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## Patients Enthusiastic About Electronic Health Information Exchange

**Patients express desire for systems that allow them to opt-in rather than opt-out**

A survey published in the *Journal of Medical Internet Research (JMIR)* found that patients are enthusiastic about electronic health information exchange. Patients recognize its capacity to improve the quality and safety of care, but the patients also expressed concern about the potential for privacy breaches and misuse of health information.

The American Recovery and Reinvestment Act of 2009 is slated to provide approximately \$19 billion toward the adoption of electronic health records (EHRs). The authors state that electronically exchanging health-related information to improve clinical practice is central to maximizing the benefit of ongoing efforts to expand electronic health records to physicians' offices. Because

this type of exchange involves electronically exchanging patient-identified health information geographically and between organizations, it raises patient privacy and data security issues, which has caused heated debate. However, little is known about patients' attitudes about health information exchange or their

preferences for learning about it or giving consent for it. In preparation for a community-wide electronic health information exchange in Massachusetts, the authors of the current study conducted discussions with patients regarding how well they understood the value of clinical data

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exchange, to what extent they endorsed electronically transmitting clinical information among healthcare providers, what concerns they had, and how they should be informed about and

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approached for, participation in the process.

The authors conducted a qualitative analysis of five focus group discussions with a total of 61 participants. The three most common themes emerging from the discussions were concerns about privacy and security; the potential benefit to a person's health; and the desire for more information about the consent process. Privacy concerns centered on who would have access to a person's health information, what kinds of sensitive health information would be shared, and the risk of unauthorized use of it via security breaches. Participants expressed the potential for health information exchange to improve health and prevent adverse outcomes as a primary reason for participating. Almost all patients said that they would prefer a system that requires their consent to participate in a health information exchange (i.e., an opt-in system) rather than a system that assumed their participation without explicit consent (i.e., an opt-out system). The majority of patients believed that patients

should receive consent information by mail prior to being asked to sign the consent form in the physician's office.

Although the authors say the current study must be considered in the context of its design, it provides insight into the way patients perceive electronic health information exchange and their willingness to provide consent for participation. "Future studies should test different strategies for educating community members about health information exchange and for securing their consent for participation. While there will likely be variability across communities and nations, as well as a need for local programs and policies, each community embarking on the implementation of clinical data exchange should not need to 'reinvent the wheel' in terms of engaging patients in the process," they conclude.

**Source:** Simon SR, Evans JS, Benjamin A, et al. 2009. Patients' attitudes toward electronic health information exchange: qualitative study. *Journal of Medical Internet Research* 11(3):e30.

## Many Patients with Coronary Artery Disease Not Referred to Cardiac Rehabilitation

**Patients not referred to programs less likely to receive other guidelines-based therapies**

A study published in the *Journal of the American College of Cardiology* found that despite strong evidence of benefits, less than 60 percent of patients with coronary artery disease (CAD) discharged from hospitals were referred to a cardiac rehabilitation program. The authors suggested steps were needed to increase physician awareness about such programs as well as to reduce barriers to referrals.

The authors state that cardiac rehabilitation programs reduce morbidity and mortality in patients with CAD after myocardial infarction (MI), improve risk factor management, and are a class I indication in numerous national guidelines after MI or revascularization. Despite these benefits, cardiac rehabilitation programs are underutilized, which prompted the American Association of Cardiovascular and Pulmo-

nary Rehabilitation, the American College of Cardiology, and the American Heart Association (AHA) to publish performance measures for the referral to and delivery of cardiac rehabilitation services. Understanding referral patterns and barriers to cardiac rehabilitation in eligible CAD patients is necessary to improve uti-

lization. The current study investigated cardiac rehabilitation underutilization by analyzing cardiac rehabilitation referral among eligible patients with MI, percutaneous coronary intervention (PCI), or coronary artery bypass graft surgery (CABG) discharged from hospitals participating in the AHA's Get With the Guidelines (GWTG) program, and identified factors that were

independently associated with cardiac rehabilitation referral.

The authors analyzed the data from 72,817 patients from 156 hos-

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pitals who were discharged after AMI, PCI, or CABG surgery between January 2000 and September 2007, and identified factors associated with cardiac rehabilitation referral. Overall, 40,974 (56 percent) were referred for cardiac rehabilitation at discharge: 53 percent of AMI patients; 58 percent of PCI patients; and 74 percent of CABG patients. Older age, non-ST segment elevation myocardial infarction, and the presence of comorbidities were associated with decreased odds of cardiac rehabilitation referral.

The authors observed significant variation among hospitals in the percentage of eligible patients referred to cardiac rehabilitation. In 35 percent of hospitals, fewer than 20 percent of eligible patients were referred, although one-third

of hospitals referred 60 percent of eligible patients. In addition, patients not referred to cardiac rehabilitation programs were less likely to receive other guideline-based therapies, such as receiving aspirin on discharge. "More emphasis on increasing referral to cardiac rehabilitation is necessary to overcome the current underutilization of cardiac rehabilitation in the secondary prevention of cardiovascular disease," they conclude.

**Source:** Brown TM, Hernandez AF, Bittner V, et al. 2009. Predictors of cardiac rehabilitation referral in coronary artery disease patients. Findings from the American Heart Association's Get With the Guidelines Program. *Journal of the American College of Cardiology* 54:515-521.

#### Cardiology Domain Article Updates

The following Patient Literacy Center articles were recently updated and reviewed by the Cardiology Domain Medical Advisory Board. The updated articles have been added to the websites of subscribers to the Cardiology Domain Patient Literacy Center. For information about becoming a Patient Literacy Center Subscriber, contact your Member Services Advisor at (800) 603-1420.

- Angina Pectoris, Stable
- Blood Test
- Antiarrhythmic Therapy
- Cardiac Catheterization and Angiography
- Congestive Heart Failure
- Congestive Heart Failure Therapy
- CT Angiography
- Valvular Surgery

## Hot Topic Highlights

Cardiology Domain recently posted the following Hot Topics to your website:

### Healthy Lifestyle Habits May Help Men Avoid Heart Failure

Men who maintain healthy lifestyle habits may be helping themselves avoid heart failure in the future, according to the results of a study published in the *Journal of the American Medical Association*. The study of more than 20,000 men found that men who adhered to at least 4 of the 6 lifestyle habits — maintaining normal weight, not smoking, drinking moderately, and consuming breakfast cereals and fruits and vegetables — had a 10.1 percent risk of developing heart failure compared to a risk of 21.2 percent among men who adhered to none of these habits.

**Source:**

Djousse L, Driver JA, Gaziano JM. 2009. Relation between modifiable lifestyle factors and lifetime risk of heart failure. *Journal of the American Medical Association* 302(4):394-400.

### Active Commuters Have Fewer Heart Disease Risk Factors

People who walk or bike to work have fewer heart disease risk factors, according to the results of a study published in the *Archives of Internal Medicine*. Only 16.7 percent of the 2,363 participants were active commuters, and those men and women were fitter than those who did not. Men who were active commuters were less likely to be overweight or obese and had healthier triglyceride, blood pressure, and insulin levels.

**Source:**

Gordon-Larsen P, Boone-Heinonen J, Sidney S, et al. 2009. Active commuting and cardiovascular disease risk. *Archives of Internal Medicine* 169(13):1216-1223.