can Define QI Targets



Pre-hospital ECG

**27%**



**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



<http://qualityfirst.acc.org>