

Identifying Gaps in Care for Patients with Moderate & Severe AS

Phase 1: Model Share

Providence St. Vincent Medical Center in Portland, Oregon

Background & Rationale

- When we were tasked with identifying patients for inclusion in the Target: Aortic Stenosis pilot, it quickly became apparent that our site had no process in place to systematically identify patients with echocardiographic evidence of moderate or severe aortic stenosis.
- After these patients were identified and enrolled in the registry, it was also clear that we had missed opportunities to monitor them in follow-up and where appropriate, refer them to a multidisciplinary valve team for further evaluation.

Methods

- To address the problem of patient identification, we first partnered with our hospital's lead sonographer to gain access to a previously developed echocardiogram results report within our imaging software. Thereafter, we worked with a data analyst on our team to organize patients by aortic stenosis severity, with the ability to filter the list for sampling.
- Using registry data from 2023, we are now able to track improvement opportunities related to patient follow up and multidisciplinary valve team referral.

Results

- Based on our Fixed Period Measures Report for 2023, our hospital does a good job of ensuring that patients with a class 1 indication for AVR get definitive treatment.
- Opportunity exists, however, to improve our inclusion of a summary statement in the echocardiogram, our timeliness of echocardiographic follow-up, and our completeness of the evaluation.

Metric	Providence % (num/den)	Target AS % (num/den)
1. Patients with a class I indication for AVR who received definitive treatment (SAVR or TAVI) within 90 days of initial diagnosis	87.5 (14/16)	83.2 (318/382)
2. Echocardiogram with potential severe AS who have all necessary evaluation and testing completed to clarify severity and determine whether a class I indication exists	41.8 (28/67)	53.7 (841/1565)
3. Timely follow-up echocardiogram completed.		
• Within 12 months (severe AS)	44.4 (8/18)	39.6 (130/328)
• Within 24 months (moderate AS)	33.3 (7/21)	46.9 (195/416)
4. Echocardiogram reports with an aortic velocity ≤ 1.0 cm ² that include guideline reminder and/or clinical recommendation in the echo report: summary/conclusion	46.3 (57/123)	49.9 (1295/2597)

Conclusions & Peer Suggestions

- Our hospital is exploring a multipronged approach to facilitate timelier referral to our valve team and follow up echocardiograms.
- Beyond working with our echo lab to facilitate inclusion of a summary statement to “push” clinical recommendations to the ordering team, we are in the early stages of exploring a pilot program to “pull” appropriate patients to our valve team.
- Similar to the Targeted Automatic e-Consults (TACO) concept, we plan to build a real-time report of patients with greater than moderate AS (based on echocardiographic data) for our valve team. The valve team will then message the primary team, requesting referral to the valve clinic for further evaluation.
- We believe this will help facilitate improved testing, more timely referrals, and improved outcomes.

Contact Information

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