

PERFORMANCE MEASURES

ACC/AHA 2008 Performance Measures for Adults With ST-Elevation and Non-ST-Elevation Myocardial Infarction

A Report of the American College of Cardiology/American Heart Association Task Force on Performance Measures (Writing Committee to Develop Performance Measures for ST-Elevation and Non-ST-Elevation Myocardial Infarction)

Developed in Collaboration With the American Academy of Family Physicians and American College of Emergency Physicians

Endorsed by the American Association of Cardiovascular and Pulmonary Rehabilitation, Society for Cardiovascular Angiography and Interventions, and Society of Hospital Medicine

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Preamble

Over the past decade, there has been an increasing awareness that the quality of medical care delivered in the United States is inadequate. In its seminal document dedicated to characterizing deficiencies in delivering effective, timely, safe, equitable, efficient, and patient-centered medical care, the Institute of Medicine described a quality “chasm” (1). The recognition of the magnitude of the gap between the care that is delivered and the care that ought to be provided has stimulated interest in the development of measures of quality of care and the use of such measures for the purposes of quality improvement and accountability.

Consistent with this national focus on healthcare quality, the American College of Cardiology (ACC) and the American Heart Association (AHA) have taken a leadership role in developing measures of the quality of care for cardiovascular disease in several clinical areas (Table 1). The ACC/AHA Task Force on Performance Measures was formed in February 2000 and was charged with identifying the clinical topics appropriate for the development of performance measures and assembling writing committees comprising clinical and methodological experts. When appropriate, these committees have included representation from other organizations involved in the care of patients with the condition of focus. The committees are informed about the methodology of performance measure development and are instructed to construct measures for use both prospectively and retrospectively that rely on easily documented clinical criteria and, when appropriate, incorporate administrative data. The data elements required for the performance measures are linked to existing ACC/AHA clinical data standards to encourage uniform measurements of cardiovascular care. The writing committees also are instructed to evaluate the extent to which existing nationally recognized performance measures con-

Table 1. ACC/AHA Performance Measure Sets

Topic	Original Publication Date	Partnering Organizations
Chronic heart failure (2)	2005	ACC/AHA: inpatient measures; ACC/AHA/PCPI: outpatient measures
Chronic stable coronary artery disease (3)	2005	ACC/AHA/PCPI
Hypertension (4)	2005	ACC/AHA/PCPI
STEMI and NSTEMI (5)	2006	ACC/AHA
Cardiac rehabilitation (6)	2007	AACVPR/ACC/AHA
Atrial fibrillation (7)	2008	ACC/AHA/PCPI
Primary prevention of cardiovascular disease	Pending	ACC/AHA
Peripheral arterial disease	Pending	ACC/AHA/ACR/SCAI/SIR/SVM/SVN/SVS

PCPI indicates American Medical Association–Physician Consortium for Performance Improvement; AACVPR, American Association of Cardiovascular and Pulmonary Rehabilitation; ACR, American College of Radiology; SCAI, Society for Cardiac Angiography and Interventions; SIR, Society for Interventional Radiology; SVM, Society for Vascular Medicine; SVN, Society for Vascular Nursing; and SVS, Society for Vascular Surgery.

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