

Improving health care quality in an insolvent system: Who will lead?

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Introduction: Variation in quality and outcomes is substantial and is driven (at least somewhat) by provider behavior. Suboptimal health care quality and outcomes contribute to excess costs. Higher quality is not generally associated with higher overall costs, but improving quality often reduces provider revenue under current payment systems. Care Gap exists due to failure to translate, transfer and utilize medical knowledge effectively.

Problem: Despite overwhelming clinical trial evidence, expert opinion, national guidelines, and a vast array of educational conferences, evidence-based, life-saving therapies continue to be underutilized. New approaches to improving the use of proven, guideline-recommended, life-saving therapies are clearly needed. Implementation of critical pathways and management plans for hospitalized patients is becoming a mainstream in achieving the goal of optimal quality of care.

Methods and Implementation: In 2004, a new program "Advanced Cardiac Admission Program" (ACAP) was developed and implemented at St. Luke's-Roosevelt Hospital Center, New York, NY. ACAP consisted of tools and strategies for implementing ACC/AHA guidelines. Up-to-date the ACAP program includes 8 state of the ART Pathways in management. We identified 5 main areas for implementation: Development group, Hospital administration, Residents/fellows, Nursing and Quality management. The successful utilization and integration of these five main target areas, we believe are integral in the institution wide acceptance of the ACAP program and eventually our positive outcome data.

Conclusion: Cardiovascular diseases pose a huge clinical and economic burden. Prevention is sub-optimal/proven therapies are underutilized-there remains a huge Care Gap. Comprehensive primary & secondary prevention strategies are required. Multiple interventions are required to Bridge the Care Gap. Educational resources and management tools are necessary at point of care. Development of critical pathways can ensure that patients are more likely to receive the recommended therapeutics. Cardiac performance measures might be the basis for payment in the future. Our physicians & our profession must lead in improving our health care system.

Biography

Emad Aziz has been working at St. Luke's since 2004 as an intern, resident and fellow and now he is an EP fellow. During his residency, after program he assisted Eyal Herzog in creating many of our novel pathways for the management of cardiac patients. In 2006, he started the ACAP Advanced Cardiac Admission Program, which included 6 state of the art novel pathways for the management of chest pain, heart failure, atrial fibrillation, hyperglycemia in the CCU, syncope and hypertension, including developing a hospital wide database, with patient follow-ups. These databases served as a cornerstone for research, resulting in more than 82-presented abstracts and 25 published manuscripts. In conjunction with the ACAP databases, Emad Aziz also started an ACAP Volunteer group comprising of multiple internal medicine residents, pre-medical and medical students from Columbia University, New York College of Osteopathic Medicine, Touro College, and Hunter College as well as FMG's who are seeking residencies in the United States about 60 members. All were instrumental in implementing, managing and data collection. Recently, he has published Two new pathways- ESCAPE Pathway for Sudden Cardiac Death Prevention and MOCHA Pathway for the Management of Survivors of Out of the Hospital Cardiac Arrest; both were contributory in increasing awareness of sudden cardiac death, referral for ICD implantation and favorable outcome for out-of-hospital cardiac arrest.

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