



ACCF Guidelines, Appropriate Use Criteria and Performance Measures

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Payers, lawmakers, physicians and patients are increasingly looking for ways to increase the value of health care. Providing the highest quality of care means practitioners must stay abreast of the latest clinical evidence and best practices for applying these findings. However, even for the most scholarly of practicing physicians, attempting to stay current with the abundance of research presently available is a daunting task.

Recognizing this, the American College of Cardiology Foundation (ACCF) offers a series of clinical documents that include guidelines, performance measures and appropriate use criteria to assist physicians in translating clinical research into everyday practice. These documents attempt to examine established and emerging science as it relates to both physicians and patients.

Clinical documents go a long way in ensuring cardiovascular professionals are practicing evidence-based, high quality care. By discussing the many aspects inherent in the delivery of cardiovascular care, they provide much-needed support to physicians in interpreting the large amount of existing clinical and quality improvement data and can help minimize wide variations in the use of tests and procedures.

Publishing these documents is only a first step. The ACC is working to provide the cardiovascular community with the tools and best practices necessary to put these critical documents into practice. In addition, the ACC is working with payers, lawmakers and other stakeholders to identify opportunities for collaboration around the use of these resources.

Guidelines

Since 1980, the ACCF has partnered with the American Heart Association (AHA) to create clinical practice guidelines to assist physicians in providing the highest quality of care to their patients. These clinical guidelines carefully synthesize available evidence to assist physicians in clinical decision-making by recommending a range of generally acceptable approaches for the diagnosis, management, or prevention of specific diseases or conditions. They attempt to define practices that meet the needs of most patients in most circumstances.

Guidelines are primarily based on a review of available efficiency data and clinical trial results, combined with expert opinion. The studies supporting guidelines often contain a number of assumptions, including an optimal level of provider capability, resources and treatment setting. While recommendations are often written for typical patient settings, guidelines still require clinical judgment to be adapted to the care of individual patients. When available, guidelines also take into consideration studies on cost. Guidelines provide varying degrees of recommendations, although occasionally the evidence supporting a particular aspect of care is so strong that failure to perform such actions reduces the likelihood of optimum patient outcomes.

Guidelines are intended to improve the quality of patient care, and ensure that physicians possess the most recent scientific knowledge translated in a manner to guide everyday practice. Currently, the ACCF and AHA spend more than a million dollars a year to support development and updates to more than 2,800 recommendations contained in 18 published guidelines.



Appropriate Use Criteria

Appropriate use criteria, formerly appropriateness criteria, define “when to do” and “how often to do” a given procedure in the context of scientific evidence, the health care environment, the patient’s profile and a physician’s judgment. While practice guidelines provide a foundation for summarizing evidence-based cardiovascular care or for providing expert consensus opinions, in many areas, marked variability remains in the use of cardiovascular procedures, raising questions about over- or under-use. Appropriate use criteria provide practical tools to measure this variability and to look at utilization patterns. The criteria are designed to examine the use of diagnostic and therapeutic procedures to support efficient use of medical resources, while also providing patients with quality, appropriate care.

The criteria are developed by panels of clinical experts from the ACCF and its partner organizations. The panels assess the benefits and risks of a procedure for different indications or patient scenarios and then determine whether the indication is “appropriate,” “uncertain” or “inappropriate.” It is important to note that appropriate use criteria ratings often contain more detailed scenarios than the more generalized situations covered in practice guidelines and thus subtle differences are possible. The criteria are also based on current understandings of the technical capabilities and potential patient benefits of the procedures examined—meaning future evidence development may require these ratings to be updated.

Because of its patient-centered approach, it is hoped that appropriate use criteria will be used to guide future research and lead to patient education regarding expected benefits and risks associated with diagnostic and therapeutic procedures. In addition, physicians, payers and medical facilities can use the criteria prospectively or retrospectively to assess practice patterns, design ordering protocols and/or provide the basis for quality improvement activities focused on ensuring the most appropriate care for patients.

“The use of guidelines, performance measures and appropriate use criteria can go extraordinary lengths in helping practitioners to improve quality because they digest the latest clinical science into actionable steps for the busy professional. As cardiovascular specialists, we must do all we can to implement these tools into daily practice.”

*- Joseph Drozda, M.D., F.A.C.C.
Chair of the Clinical Quality Committee*

Performance Measures

Performance measures, also completed in partnership with AHA, are specific clinical measures for physicians that are indicative of high quality, evidence-based care. Performance measures capture aspects of care recommended in ACCF/AHA clinical practice guidelines that have been proven to improve patient outcomes and that can be measured in valid, actionable and feasible ways.

Although the measures are based upon and directly promote the use of guidelines, it is important to note that they differ substantially from guidelines in their focus on physician performance. Because the target audience for these measures is the practitioner, they are constructed from the provider's perspective and are not intended to characterize "good" or "bad" practice. Rather, the intent of these measures is to provide practitioners with an opportunity to measure the quality of care provided to cardiovascular patients and to identify areas for further improvement.

Performance measures will play a crucial role as state- and federal-level efforts to measure quality and publicly report outcomes continue to expand. These performance measures involve physicians from the outset of this process, improving the accuracy of what constitutes "quality" cardiovascular care.



For More Information

For more information about guidelines, performance measures, appropriate use criteria, and other clinical documents, and how they fit into ACC's efforts to put quality first, please visit the following Web sites:

ACC.org

QualityFirst.acc.org

Cardiosource.com

Cardiosmart.org

For a listing of clinical documents, go to *ACC.org* and click on "Quality and Science."







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2400 N Street NW
Washington, DC 20037