Are We Practicing at the Top of Our License?

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Disclosure of financial relationships

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Grant/Research support: National Institutes of Health
Advisory Board/Consultant: Novartis; Merck & Co; Arbor Pharmaceutical
Patent: A Method and System for Chronic Illness Care
Founder: AccuHealth Technologies Inc.
Meet Ms. Thomas: 36 yo African American woman

Doing well until April 2016, then:
GI discomfort, nausea; shortness of breath; could not lie flat; not able to keep foods down

Urgent care: Very high BP Refer to Emory Healthcare

BP some improvement; still GI sx; about to be discharged when echo results showed EF 18%: referred for defibrillator and transplant evaluation

Family requested consultation: Elevated BP, not breathing well
Medications: Lisinopril; Coreg; Lasix

BP 170/110
Use of Hydralazine-Isosorbide Dinitrate Combination in African American and Other Race/Ethnic Group Patients With Heart Failure and Reduced Left Ventricular Ejection Fraction

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Background—Hydralazine-isosorbide dinitrate (H-ISDN) therapy is recommended for African American patients with moderate to severe heart failure with reduced ejection fraction (<40%) (HFrEF), but use, temporal trends, and clinical characteristics associated with H-ISDN therapy in clinical practice are unknown.

Methods and Results—An observational analysis of 54,622 patients admitted with HFrEF and discharged home from 207 hospitals participating in the Get With The Guidelines—Heart Failure registry from April 2008 to March 2012 was conducted to assess prescription, trends, and predictors of use of H-ISDN among eligible patients. Among 11,185 African American patients eligible for H-ISDN therapy, only 2,500 (22.4%) received H-ISDN therapy at discharge. In the overall eligible population, 5,115 of 43,498 (12.6%) received H-ISDN at discharge. Treatment rates increased over the study period from 16% to 24% among African Americans and from 10% to 13% among the entire HFrEF population. In a multivariable model, factors associated with H-ISDN use among the entire cohort included younger age; male sex; African American/Hispanic ethnicity; and history of diabetes, hypertension, anemia, renal insufficiency, higher systolic blood pressure, and lower heart rate. In African American patients, these factors were similar; in addition, being uninsured was associated with lower use.

Conclusions—Overall, few potentially eligible patients with HFrEF are treated with H-ISDN, and among African-Americans fewer than one-fourth of eligible patients received guideline-recommended H-ISDN therapy. Improved ways to facilitate use of H-ISDN therapy in African American patients with HFrEF are needed. (J Am Heart Assoc. 2013;2:e000214 doi: 10.1161/JAHA.113.000214)

Key Words: guideline adherence • heart failure • quality • race/ethnicity • registry

Conclusions—Overall, few potentially eligible patients with HFrEF are treated with H-ISDN, and among African-Americans fewer than one-fourth of eligible patients received guideline-recommended H-ISDN therapy. Improved ways to facilitate use of H-ISDN

Ten Years After AHEFT: Have We Advanced Health Equity?
Combination of Isosorbide Dinitrate and Hydralazine in Blacks with Heart Failure

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CONCLUSIONS
The addition of a fixed dose of isosorbide dinitrate plus hydralazine to standard therapy for heart failure including neurohormonal blockers is efficacious and increases survival among black patients with advanced heart failure.

BACKGROUND
We examined whether a fixed dose of both isosorbide dinitrate and hydralazine provides additional benefit in blacks with advanced heart failure, a subgroup previously noted to have a favorable response to this therapy.

METHODS
A total of 1050 black patients who had New York Heart Association class III or IV heart failure with dilated ventricles were randomly assigned to receive a fixed dose of isosorbide dinitrate plus hydralazine or placebo in addition to standard therapy for heart failure. The primary end point was a composite score made up of weighted values for death from any cause, a first hospitalization for heart failure, and change in the quality of life. From the University of Minnesota (A.L.T., J.N.C.) and Minneapolis Veterans Affairs Hospital (S.Z.) — both in Minneapolis; University of Texas Southwestern Medical Center, Dallas (C.Y.); Veterans Affairs Medical Center, Washington, D.C. (P.C.); Wake Forest University, School of Medicine, Winston-Salem, N.C. (R.D.); Heartbeats Life Center and Xavier University, New Orleans (K.F.); Jackson Cardiology Associates, Jackson, Miss. (M.T.); Association of Black Cardiologists, Atlanta (M.T.); University of North Carolina, Chapel Hill (K.A.); and NitroMed, Lexington, Mass. (M.S., M.W.)
A-HeFT: All-Cause Mortality

Primary Efficacy Endpoint – Composite score: All-Cause First HF Hospitalization; Change in QoL at 6 months relative to baseline

N=1050

Survival (%)

Days Since Baseline Visit Date

Fixed-dose I/H: 518 463 407 359 313 251 13
Placebo: 532 466 401 340 285 232 24

Hazard ratio = 0.57

43% Decrease

P = 0.01

FOR IMMEDIATE RELEASE

April 4, 2016

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New Cardiovascular Disease Registry to Support Care for Underserved

