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Applying AHCPR Guidelines on Congestive Heart Failure to Measurement of the Performance of Internal Medicine and Family Medicine Practices

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Clinical Practice Guidelines (CPGs) have been developed as one tool to help reduce unexplained variation in clinical practice, control costs, and produce better patient outcomes. CPGs are systematically developed statements to assist practitioners and patients in choosing appropriate health care for specific clinical circumstances. They incorporate available evidence on health outcomes into sets of recommendations concerning appropriate management strategies for patients with specific conditions. Medical Review Criteria are systematically developed statements derived from CPGs that can be used to determine whether a particular case conforms to a specific recommendation in the CPG. The process for applying CPGs in the inpatient setting has been well described in the literature, but it has not been well described for the outpatient setting. We have applied medical review criteria to measure the quality of care for congestive heart failure in the outpatient setting at Thomas Jefferson University Hospital. This project expands our knowledge and experience in guideline applications.

Congestive Heart Failure (CHF) is a common cause of hospitalization, disability, and death in the United States. There are more than three million patients with CHF in the U.S., with approximately one million hospitalizations each year. Following the national introduction of the AHCPR guidelines for the treatment of CHF, we conducted a study to evaluate outpatient therapy of CHF patients in its General Internal Medicine and Family Medicine practices. Performance of the two practices was measured using medical review criteria derived from the AHCPR guideline. The guideline recommendations include assessment of left ventricular function, ACE inhibitors for all patients with left ventricular systolic dysfunction (LVD) without specific contraindications, and a combination of nitrates and hydralazine for those patients not eligible for treatment with ACE inhibitors.

Appropriate implementation and feedback are important for the successful application of CPGs. In this study, a large multi-disciplinary team was assembled and included case managers, nurses, pharmacists, and physicians from several specialties. This team approach allowed a broad range of perspectives to be represented and enhance the likelihood of a successful effort. The results of the study were presented at a joint Grand Rounds of the Departments of Internal Medicine and Family Medicine. An electronic pre and post test system made an immediate assessment of the presentation's impact possible. A further assessment of the intervention will include a post-intervention chart review and reassessment of the CHF review criteria performance rates.

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