

Does feedback improve long-term control of blood pressure (RR) and LDL-cholesterol (LDL-C)?

Results of the Disease Management Program (DMP) Coronary Artery Disease (CAD) North Rhine

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Background and Objectives

The DMP consists of a set of consented treatment targets (leaving the treatment decision to the physician) and a structured documentation with feedback. Participation is voluntary, but paid for by health insurance. Currently 130.589 patients with proven CAD and at least one follow up examination (10, 2004 - 12, 2007) are included by 4.205 physicians who receive a feedback report every six months by which they are able to identify those patients who do not reach target values for RR and LDL-C.

We have analyzed the changes of RR and LDL-C, documented every 3 months, after the index interval(s) for which values above target have been reported back to the treating physician.

of LDL and BP exists. 112.785 patients at least once showed LDL-C >100 mg/dl or systolic BP > 140 mmHg respectively.

Study Population

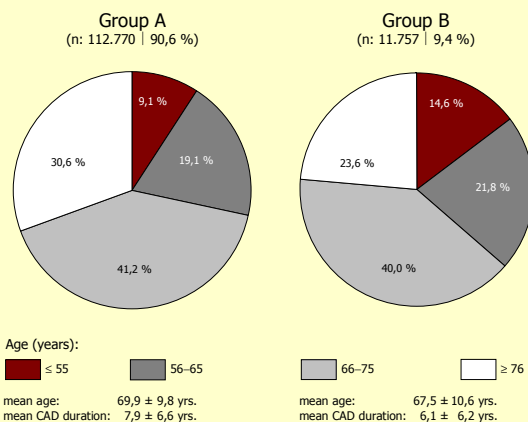
By the end of 2007 4.205 physicians from 3.252 clinics have become part of the program. 142.619 patients have been included in the DMP. For 130.589 patients follow-up documentation is available. For 124.545 patients complete documentation

Methods

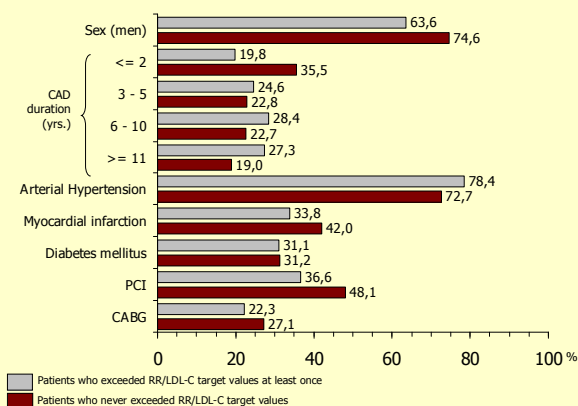
Detailed descriptive analyses of population based cohort differences. Each cohort difference has been carefully checked for significance in contrast to the other differences and for consistency over different analyses. Percentages and means are presented (logistic regression modelling: odds ratios and 95 % confidence intervals).

Results

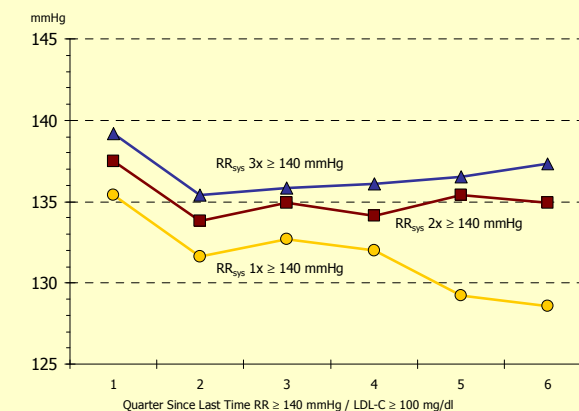
Age of Patients (A: ≥ 1x Above BP/LDL-C, B: Continuously Below Target Values)



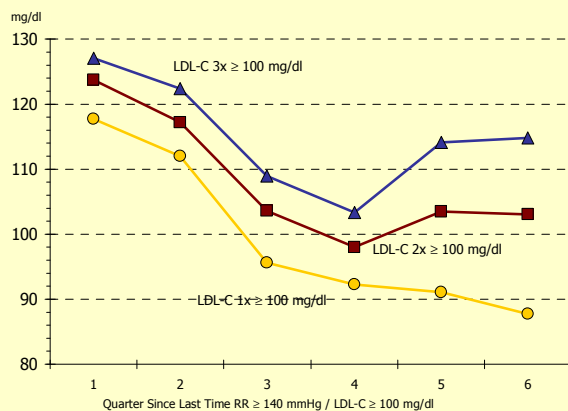
Characteristics, Comorbidities, Interventions



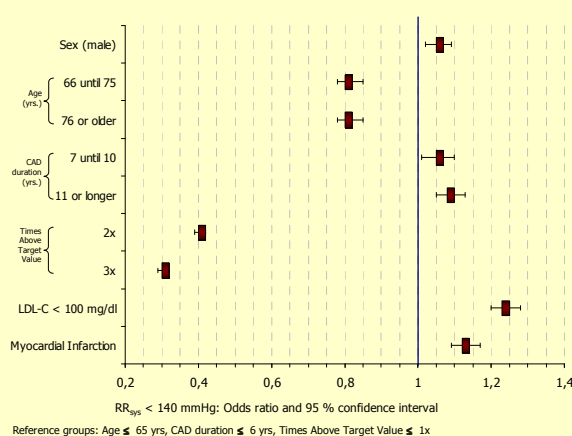
Time Course of Systolic Blood Pressure



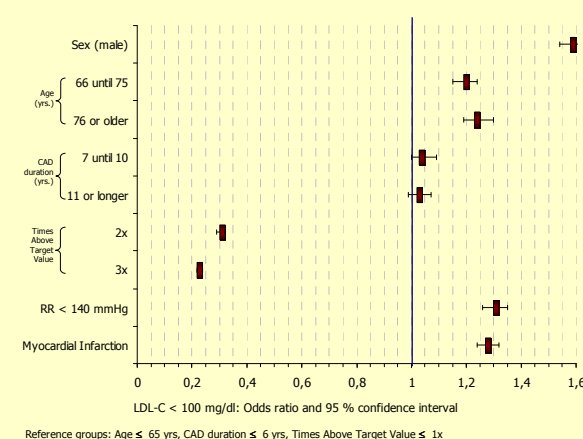
Time Course of LDL-Cholesterol



Predictors of Systolic BP < 140 mmHg in 2008



Predictors of LDL-C < 100 mg/dl in 2008



Conclusions

Feedback improves long-term control of RR and LDL-C. However, the longer targets are not met the lower the probability for reaching and maintaining values at target level.