DALLAS, April 4, 2016 — The Association of Black Cardiologists (ABC) will develop a cardiovascular disease registry for underserved populations in collaboration with the Morehouse School of Medicine and the American Heart Association. The registry will import data directly from electronic health records and other healthcare technology platforms and will be powered by technology from the collaborative partners. The data and key measurements collected and tracked will be used in new quality improvement initiatives supporting underserved populations and will
ABC Cardiovascular Disease Study

FOR IMMEDIATE RELEASE

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Medical and academic organizations unite to host workshop on increasing minority participation in Cardiovascular Clinical Trials

January 20, 2017 - Atlanta, GA – The Association of Black Cardiologists (ABC), Morehouse School of Medicine in collaboration with the Research Centers in Minority Institutions Translational Research Network (RTRN), and the U.S. FDA Office of Minority Health will host “Ensuring Diversity, Inclusion and Meaningful Participation in Clinical Trials: The Model of the ABC Cardiovascular Study (A CME Program).” The training workshop will be held March 10 and 11, 2017, in Atlanta, Georgia.

More than 150 physicians, clinicians, academic researchers, healthcare professionals and community, patient advocates and citizen scientists will convene to identify best practices and strategies for recruiting and retaining African Americans and other under-represented minority groups in National Institutes of Health (NIH) and industry-sponsored clinical trials. Participants will discuss how to encourage and enroll under-represented minority groups into the ABC Cardiovascular Study as well as NIH Precision Medicine Initiative (All of Us) studies.
ABC CVD Study Portfolio

Randomized/Pragmatic multicenter clinical trials

Translational studies (ancillary to large studies and stand alone)

Comparative Effectiveness Research

Pharmacosurveillance Program

Biologic Sample Repository

Implementation Science Research

Quality Improvement

ABC CVD Study—foundation for studies
CardioVascular Disease Study to Support Care for Underserved Patients: ABC CVD Study- Vanguard Site Principal Investigators

Barbara Hutchison, MD, Annapolis, Maryland
Felix Sogade, MD, Macon, Georgia
Boise Barnes, MD, Washington DC
Janet Ajuluchukwu, MBBS, Lagos, Nigeria
Wayne Batchelor, MD, Tallahassee, Florida
Stephanie Kong, MD, and Waine Kong, PhD, Thomaston and Columbus, GA
Joe Hargrove, MD, Little Rock, Arkansas
Philip Duncan, MD, Richmond, Virginia
Osita Onyekwere, MD, Anniston, Alabama
Andre Artis, MD, Indianapolis, Indiana
Marcus Williams, MD, Newark, New Jersey
Malcolm Taylor, MD, Jackson, Mississippi
Adefisayo Oduwole, MD, Atlanta, Georgia
Research Centers in Minority Institutions (RCMI)
18 Centers in 10 states, the District of Columbia, and Puerto Rico

- Charles R. Drew University
- University of Texas at El Paso
- University of Hawaii at Manoa
- University of Texas at San Antonio
- Texas Southern University
- Xavier University
- Jackson State University
- Tuskegee University
- City College CUNY
- Hunter College CUNY
- Howard University
- Meharry Medical College
- Clark Atlanta University
- Morehouse School of Medicine
- Florida A&M University
- Universidad Central del Caribe
- Ponce School of Medicine

- = RCMI G12 Centers
- = RCMI Clinical Research Centers
Heart Health

- Diabetes
- Heart
- Nutrition
- Weight
- Social Network
- Medication

**COMING SOON:** Clinical Trials

Fitness +
GPS, Calories Burned

**Obesity and Heart Health: Activity, Nutrition, Medication adherence**
Research Networks: Solving Problems

- Patients studied together from many sites = larger numbers
- Promotes a “culture” of research across all the sites
- Patient care improved through large clinical research studies: we learn from each other
- Treatments can be standardized to improve patient outcomes
- Give under represented populations the opportunity to participate in research and increase patient engagement in research
Acknowledgements

- Morehouse School of Medicine: Priscilla Pemu, MD, Alexander Quarshie, MD, Nicole Crowell, MS, Cassandra Jackson, Debra Teague, Rondereo Sidney, Pmela Cooper, Folake Ojutalayo, Brenda Lankford, Priscilla Johnson PhD, Geannene Trevillion
- Association of Black Cardiologists: Barbara Hutchsion, MD, Cassandra McCollough, Felix Sogade, MD, Katrese Phelps
- Duke Clinical Research Institute: Laura Schanberg, MD, Adrian Hernandez, MD, Helen Bristow, MPH, Anne Dennos, MSPH
- RCMI Translational Research Network: Said Talbi, PhD, Solomon Garner, PhD, Marilyn Foreman, MD, Alnida Ngare, MHSA, Traci Hayes, MBA, MS, Muna Abdelrahim, MS
- University of Lagos, Nigeria: Professor Janet Ajuluchukwu, Prof Michael Kehinde, Henry Nwokobia
- Nigerian Cardiac Society: Professor Mbakwe, President
Thank you!!!!

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Leading the Creation and Advancement of Health Equity

#1 in Social Mission among US medical schools (Annals of Internal Medicine, June 2010)