

Improving Atrial Fibrillation Management Decreases the Risk of Stroke





17 percent relative increase in the number of patients with A-fib receiving anticoagulation.



\$53K increase in cardiology revenue, the result of more patients receiving cardiology care.



\$90K increase in margin contribution, the result of increased LAAO device insertion.

PRODUCTS

Nealth Catalyst® Data Operating System (DOS™)

THE CHALLENGE

Patients with atrial fibrillation (A-fib) are five times more likely to experience a stroke. Over three years, Community Health Network (CHNw) saw more than 20,000 patients with A-fib. Of those patients, only 64 percent were on anticoagulation, leaving 36 percent at an increased risk for stroke. There was no standard approach to documenting patient risk for stroke or contraindications to anticoagulation. The organization needed to change workflows to ensure patients received the expected care to improve long-term outcomes.

THE PROJECT

CHNw standardized the management of A-fib and implemented decision support to prompt providers to document the CHA2DS2-VASc risk score and any contraindications to anticoagulation whenever a patient has a diagnosis of A-fib. Decision support also notifies primary care and cardiology providers when a patient has A-fib, a CHA2DS2-VASc score >2, and is not on anticoagulation.

CHNw leverages high-quality data and analytics from the Health Catalyst® Data Operating System (DOS™) platform to visualize and improve performance. It can easily identify patients with care gaps and providers needing additional support and education. The organization can quickly identify patients who are not properly anticoagulated and at the highest risk for stroke and identify patients who may be candidates for left atrial appendage occlusion devices (LAAO), ensuring patients receive the needed referrals and follow-up care.

THE RESULT

CHNw's data-informed workflow changes meaningfully improved the care provided to patients with A-fib while also decreasing the time providers spend searching for information in the EHR. As a result, the organization successfully increased the number of patients receiving anticoagulation, decreasing the risk of stroke and improving patients' quality of life.



Our data-informed improvements increased use of guideline directed anticoagulation for patients with atrial fibrillation. The Health Catalyst analytics enabled us to identify specific patients and providers needing additional support, substantially improving performance.

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