

## IN THIS ISSUE

- 9 Arrhythmias & Electrophysiology**  
How to convert breakthrough atrial fib with maintenance meds.
- 10 Acute Coronary Syndromes**  
Ischemic symptoms in myocardial infarction patients often go unrecognized.
- 12 Interventional Cardiology**  
Some simple changes can shorten patient's trip to the cath lab.
- 14 Surgery**  
First-ever guidelines focus on post-cardiac surgery atrial fibrillation.
- 16 Imaging**  
New chest pain risk scoring system helps predict outcomes.
- 18 Heart Failure**  
Several investigational heart failure drugs show promise.
- 20 Hypertension**  
Ambulatory blood pressure is a better measure of risk than in-office measures, 22
- 24 CAD & Atherosclerosis**  
A new class of dual-acting drugs improves markers of atherosclerosis and diabetes.
- 27 Letters**
- 28 Practice Trends**  
**Policy & Practice**  
Be prepared: Medicare Part D is coming, 29
- 31 On the Beat**  
**Reader Services**  
Classifieds, 30  
Index of Advertisers, 31

## EDITORIAL ADVISORY BOARD

- SIDNEY GOLDSTEIN, M.D.**, Michigan  
*Medical Editor*
- JONATHAN ABRAMS, M.D.**, New Mexico  
*Associate Medical Editor*
- ERIC R. BATES, M.D.**, Michigan
- GEORGE BELLER, M.D.**, Virginia
- STEVEN F. BOLLING, M.D.**, Michigan
- ROBERT M. CALIFF, M.D.**, North Carolina
- PRAKASH C. DEEDWANIA, M.D.**, California
- KIM A. EAGLE, M.D.**, MICHIGAN
- JAMES J. FERGUSON, III, M.D.**, Texas
- JOHN FLACK, M.D.**, Michigan
- THOMAS D. GILES, M.D.**, Louisiana
- ANTONIO M. GOTTO, Jr., M.D.**, New York
- DAVID L. HAYES, M.D.**, Minnesota
- DAVID R. HOLMES, Jr., M.D.**, Minnesota
- BARRY M. MASSIE, M.D.**, California
- CHRISTOPHER M. O'CONNOR, M.D.**, North Carolina
- NATESA G. PANDIAN, M.D.**, Massachusetts
- ILEANA L. PIÑA, M.D.**, Ohio
- OTELIO RANDALL, M.D.**, Washington, D.C.
- THOMAS J. RYAN, M.D.**, Massachusetts
- HANI N. SABBABH, Ph.D.**, Michigan
- LESLIE ANNE SAXON, M.D.**, California
- DAVID H. SPODICK, M.D.**, Massachusetts
- NEIL J. STONE, M.D.**, Illinois
- PAUL D. THOMPSON, M.D.**, Connecticut
- ROBERTA WILLIAMS, M.D.**, California

## HEART OF THE MATTER

## The Slippery Slope to Pay for Performance

In the beginning, randomized clinical trials were designed to move the observations made at the bench and from small clinical studies to the community at large.

One example of this transition was the Beta-Blocker Heart Attack Trial, which evolved from positive observations in small clinical studies of 100 patients or less. Because of intense skepticism, recruitment was difficult since many felt that  $\beta$ -blockers were dangerous. The positive benefit reported in 1982 was a surprise to everyone, including the investigators. Even though the results were replicated by at least two other RCTs, the incorporation of  $\beta$ -blocker therapy in post-MI patients took more than a decade to gain traction in contemporary therapy. It was difficult to get the ear of the practicing physician, but no one ever thought that one day physicians would be forced, much less given a bonus, to prescribe  $\beta$ -blockers after an MI.

Concern about the inconsistency of the application of beneficial therapy and in the desire to insure that every American was appropriately treated, guidelines based on RCTs were creat-

ed to help physicians make the best therapeutic choices. Largely as a result of ACC/AHA guideline,  $\beta$ -blockers became accepted therapy following an acute myocardial infarction. From an

average use of 30% in the 1990s, utilization rates began to climb 65% by the beginning of this century. Physician education was the mechanism by which this advance occurred.  $\beta$ -Blocker utilization became an important quality measure advanced by a variety of private and federal insurers. Now utilization rates approach 80%-85% of patients discharged after an MI,

and the percent of patients receiving  $\beta$ -blocker therapy became part of the well-publicized quality standards that measure the performance of hospitals and clinics nationwide.

RCTs became the foundation of what is now called evidence-based medicine. We are bombarded by RCTs supporting the use of a plethora of drugs and devices that improve the lives of cardiac patients. It no longer takes a decade to incorporate these therapies into clinical practice; they are now certified within months. Guidelines committees that at one time met every 2-3 years are now

in almost continuous session.

