Examples of programmes for practice improvement

● 12 post-infarction EPP sessions for cardiologists (2); for example: Heart disease and physical activity.
● EPP programme for general practitioners and doctors in preventive medicine centres, based on one cardiovascular risk indicator in particular (Champagne-Ardenne URML).
● Rehabilitation programme with numerical scores for cardiovascular risk assessment (multidisciplinary care team, Dax*; multidisciplinary care team, Reims*).
● Personalised rehabilitation programme with dietary assessment questionnaire (multidisciplinary care team, Reims*).
● Implementation of a national post-infarction hospital and outpatient compendium (2-1).
● Improvement of prescription of medication in elderly patients (PMSA*).
● EPP programmes for primary care cardiologists in the community (1), based in particular on shared indicators from clinical practice and registers of practice.
● EOLE study, an observational study of long-term post-myocardial infarction follow-up (1-2).

The section “Pilot programmes” has since April 2009 an area devoted to improvement of the myocardial infarction management. This area makes available to health professionals and the public:

- clinical practice indicators (CPI) for MI management
- clinical experience* of improvement of practices;
- key messages and reference data;
- programmes for improvement of practices;
- medical reference texts and useful links.

A thematic day devoted to the clinical impact of myocardial infarction care pathway has been organised in 2010. Professionals involved in myocardial infarction management shared their clinical programmes/experience, problems encountered, actions and ways to improve practices, etc.

*Clinical experience. For further information, consult the section on myocardial infarction on the HAS website, section “Thematic programmes”; EPP: Evaluation of professional practices.

“Together, let’s improve myocardial infarction management”

A progress report in 2009

Phase 3

FOLLOW UP AFTER HOSPITAL DISCHARGE

It is estimated that every year, approximately 100,000 people in France are affected by myocardial infarction.

Among the patients entering the care pathway, 7% die during the first month and 13% die during the first year. This mortality rate has been reduced by half in 10 years thanks to an overall improvement in MI management.

The aim of this programme, undertaken with health professionals, is to reduce the mortality and the complications of myocardial infarction even further by improving the 3 phases of the care pathway from the onset of the first symptoms:

1. from pain to reperfusion
2. from reperfusion to hospital discharge
3. post-MI follow-up after hospital discharge
The patient should follow a suitable programme of cardiac rehabilitation, either in hospital or as an outpatient, and should consult his general practitioner every 3 months and his cardiologist at least once a year. Regular monitoring contributes to the prevention of complications, such as stroke, peripheral arterial occlusive disease, heart failure and recurrence of myocardial infarction.

Post-myocardial infarction follow-up consists of:
- identifying and reducing cardiovascular risk factors (including smoking, hypertension, diabetes, high cholesterol levels, obesity, lack of physical exercise, an unbalanced diet);
- following assiduously the “BASI” treatment (B for beta-blocker, A for platelet aggregation inhibitor, S for statin and I for ACE inhibitor).

In this way, the patient has the best chance of resuming a completely normal life after a myocardial infarction.

- Adopting a healthy lifestyle and taking the prescribed medication are essential for regaining good quality of life after a myocardial infarction, avoiding recurrence and reducing mortality, which remains high during the first year.
- If recurrence of the myocardial infarction is suspected, there is only one course of action to be taken: call the SAMU Centre 15 immediately.

**Priorities for improving practice**
- Improve and assess control of risk factors after myocardial infarction.
- Optimize medication, particularly in elderly patients.
- Providing information and training about treatment, control of risk factors and what to do in the event of a recurrence.
  - doctors’ guide “Coronary disease” (HAS).
  - recommendations on myocardial infarction care pathway (2-5).
  - information campaigns (2, 3, 4, etc.)
  - patient guide “Treating your coronary disease” (HAS).
  - information document for the general public (HAS), for the patient (1).

Programmes to improve professional practice
- Programmes to improve professional practice have developed as a result of medical references and successful clinical experience. Collecting clinical practice indicators facilitates improvement and monitoring of practices.
- Shared and consensual clinical practice indicators developed by professionals allow for monitoring of the progress of practices, based on the essential elements of post-myocardial infarction follow-up by the general practitioner and the cardiologist.
  - Investigation of chest pain? Information about calling 15 (SAMU) when a recurrence is suspected?
  - Cardiac rehabilitation programme?
  - Blood pressure follow-up?
  - BASI treatment taken and tolerated? After 1 year?
  - Lipid and glucose level assessment? Balanced diet?
  - Correspondence between the GP and the cardiologist?
  - Is the patient still alive after 1 month? After 1 year?

**Main conclusions**
- Control of cardiovascular risk factors is insufficient. Post-myocardial infarction physiotherapy and cardiac rehabilitation programmes enable patients to attain a better quality of life, and effectively reduce recurrence and death.
- BASI treatment after the immediate post-myocardial infarction period can be improved.
- It should therefore be possible to reduce mortality in the first year after myocardial infarction.

**Figures and landmarks**

*Information now available about current practices in France.*

**Cardiovascular risk factors**
- The number of smokers in France is falling; more than 6% have given up in the last 10 years. However, around 30% of French people still smoke.
- Over 80% of known hypertensive patients are treated, although, despite the progress made in the last 10 years, hypertension is controlled in only 23% of men and 36% of women.
- Around half of the patients who have a cholesterol problem are treated, and around a third have controlled cholesterol.
- Between 60% and 80% of patients treated for diabetes have their glycaemia controlled.
- Obesity is increasing at a worrying rate, affecting 20% of the adult population.

*After a myocardial infarction, efficient physiotherapy and rehabilitation programmes exist: after 6 weeks of cardiac rehabilitation, 95% of patients treated have returned to professional activity and 92% have improved their quality of life (daily living, leisure and sporting activities) (Reims multidisciplinary care team); patients who have followed an extended personalised rehabilitation programme have half as many cardiovascular events (complications and death) and half as many admissions to hospital after 4 years of follow-up (multidisciplinary care team, Dax).*

In patients followed-up after a myocardial infarction, global BASI prescription is estimated at 62%, greater in diabetic patients and less after the age of 80 (CNAM-TS study, 2009). Details of BASI treatment analysed 6 months after hospital discharge in a register of practices found the following rates: B 74%, A 88-90%, S 80%, I 62% (RESCUE register of practices*).

Mortality after ST+ myocardial infarction is 6-7% at 1 month (Fast-Mi national survey, 2005*, register of practices*) and reaches around 11% at 1 year (Fast-Mi 2005*, register of practices in Franche Comté*). Cardiovascular disease is the second greatest cause of mortality in France. This mortality rate varies according to the characteristics of the population treated (age, heart failure, etc.), as illustrated by the comparative study of the populations in Chalon sur Saône and Côte d’Or (“risk profile” study, Burgundy).