



Working With Partners to Address the Secondary Prevention of Death and Illness Among People With Coronary Artery Disease

Public Health Problem

In Kentucky, heart disease and stroke accounted for 37% of all deaths in 2000, with 11,936 (30%) people dying of heart disease and 2,637 (7%) dying of stroke. In addition, about 40% of all hospitalizations in the state were due to cardiovascular disease, resulting in hospital costs exceeding \$863 million, according to the *Kentucky State of the Heart 2000* report.

Program Example

The Kentucky Department of Public Health's Cardiovascular Health Program partnered with the American Heart Association Kentucky Affiliate, the Kentucky Hospital Association, Healthcare Excel, and the American College of Cardiology to improve quality of care and patient care management. The partners used the American Heart Association's *Get With the Guidelines—Coronary Artery Disease* to improve patient outcomes in acute care settings. In April 2003, a statewide training program was launched in Lexington, with 142 people from 57 hospitals across the state participating. The state Cardiovascular Health Program provided funds to cover the training costs and the annual Patient Management Tool fee for hospitals starting the program by June 2003. Twenty-five hospitals in major metropolitan and rural areas in all five regions of Kentucky are conducting this secondary prevention program. Regular technical assistance is provided through telephone conference calls to the participating hospital teams by the American Heart Association, the state Cardiovascular Health Program, and the project's information technology manager.

Implications and Impact

These partners shared the vision of reducing deaths, disability, and recurrent heart attacks among patients with coronary artery disease and successfully collaborated to put in place secondary prevention guidelines in hospitals across Kentucky. By uniting and leveraging their strengths and resources, each organization contributed to the development of a hospital-based quality improvement infrastructure that focuses on protocols to ensure patients are treated and discharged with appropriate medications and risk counseling. The impact of this intervention is being evaluated by assessing compliance with secondary prevention measures. As more acute care hospitals across the state launch quality improvement programs, reductions in illness and death from heart disease and stroke are expected.