Now in the interest of uniformity, education is no longer regarded as sufficient to influence physicians, but economic incentives are proposed to prevent variation, the enemy of the "quality gurus," in order to ensure uniformity. Physicians and their representatives are now considering accepting payment incentives in order to achieve uniformity and expedite adherence to evidence-based medicine. Variation in the application of these guidelines will lead to financial penalties.

Much of this is motivated by the idea that by achieving uniformity of care, health care costs will decrease at a time when almost 45 million Americans do not have health insurance to pay for it. In an era in which postgraduate medical education is funded largely by the pharmaceutical industry, education is no longer important. Financial incentives are the only answer to compliance. Something just doesn't sound right. Is it really no longer possible to educate physicians about how to treat their patients? ■

DR. GOLDSTEIN, *medical editor of CARDIOLOGY NEWS, is professor of medicine at Wayne State University and division head, emeritus, of cardiovascular medicine at Henry Ford Hospital, Detroit.*



BY SIDNEY GOLDSTEIN, M.D.

## Cardiology News

President, IMNG Alan J. Imhoff

Executive Director, Operations Jim Chicca

Director, Production/Manufacturing

Yvonne Evans

Production Manager Judi Sheffer

Production Specialists Anthony Draper, Thomas

Humphrey, Rebecca Slebodnik, Mary D. Templin

Information Technology Manager Doug Sullivan

Senior Systems Administrator Lee J. Unger

Systems Administrator Drew Mintz

Operations Assistant Melissa Kasimatis

Art Director Louise A. Koenig

Assistant Design Supervisor

Elizabeth B. Lobdell

Design Staff Sarah L. Gallant, Forhad S.

Hossain, Julie Keller, Angie Ries

Photo Editors Lolita Jones, Vivian E. Lee,

James E. Reinaker

Project Manager Susan D. Hite

Assignments Coordinator Megan Evans

Departmental Coordinator Vicki Long

Editorial Coordinator Daniela Silva

H.R. Manager Philip Cooksey

Regional Manager of Facilities Chris Horne

Receptionist YoLanda L. Mitchell

Address Changes Fax change of address (with old mailing label) to 301-816-8736 or e-mail change to subs@elsevier.com

CARDIOLOGY NEWS is an independent newspaper that provides the practicing specialist with timely and relevant news and commentary about clinical developments in the field and about the impact of health care policy on the specialty and the physician's practice.

The ideas and opinions expressed in CARDIOLOGY NEWS do not necessarily reflect those of the Publisher. Elsevier Inc. will not assume responsibility for damages, loss, or claims of any kind arising from or related to the information contained in this publication, including any claims related to the products, drugs, or services mentioned herein.

V.P., Med. Ed./Bus. Development

Sylvia H. Reitman

Program Managers, Med. Ed. Sara M. Hagan,

Malika Wicks

Senior Director, Marketing/Research

Janice Theobald

Marketing Associate Jennifer Savo

Sales Director Jeffrey R. Davis

Executive Director, Business Operations

Bari Edwards

Bus. Manager Brian O'Connor

Adv. Services Manager Joan Friedman

Credit Supervisor Patricia H. Ramsey

Manager, Administration/Conventions

Lynne Kalish

Sales Assistant Kathy Craine

Receptionist Linda Wilson

Sales Manager, Primary Care Mark E. Altier,

973-290-8220, m.altier@elsevier.com

National Account Managers Sue Fagan,

973-290-8226, s.fagan@elsevier.com;

Barbara Napoli, 973-290-8224, b.napoli@

elsevier.com; Christy Tetterton, 973-290-

8231, c.tetterton@elsevier.com

Advertising Offices 60 Columbia Rd., Bldg. B,

Morristown, NJ 07960, 973-290-8200,

fax 973-290-8250

Classified Sales Manager Robin Cryan, 212-

633-3160, r.cryan@elsevier.com

Classified Advertising Offices 360 Park Ave.

South, 9th Floor, New York, NY 10010,

800-379-8785, fax 212-633-3820

Reprints Call 301-816-8726

POSTMASTER Send changes of address (with

old mailing label) to Circulation, CARDIOLOGY

NEWS, 12230 Wilkins Ave., Rockville, MD

20852.

CARDIOLOGY NEWS (ISSN 1544-8800) is published

monthly by Elsevier Inc., 60 Columbia Rd., Building

B, Morristown, NJ 07960, 973-290-8200, fax 973-

290-8250. ©Copyright 2005, by Elsevier Inc.



INTERNATIONAL  
MEDICAL NEWS  
GROUP



BPA