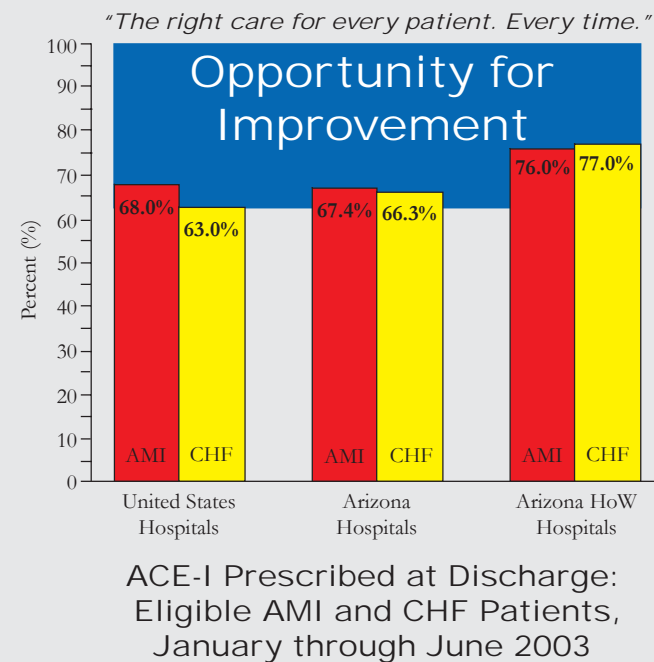


Save a Life!

Prescribe an ACE-I

What Do the Data Reveal?

- ♥ Analysis of 1,535 Medicare patients: 86% of eligible patients received an ACE-I at discharge.
[Krumholz HM, Wang Y, Parent EM, Mockalis J, Petrillo M, Radford MJ. Quality of care for elderly patients hospitalized with heart failure. *Arch Intern Med* 1997;157:2242-2247.]
- ♥ Mortality at one year was 24% in those treated with ACE-I and 36% in those not treated.
[Havranek EP, Abrams F, Stevens E, Parker K. Determinants of mortality in elderly patients with heart failure: The role of angiotensin-converting enzyme inhibitors. *Arch Intern Med* 1998;158:2024-2028.]
- ♥ SOLVD Investigation: Over 48 months of follow-up, the risk of mortality was 16% lower and the rate of hospitalization was 26% lower in those treated with enalapril.
[SOLVD Investigators. Effect of enalapril on survival in patients with reduced left ventricular ejection fractions and congestive heart failure. *N Engl J Med* 1991;325:293-302.]



What are the Barriers?

To Prescription:

- ♥ Episodic care. When multiple physicians are involved with a patient's care, it is sometimes difficult to identify the physician accountable for discharge orders.
- ♥ Meager documentation on subsequent admissions for patients who have had multiple admissions.
- ♥ Patients discharged with "at home" medications.

To Results:

- ♥ Documentation does not reflect:
 - Contraindications
 - Use of ARB instead of ACE-I
 - The whole picture

What Do the Experts Recommend?

- ♥ "The right care for every patient. Every time."
[Stephen F. Jencks, MD, MPH, Director, Quality Improvement Group, Office of Clinical Standards and Quality, Centers for Medicare & Medicaid Services.]
- ♥ ACE inhibition in patients with a recent or remote history of myocardial infarction, regardless of ejection fraction.
[Evaluation and Management of Chronic Heart Failure in the Adult. ACC/AHA Pocket Guidelines. February 2002.]
- ♥ ACE inhibition in patients with a reduced ejection fraction, whether or not they have experienced a myocardial infarction.
[Evaluation and Management of Chronic Heart Failure in the Adult. ACC/AHA Pocket Guidelines. February 2002.]
- ♥ ACE inhibitors rather than ARBs continue to be the agents of choice for blockage of the renin-angiotensin system in heart failure.
[HFSA Guidelines for Management of Patients with Heart Failure Caused by Left Ventricular Systolic Dysfunction—Pharmacological Approaches. Heart Failure Society of America.]
- ♥ CMS/JCAHO Quality Measure: ACE-I for LVSD. Documentation that an ACE-I was prescribed at discharge in patients with LVSD who are not participating in an ACE-I alternative clinical trial at the time of discharge and where there is no documentation of a potential contraindication.

What Can be Done to Improve Results?

Educate Providers About:

- ♥ Quality measures
- ♥ Organizational results
- ♥ Individual physician results

Develop Reminder Systems:

- ♥ Discharge prescription forms
- ♥ Patient admission orders
- ♥ Chart reminders