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The National Academics of Science, Engineering and Medicine "Equity in Diagnosis & Strategies to Mitigate Disparities"

Acute Cardiovascular Events

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Acute Cardiovascular Events; *typically those requiring hospitalization*

- Acute MI
- Sudden Cardiac Death
- Ventricular Tachycadia
- Atrial Fibrillation with rapid ventricular response
- Acute Pulmonary Embolism with right heart failure
- Acute Decompensated Heart Failure


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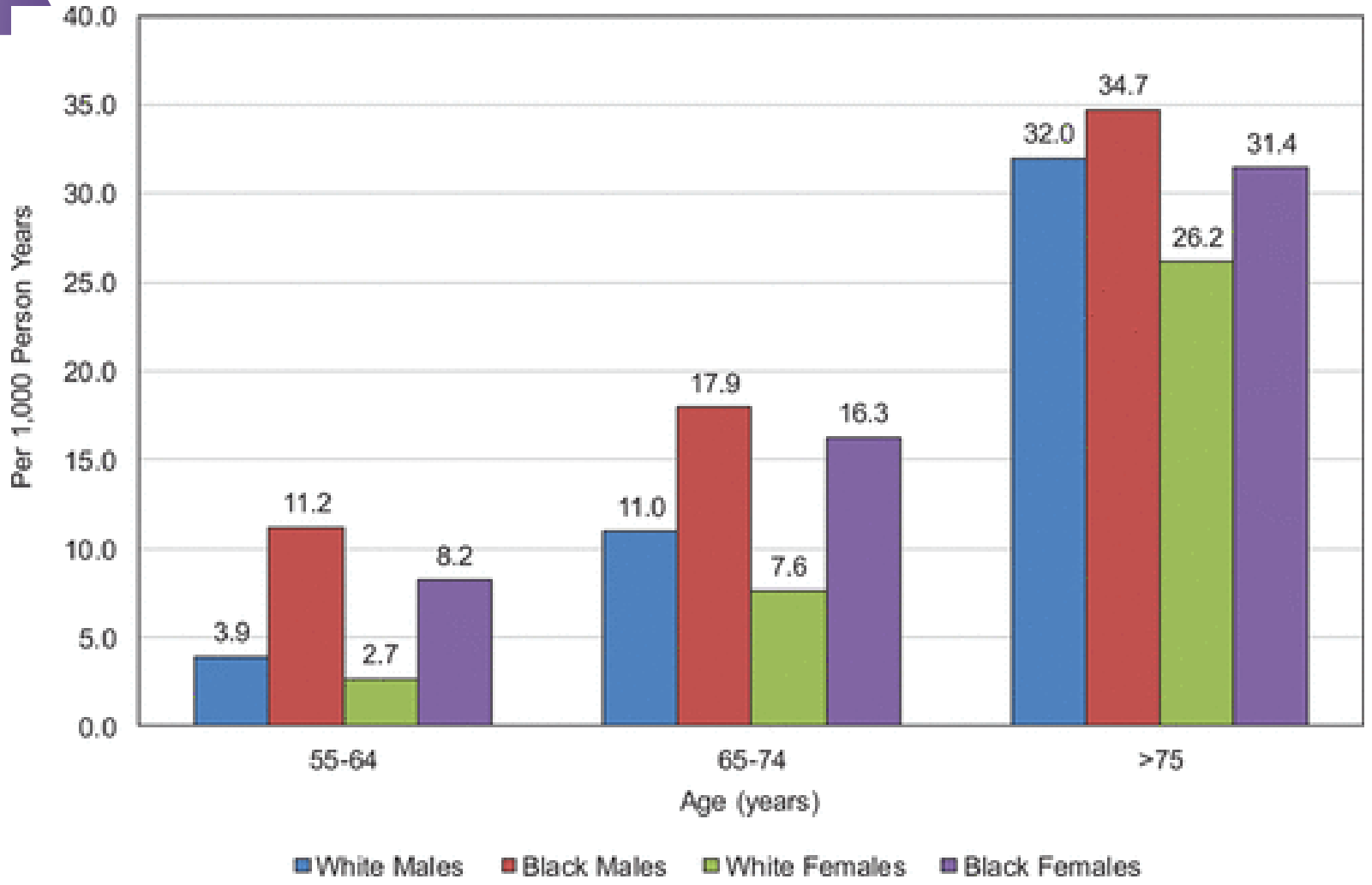
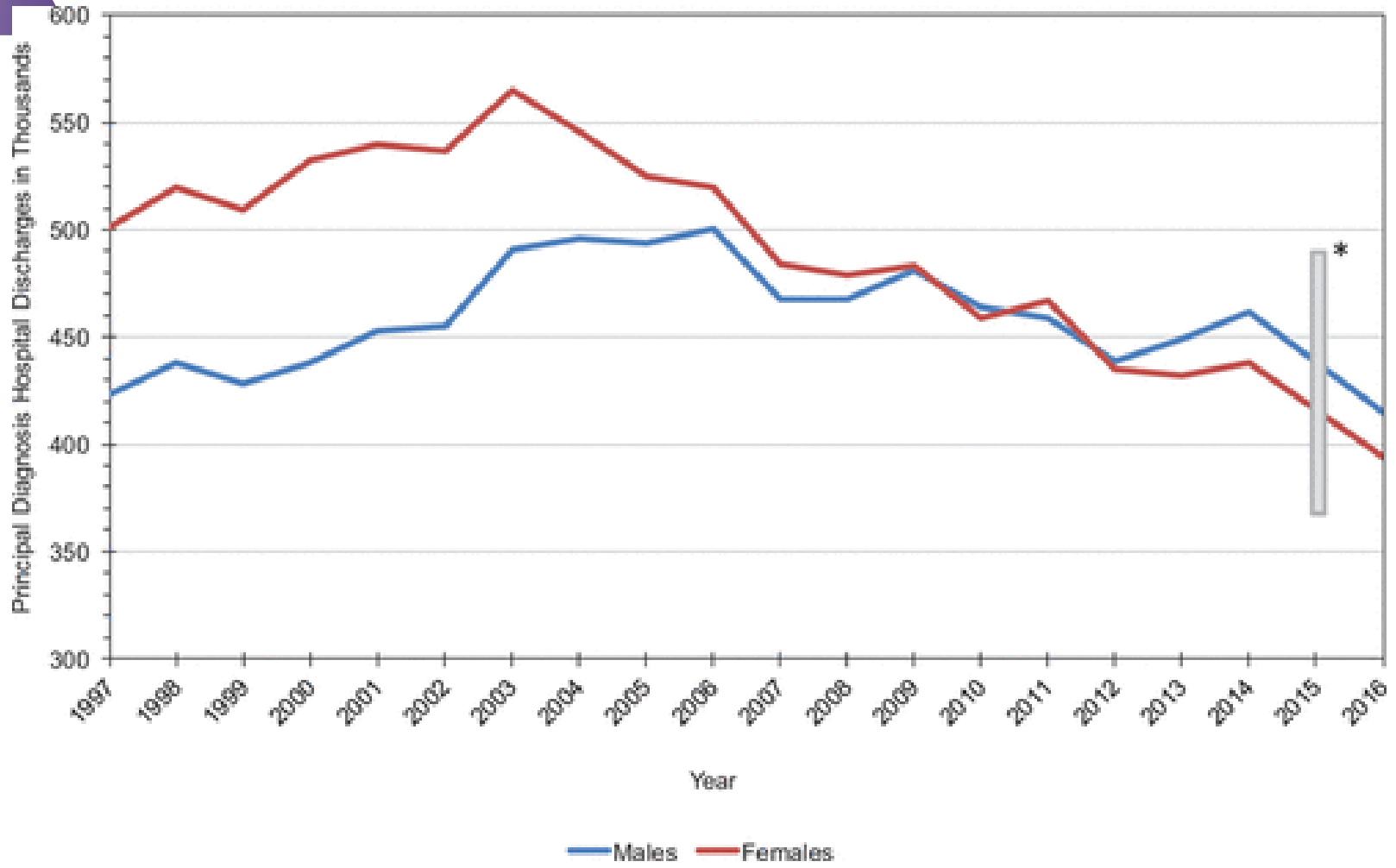
Acute Heart Failure;
Epidemiology



