Congratulations to Dr. Heidenreich!

The American Heart Association named VA Palo Alto Health Care System Doctor Paul Heidenreich's publication as one of 10 most important cardiovascular medicine research papers of 2009.

The top-10 list emerged from an adjudication process led by the group's immediate past president, president, and president-elect based on nominations from the organization's 16 scientific councils. The chairs of the councils had been charged with recommending the year's "most meritorious, most substantial, most significant" papers in cardiovascular medicine.

See below for the publication summary.

BACKGROUND: Many hospitals enrolled in the American Heart Association's Get With The Guidelines (GWTG) Program achieve high levels of recommended care for heart failure, acute myocardial infarction (MI) and stroke. However, it is unclear if outcomes are better in those hospitals recognized by the GWTG program for their processes of care.

METHODS: We compared hospitals enrolled in GWTG and receiving achievement awards for high levels of recommended processes of care with other hospitals using data on risk-adjusted 30-day survival for heart failure and acute MI reported by the Center for Medicare and Medicaid Services.

RESULTS: Among the 3,909 hospitals with 30-day data reported by Center for Medicare and Medicaid Services, 355 (9%) received GWTG achievement awards. Risk-adjusted mortality for hospitals receiving awards was lower for both heart failure (11.0% vs 11.2%, P = .0005) and acute MI (16.1% vs 16.5%, P < .0001) compared to those not receiving awards. After additional adjustment for hospital characteristics and noncardiac performance measures, the reduction in mortality remained significantly lower for GWTG award hospitals for acute myocardial infarction (-0.19%, 95% CI -0.33 to -0.05), but not for heart failure (-0.11%, 95% CI -0.25 to 0.02). Additional adjustment for cardiac processes of care reduced the benefit of award hospitals by 28% for heart failure mortality and 43% for acute MI mortality.

CONCLUSIONS: Hospitals receiving achievement awards from the GWTG program have modestly lower risk adjusted mortality for acute MI and to a lesser extent, heart failure, explained in part by better process of care.