Path to Guideline Development: Target: Aortic Stenosis Phase 1: Model Share
Stanford Health Care in Stanford, CA

Background

- SHC performs >1000 echocardiograms per year on patients with moderate to severe aortic stenosis.
- SHC performs ~250 TAVR and ~135 SAVR procedures per year on aortic stenosis patients.
- SHC began participating in the AHA Target AS registry as a Pilot Site in February of 2021.
- SHC initially elected to utilize outside abstractors (Q-Centrix) to complete data forms and submission to AHA. Patient selection was performed by SHC abstraction team according to evolving schemes and provided to the outside abstractors.
- SHC transitioned to an in-house process early during Phase II.

Methods

Patient selection and sampling procedure:

- Initial phase required retroactive selection of 20 patients as cohort.
- Initially, EPIC queries used that resulted large lists which made patient selection efforts difficult and unsustainable.
- Instead, a digital health platform (CardioCare, egnite, Inc., Aliso Viejo, CA) was utilized to create filtered reports used for patient selection.
- The same process was adapted to evolving sampling requirements:
  - Phase I 10% of total volume of moderate to severe aortic stenosis cases
  - Phase II 5% of new moderate aortic stenosis pts. and 15% of new severe aortic stenosis patients

Nomenclature evolution:

- Tracking de-identified patients with random numbers/letters as required for outside abstraction was inefficient as it required accessing a key for tracking purposes.
- Patients now identified and re-named to the quarter of data entry (e.g., 2024Q4xxxx), keeping protected information within the institution.

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Spreadsheet Tracker:

- Original tracking began by outside abstractors as an Excel spreadsheet and enhanced by SHC team (illustration below).

Name	MRN	IQVIA ID	2024 Q1	2024 Q2	2024 Q3	2024 Q4	Encounters Entered Through	Date EMR Reviewed	Date of TAVR/SAVR	Status	Date Follow-up Discontinued TAVR 30 D, SAVR 90 D	Abstractor Notes	Next Appt
xxxxx	xxx	2024Q3xxxx	X	X	X		9/3/2024	9/3/2024	T:8/3/2024	Alive	9/3/2024		9/3/2024

- Tracker now maintained in shared folder on our local network accessible by all team members and includes data entry status and next upcoming appointment.
- Tracker includes a yearly summary of all patients with identifiable and the de-identified nomenclature to prevent duplication and current and future status.
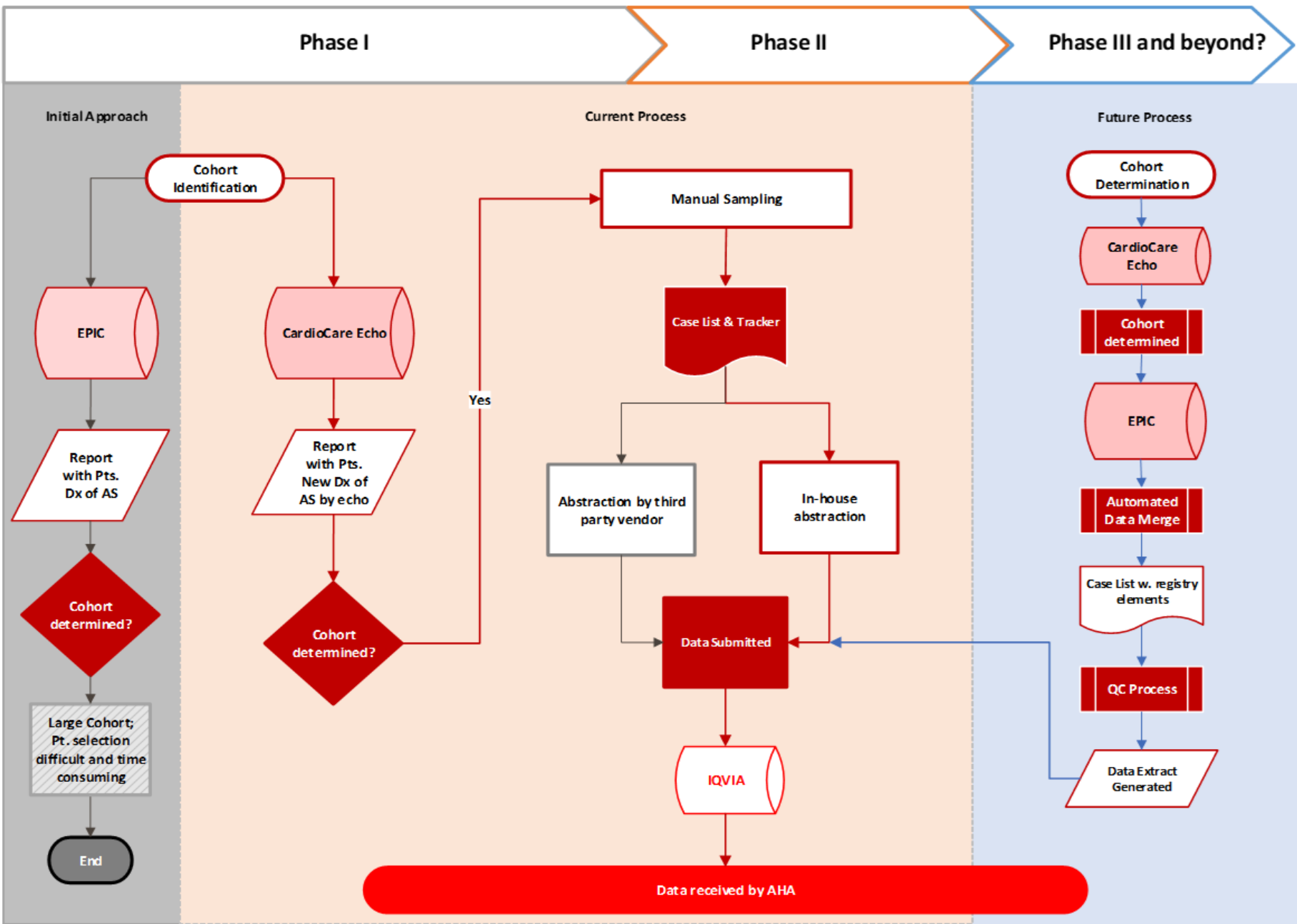

Diagram depicting past, present and future workflows for AHA Target AS Registry at SHC

Conclusions & Peer Suggestions

Key points:

- Regular attendance to the AHA Target AS Super User and Site Check-in educational calls greatly facilitated sampling and abstraction efforts.
- Although the sampling for the AHA AS registry is a relatively easy process, patient cohort identification could be challenging.
- Identifying the appropriate source of data will significantly reduce the amount of effort required for cohort selection.
- Utilization of experienced third-party abstractors could be an initial effective mechanism until transition to in-house abstraction and longitudinal tracking process.
- Multi-disciplinary approach essential in developing and maintaining successful registry workflows.
- Participation in the AHA AS registry identified several areas for improvement at our institution.
- Regular reporting to stakeholders and leadership helps maintain momentum and drive future endeavors.

Future directions:

- Continued monitoring and utilization of AHA Target AS metrics for development of QPI projects.
- Use of automation in data extraction from EMR could significantly reduce abstraction burden and facilitate data submission.
- Exploration of automated data extraction for submission to IQVIA is on the horizon.

Leadership

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