Salim S. Virani. Circulation. Heart Disease and Stroke Statistics—2020 Update: A Report From the American Heart Association, Volume: 141, Issue: 9, Pages: e139-e596, DOI: (10.1161/CIR.0000000000000757)



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Acute Heart Failure;
guideline directed therapies
& strategies

2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure

Developed in Collaboration With the American Academy of Family Physicians, American College of Chest Physicians, and International Society for Heart and Lung Transplantation

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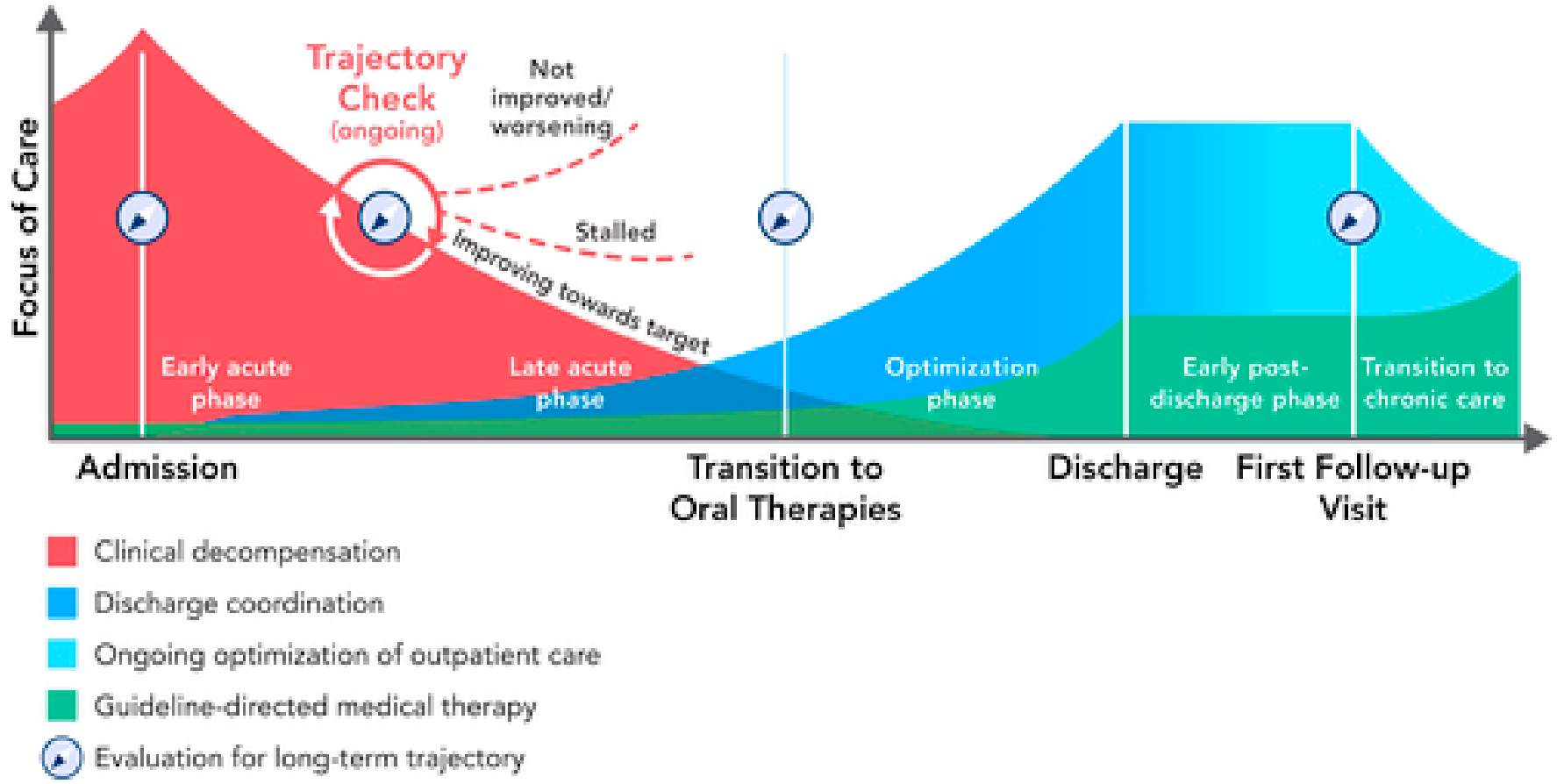
Inpatient and Transitions of Care

