Determining Processes of Cardiovascular Care Relevant to Complex Patients

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Description

Clinicians commonly face decisions about how to prioritize the management of cardiovascular risk following a new diagnosis of cancer. Such decisions must take into account a patient’s cancer prognosis; cardiovascular risk status; overall burden of morbidity; and personal goals, preferences, and values. This study assessed outcomes of cancer mortality, cardiovascular events, and other cause mortality in populations with incident cancer, cardiovascular risk, and other comorbidities. Findings from this study will assist patients and clinicians in determining individualized cardiovascular risk and coronary disease management strategies following a cancer diagnosis and should inform guideline development for the care of complex patients.

Specific Aims

1. Assess the attainment of cancer and CHD outcomes for cancer patients, taking into consideration cancer prognosis, overall illness burden, and the interaction between them.

2. Assess the comparative effectiveness of CHD prevention interventions for cancer patients based on occurrence of, and time to, CHD outcomes and all-cause mortality.

Findings

- Among 539 patients given a poor prognosis for their cancer (less than 25% chance of 5-year survival), 343 were taking statins for secondary prevention and 196 for primary prevention of cardiovascular disease. 58% of the secondary prevention and 62% of the primary prevention group had at least one statin refill after diagnosis. There were no significant differences between groups for number of days between diagnosis and last refill, or between last refill and death.
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- Among 6,500 individuals with a cancer prognosis of greater than 25% 5-year survival, 15.3% died of cancer, 5.0% experienced a cardiovascular event, 8.3% died from other causes, and 71.4% had none of these outcomes.

- Worse cancer prognosis; a history of cardiovascular disease; and greater non-cancer, non-cardiovascular morbidity were significantly associated with all outcomes. Cancer prognosis was more strongly associated with cancer mortality and cardiovascular disease with cardiovascular events. Other morbidity did not differentially affect the three outcomes, but had a greater effect among those with a better cancer prognosis.

Implications

Moderate cancer prognoses and high morbidity burden should prompt individualized decision-making around cancer treatment and chronic disease management, while good cancer prognoses and lower overall morbidity should prompt active management of comorbid conditions.

Publications (as of September 2013)


(Additional publications currently in preparation).

Posters and Presentations

Bayliss E. Challenging common assumptions about multimorbidity. Paper presented at: Leveraging Knowledge and Action to Improve Health Care Quality. 6th Annual Conference of the Agency for Healthcare Research and Quality; 2012 Sept 9-12; Bethesda, MD.

Bayliss E. Process of cardiovascular care relevant to complex patients. Poster presented at: Learning Health Care Systems: Leading Through Research. 18th Annual HMO Research Network Conference; 2012 Apr 29-May 2; Seattle, WA.