

Research pilot sets the stage for better, more equitable aortic stenosis care

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Human heart. Credit: copyright American Heart Association

New research published today in *Circulation: Cardiovascular Quality and Outcomes* examines the pilot phase of the American Heart Association quality improvement program Target: Aortic Stenosis. The program aims to lay the groundwork to more reliably measure performance on the

quality of aortic stenosis (AS) care from diagnosis to treatment. The Target: Aortic Stenosis program focuses on closing care gaps for patients who are not appropriately diagnosed and referred for initial treatment, especially as it relates to health care disparities.

Without [valve replacement](#), as few as half of the nearly 1.6 million seniors with AS, a progressive disease that occurs when the opening of a [heart](#) valve narrows—usually due to age—survive more than two years. To help these [patients](#), the Association launched Target: Aortic Stenosis in 2020.

The pilot focused on developing a process to evaluate quality in the management and timely treatment of patients with AS and gathering data on "current state" performance for proposed metrics at the sites. In the pilot phase, the program examined 68 data elements, including demographics, [medical history](#), symptom status, echocardiographic measurements and treatment decisions to determine care quality and equity needs. The pilot phase included 15 hospitals nationwide with varied geography, size, teaching status, and other characteristics. It included a diverse group of more than 2,500 unique patients who had at least one clinic visit, echocardiogram or other care encounter during or after 2020.

Among the nearly 1,300 patients identified as having symptomatic severe AS, just under half received transcatheter aortic valve replacement, which experts say is often the most appropriate and least costly treatment. About 17% underwent surgical aortic valve replacement and 36% did not undergo valve replacement.

As part of the pilot, the American Heart Association also formed an independent scientific advisory group to oversee the program and provide a foundation for effectively identifying and disseminating best practices for treating AS while improving equity in care.

"This is the first systematic attempt to measure quality of care for patients with AS during the period from diagnosis to treatment," said lead study author Brian Lindman, M.D., MSc, American Heart Association volunteer and medical director of the Structural Heart and Valve Center and associate professor of medicine at Vanderbilt University Medical Center. "This pilot included a diverse group of sites, making it eminently feasible to translate the findings to a variety of other hospitals and improve care on a larger scale for patients with AS nationwide."

Building on work conducted over the past three years, the initiative in the coming years will expand to include at least 80 hospitals across the country. These sites will help to create and test best practices, grow the national aortic stenosis patient registry to be a robust dataset for future research and participate in the Target: Aortic Stenosis recognition program based on validated quality metrics.

"As the pilot phase of this program completed the project goals, the American Heart Association is poised to build on this important work," said Mariell Jessup, M.D., FAHA, chief science and medical officer of the American Heart Association. "A key future objective is to determine what system changes improve the quality of care for patients with [aortic stenosis](#) and widely disseminate those [best practices](#). This effort to measure quality and quantify site performance is anticipated to help address current disparities in the treatment of patients with AS based on sex, race, and ethnicity."

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More information: Brian R. Lindman et al, Target Aortic Stenosis: A National Initiative to Improve Quality of Care and Outcomes for Patients With Aortic Stenosis, *Circulation: Cardiovascular Quality and Outcomes* (2023). [DOI: 10.1161/CIRCOUTCOMES.122.009712](https://doi.org/10.1161/CIRCOUTCOMES.122.009712)

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