- Throughout the hospitalization as appropriate, before hospital discharge, at the first postdischarge visit, and in subsequent follow-up visits, the following should be addressed:
  - a. initiation of GDMT if not previously established and not contraindicated;
  - b. precipitant causes of HF, barriers to optimal care transitions, and limitations in postdischarge support;
  - c. assessment of volume status and supine/upright hypotension with adjustment of HF therapy, as appropriate;
  - d. titration and optimization of chronic oral HF therapy;
  - e. assessment of renal function and electrolytes, where appropriate;
  - f. assessment and management of comorbid conditions;
  - g. reinforcement of HF education, self-care, emergency plans, and need for adherence; and
  - h. consideration for palliative care or hospice care in selected patients.

Hospital Discharge

Recommendation or Indication	COR	LOE
Performance improvement systems in the hospital and early postdischarge outpatient setting to identify HF for GDMT	I	B
Before hospital discharge, at the first postdischarge visit, and in subsequent follow-up visits, the following should be addressed: a) initiation of GDMT if not done or contraindicated; b) causes of HF, barriers to care, and limitations in support; c) assessment of volume status and blood pressure with adjustment of HF therapy; d) optimization of chronic oral HF therapy; e) renal function and electrolytes; f) management of comorbid conditions; g) HF education, self-care, emergency plans, and adherence; and h) palliative or hospice care.	I	B
Multidisciplinary HF disease-management programs for patients at high risk for hospital readmission are recommended	I	B
A follow-up visit within 7 to 14 days and/or a telephone follow-up within 3 days of hospital discharge is reasonable	IIa	B
Use of clinical risk-prediction tools and/or biomarkers to identify higher-risk patients is reasonable	IIa	B



