

Women and Ischemia Syndrome Evaluation (WISE) Diagnosis and Pathophysiology of Ischemic Heart Disease Workshop

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Session 1

1. Topic and Author

Critical pathways in diagnosing ischemic heart disease in women.

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2. Where we stand in 2002. Overview/rationale for inclusion of topic.

Critical pathways have taken on a significant profile in the past ten years in both academic and community hospitals as a way to manage resources and to improve quality of care by reducing inappropriate variation and increasing integration in care. Critical pathways are based on data from evidence-based guidelines and research and often incorporate aspects of practice at individual institutions. A hallmark of critical pathways is the integration of aspects of care representing the multidisciplinary care that patients receive .[1, 2] Critical pathways also set a time course for which certain actions should be taken.[3] Critical pathways for ischemic heart disease can be further divided into “diagnostic” and “treatment” pathways.

Most of the experience in critical pathways is in the area of acute ischemic heart disease and not in the diagnosis and treatment of chronic stable angina. Most of the critical pathways focus either on the patient presenting to the ED with acute symptoms or the patient who is admitted with a diagnosis of either clear-cut or potential acute ischemic heart disease. There are data to strongly point to the utility of critical pathways in the acute setting.[4] It is generally accepted that appropriate, timely management of patients with suspected chronic stable angina is important.[5]

One of the most important aspects of a critical pathway is the fact that they are interdisciplinary in approach. Outpatient care is often not delivered in this way. There is a growing body of evidence supporting “disease management” , which is based on an interdisciplinary approach to care may hold many short- and long-term benefits. [6]

Guidelines are most often published for the diagnosis and follow-up of patients with suspected stable angina.[5] Most guidelines for the diagnosis and treatment of ischemic heart disease, both acute and chronic-stable, do not include sex-specific information.[5] It is clear from the literature that published guidelines are often not helpful in changing the behavior of health care professionals. Therefore, some of the benefits of critical pathways in the diagnosis and treatment of women with suspected stable angina include:

- 1) To define the probability of a woman having ischemic heart disease based on the association of particular risk factors and symptoms to ischemic heart disease.
- 2) To improve the detection of CHD in moderate to high-risk women, that takes into account possible differences sensitivity and specificity of diagnostic tests.
- 3) Improve the quality of care provided to women with ischemic heart disease, including risk factor management with other members of the healthcare team.
- 4) Assess the outcomes of the use of pathways in patients with ischemic heart disease or those who are at high risk of ischemic heart disease, with specific attention to sex of the patient. All pathways

and decision tools should also include some reference to the race/gender differences in the impact of risk factors and in treatment bias.[7]

3. Current challenges and the most important issues for future research

Develop methods to:

- 1) Include specific evidenced-based information into critical pathways that relates to sex and gender in the diagnosis and treatment of acute ischemic heart disease.
- 2) Execute critical pathways so that they are incorporated into everyday practice
- 3) Improve assessment of outcomes from critical pathways, including stratification of results by sex/race groups.
- 4) Use outcome data to stimulate continuous quality improvement.

4. Current challenges in the areas of communicating messages to health care community, patients and the public

Critical pathways have been received a mainly negative due to the continuous focus on decreasing utilization of resources. Critical pathways should mainly be focused on increasing the quality of care.

5. Translating new findings to improved diagnosis and treatment/saving lives.

Outcomes of critical pathways should be disseminated, which may lead to widespread adoption of tools.

6. References.

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