



Cardiac Patients Receive Comparable Outpatient Care



According to a study published in the *Journal of the American College of Cardiology*, patients with coronary artery disease, heart failure, and atrial fibrillation receive comparable outpatient care from physicians and advanced practice providers, physician assistants and nurse practitioners. However, the study shows that all clinicians fell short in meeting performance measures.

In this study, the researchers used data from the National Cardiovascular Data Registry PINNACLE Registry. They analysed records throughout 2012 from 648,909 patients receiving care in 90 practices with 1,234 providers. The objective was to gauge compliance with performance measures such as the use of beta-blockers, antiplatelet use, smoking screening and interventions, effective cholesterol control, referral to cardiac rehabilitation, and use of anticoagulation.

459,669 patients were treated by physicians that had assistants or nurse practitioners while 43,351 patients were treated by alternative providers. The researchers compared the quality of care among the two groups of patients and healthcare providers. They adjusted for factors such as gender, number of patients, duration of time in the registry, age, insurance status and number of outpatient visits.

The findings show that compliance with performance measures for coronary artery disease, heart failure and atrial fibrillation were comparable across the different types of practice and clinicians. The results showed a higher rate of screening for smoking and interventions to encourage smokers to quit and a higher rate of referral to cardiac rehabilitation among advanced practice providers as compared to physicians but the differences were quite small. Compliance rate for all performance measures was low among both groups - 12.1 percent for advanced practice providers and 12.2 percent for physicians.

"Our findings indicate that a collaborative care delivery model which employs both physicians and advanced practice providers appears to provide a care quality that is comparable to a physician-only model," said Salim S. Virani, MD, PhD, the study's lead author and staff cardiologist at the Michael E. DeBakey Veterans Affairs Medical Center in Houston.

Dr. Virani pointed out that it should be reassuring that the quality of care is equivalent between advance providers and physicians. However, Valentin Fuster, M.D., Ph.D., editor-in-chief of the *Journal of the American College of Cardiology*, cautioned that these findings should not be generalised across the health systems of the U.S. She was of the opinion that a team-based delivery model should provide the basis of the highest quality care.

Robert A. Harrington, M.D., Arthur L. Bloomfield Professor and chairman of the department of medicine at Stanford University explains in an accompanying editorial that while this study provides a general comparison,

there are certain limitations that should be addressed in future such as the inclusion of information about the organisation of the care delivery teams and nurse practitioners and assistants. He also said that in this study, there were insufficient number of advanced practice providers to directly compare the differences in quality of care. He said that there is a need for economic analysis in order to compare the change in cost with team care to changes in patient outcomes

Source: [American College of Cardiology](#)

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