Steven M. Hollenberg et al. *J Am Coll Cardiol* 2019; 74:1966-2011.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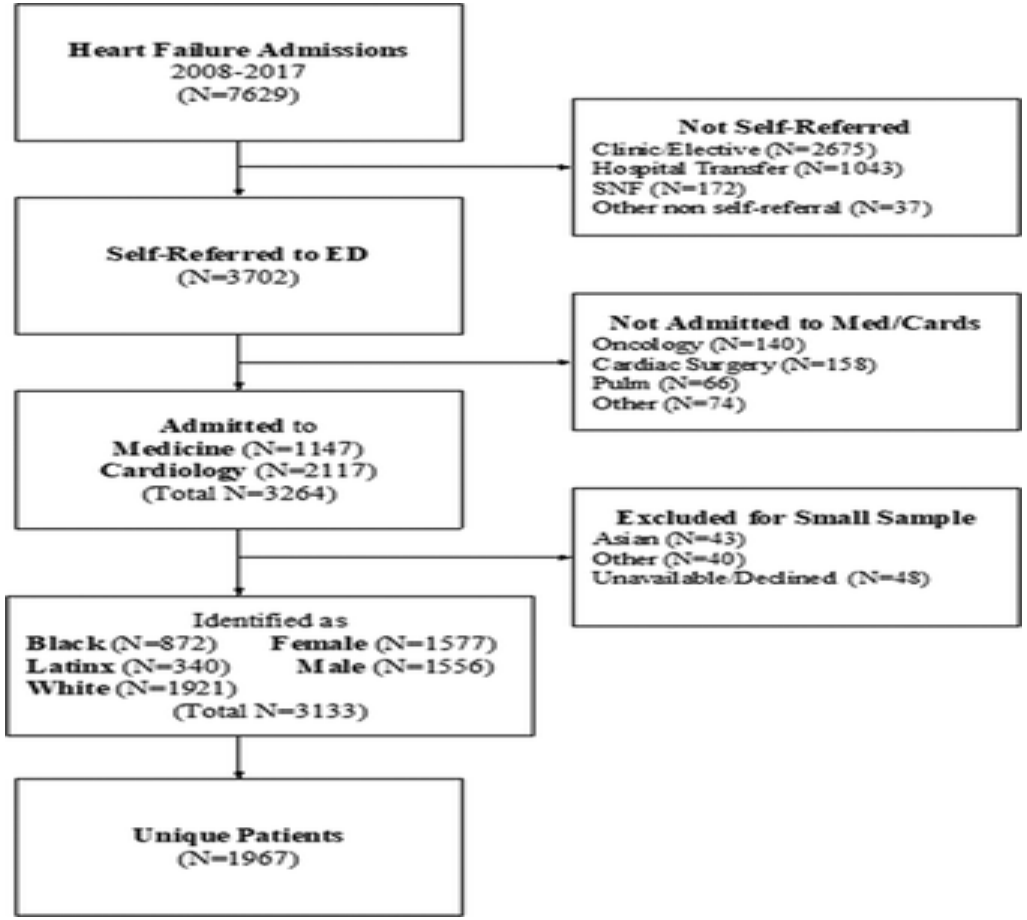
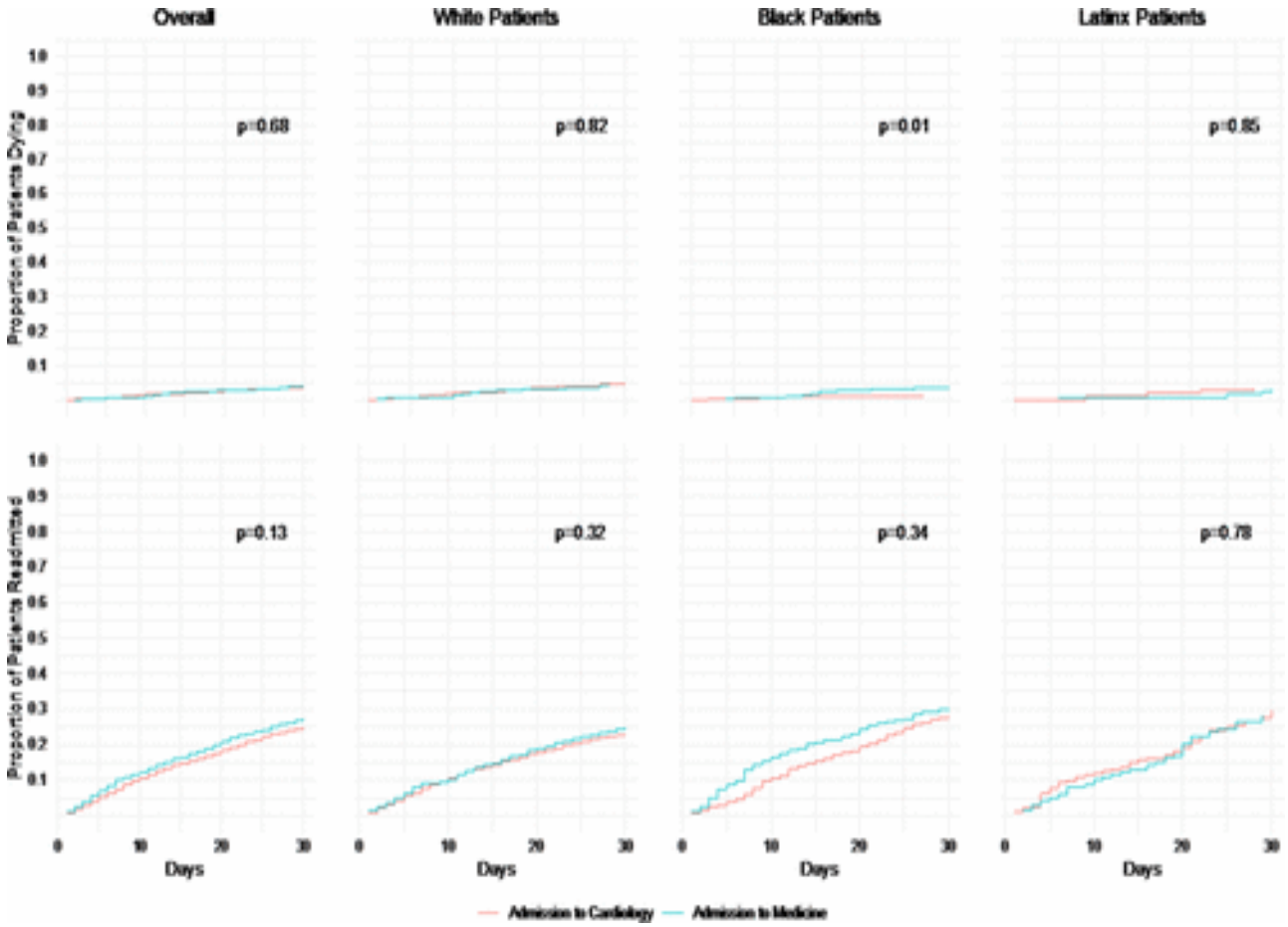
Acute Heart Failure in Under-represented minorities; equity or inequity?



