EP News: Quality Improvement and Outcomes

Chirag R. Barbhaiya, MD, FHRS,* Anne Marie Smith, MBA†

*From the *NYU Langone Health, NYU Grossman School of Medicine, New York, New York, and †Heart Rhythm Society, Washington, DC.*

In this issue of *Heart Rhythm Journal*, we summarize key publications of relevance to the electrophysiology community regarding the use of system-based processes to improve heart rhythm care and outcomes for patients with atrial fibrillation (AF). The featured research highlights challenges in improving the rate of guideline-directed anticoagulation to prevent stroke for high-risk patients with AF, including the benefits and limitations of the use of shared decision-making tools. This summary also reports on efforts to identify additional quality indicators to measure AF care and outcomes.

SUPPORT-AF II: Supporting use of anticoagulants through provider profiling of oral anticoagulant therapy for atrial fibrillation

Kapoor et al (Circ Cardiovasc Qual Outcomes February 17, 2020; doi:10.1161/CIRCOUTCOMES.119.005871, PMID 32063041) conducted a cluster-randomized study of electronic profiling and messaging for providers making decisions about anticoagulation in patients with atrial fibrillation. Previous provider-directed electronic messaging interventions have not improved anticoagulation use in patients with atrial fibrillation. The authors randomized outpatient providers to an intervention consisting of electronic medical record notifications to clinicians, e-mail notifications reporting physician prescription performance compared to peers, focus groups regarding knowledge gaps and prescription barriers, and academic detailing consisting of in-person or web-based presentation of several topics related to anticoagulation in atrial fibrillation. At baseline, 71% and 74% of intervention and control group patients, respectively, were anticoagulated, and appropriate utilization increased by only 1.3% and 1.5%, respectively, after 6 months of follow-up. Patient refusal was the most common reason for patients not being on anticoagulation. *The authors conclude that electronic messaging intervention was feasible but did not increase oral anticoagulation use. Interventions targeting patients declining anticoagulation may be necessary to improve rates of oral anticoagulation.*

Assessment of shared decision making for stroke prevention in patients with atrial fibrillation: A randomized clinical trial

Kunnerman et al (JAMA Intern Med 2020;180:1215, PMID 32897386) conducted a randomized trial to assess the extent to which use of the anticoagulation choice shared decision making (SDM) tool that presents individualized risk estimates and compares anticoagulant treatment options affects the quality of SDM and anticoagulant treatment decisions in 922 at-risk patients with atrial fibrillation. Encounters were randomized to either the standard care or use of an SDM tool (intervention arm). Participants in both arms demonstrated low accuracy in their risk perception; reported high communication quality, high knowledge levels, and low decisional conflict; and would similarly recommend the approach used in their encounter. Clinicians were significantly more satisfied after intervention encounters. While the use of the tool to foster and support SDM resulted in improvements in several aspects of SDM quality and clinician satisfaction, it had no significant effect on anticoagulation prescription frequency or encounter duration. *The authors conclude that the use of an SDM encounter tool improved several measures of SDM quality and clinician satisfaction, but with no significant effect on treatment decisions or encounter duration. These results inform expectations about the value of implementing SDM tools in the care of patients with AF.*

Quality indicators for the care and outcomes of adults with atrial fibrillation

Arbello et al (Europace August 29, 2020; doi:10.1093/europace/euaa253, PMID 32860039) developed quality indicators that may be used to evaluate the quality of care and outcomes for patients with atrial fibrillation (AF). Experts representing international heart rhythm specialty associations collaborated to systematically review literature and identify 6 domains of AF patient care: patient assessment, anticoagulation, rate control, rhythm control, risk factor management, and outcomes. They suggest 17 main and 17 secondary quality indicators within these 6 domains, including patient-reported outcome measures. Relevant specifications were described for each quality indicator to enhance their use in practice. The authors considered structural quality indicators, such as the volume of catheter ablation cases, for operators and institutions, as not under the control of health care providers. Thus, these were not included in the final set of indicators. Of note, quality indicators for anticoagulation align with European guidelines but differ from current US guideline recommendations. Additional quality indicators, such as recommended screening for AF, require prospective validation. *The authors conclude that implementation of these quality indicators will improve the quality of AF care.*

The authors have no funding sources to disclose. The authors have no conflicts of interest to disclose. **Address reprint requests and correspondence:** Ms Anne Marie Smith, Heart Rhythm Society, 1325 G St, NW, Suite 400, Washington, DC 20005. E-mail address: amsmith@hrsonline.org.

1547-5271/$-see front matter https://doi.org/10.1016/j.hrthm.2020.10.015