Lauren A. Eberly. Circulation: Heart Failure. Identification of Racial Inequities in Access to Specialized Inpatient Heart Failure Care at an Academic Medical Center, Volume: 12, Issue: 11, DOI: (10.1161/CIRCHEARTFAILURE.119.006214)



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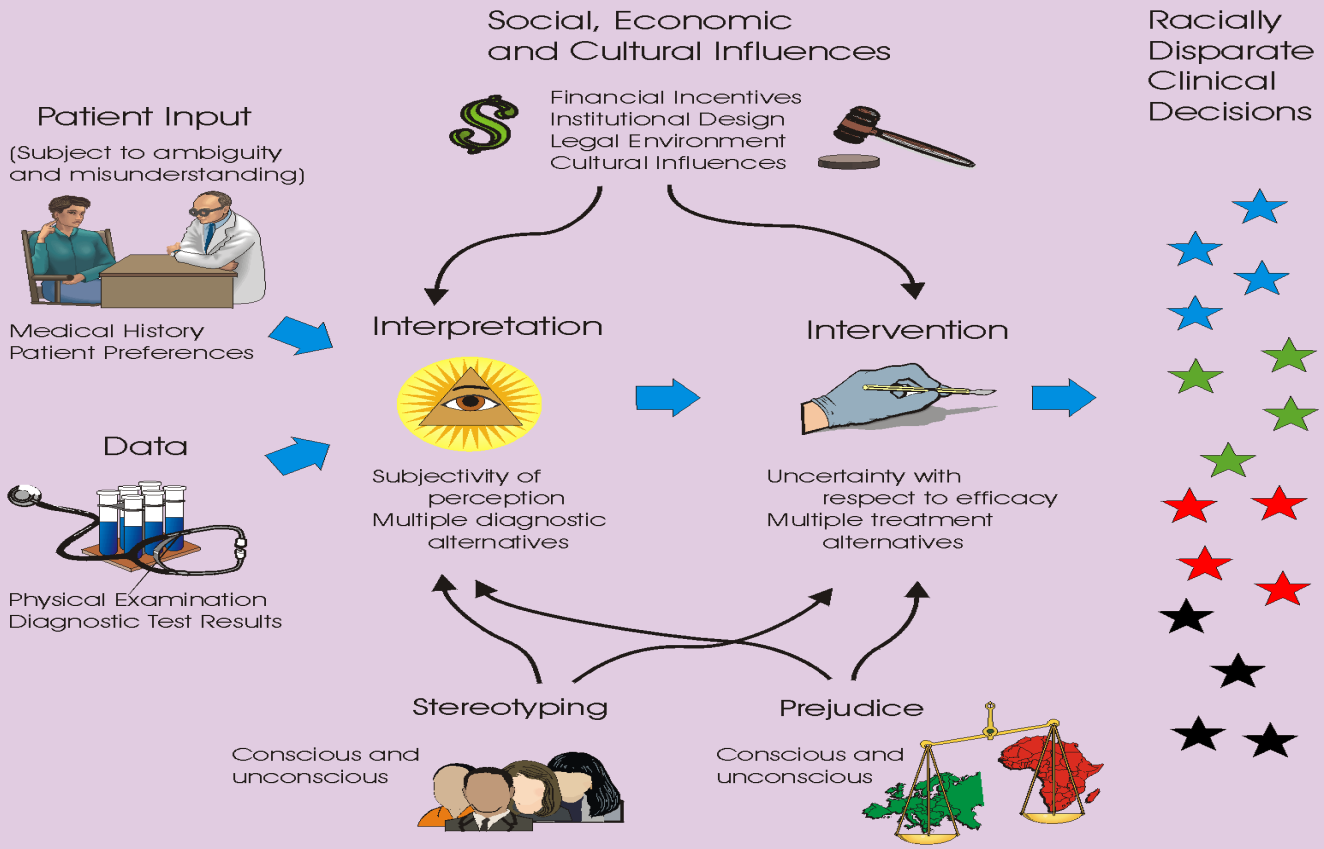
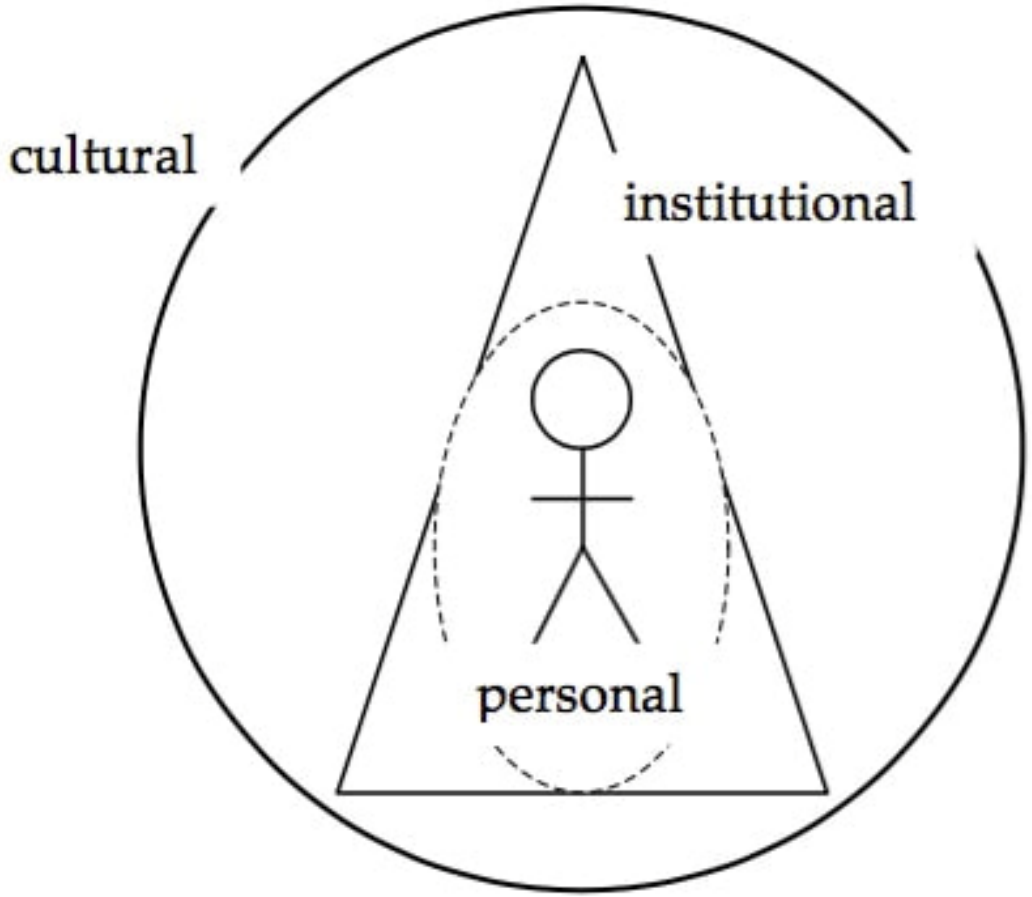
Clinical Discretion

As exercised by clinical caretakers, gatekeeper physicians,and Managed Care Organization UM's



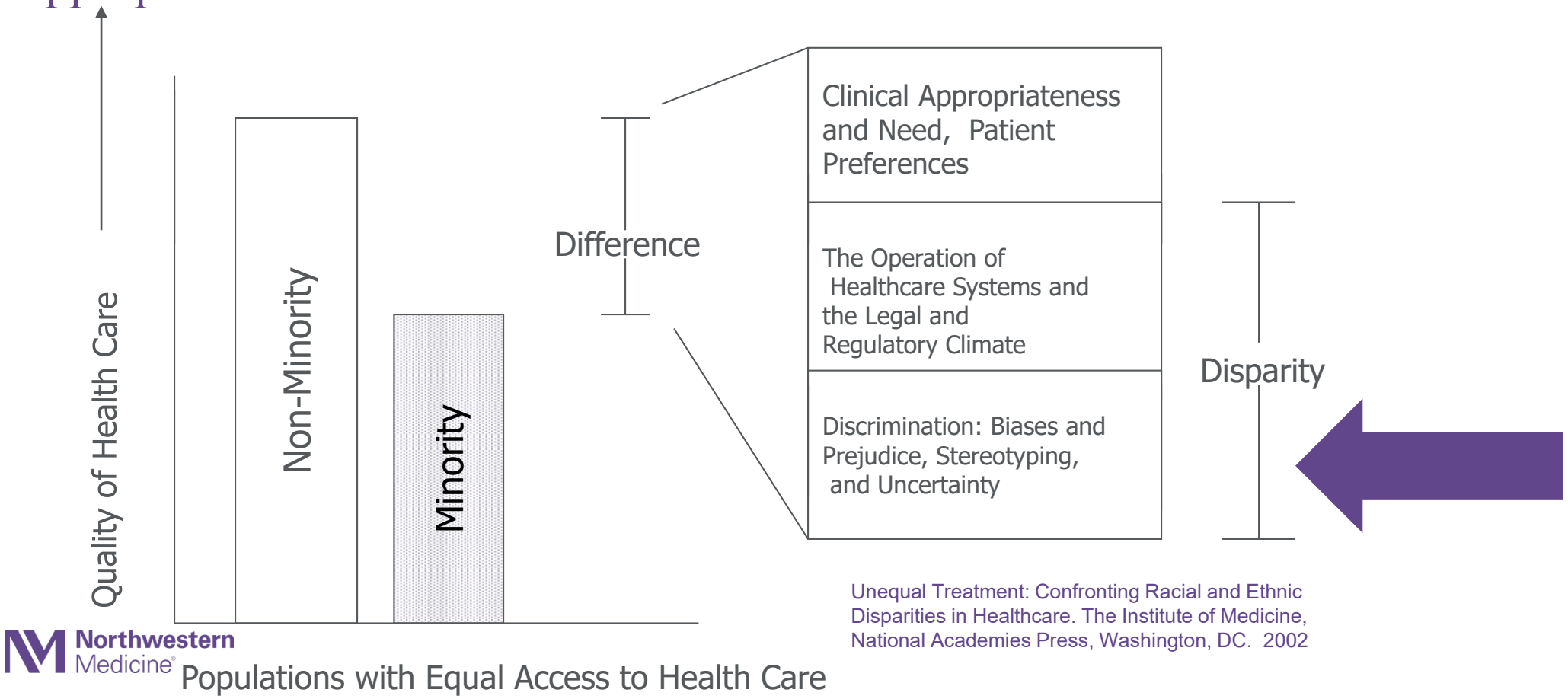
Racism

the belief that all members of each race possess characteristics or abilities specific to that race, especially so as to distinguish it as inferior or superior to another race or races



IOM Report: Differences, Disparities, and Discrimination

Disparities-racial or ethnic differences in healthcare that are not due To access related factors, clinical needs, patient preferences or the Appropriateness of the intervention.



Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare. The Institute of Medicine, National Academies Press, Washington, DC. 2002

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Summary

- There is no physiological basis upon which differential treatment as a function of race is appropriate, particularly for acute cardiovascular events
- Standards of care for acute cardiovascular diseases should be unwavering regardless of sex/gender, race, ethnicity and age.
- Disparate acute care may lead to disproportionate burden of excess cardiovascular events
- Evidence does suggest that immediate care algorithms for acute heart failure disadvantage Blacks at the point of hospital triage
- The patterns of care documented almost assuredly reflect subconscious bias- *an appropriate target for intervention*