

fort wayne cardiology PINNACLE registry:

**bottom line: besting  
the national average  
by 40 percent in  
atrial fibrillation management**



quick view:

measurable impact



- ↘ *Dramatically improved atrial fibrillation management: nearly 100 percent of patients receiving documented anticoagulation therapy versus the national average of 60 percent*
- ↘ *Reduced labor and paper handling costs for Registry submissions — now reported directly through WebChart EHR*
- ↘ *Improved precision and accuracy with direct reporting*
- ↘ *Enhanced productivity — submissions seamlessly reported without duplicate data entry*

## about the practice

Founded in 1978, Fort Wayne Cardiology — now Parkview Physicians Group Cardiology — is a 22-physician practice that operates out of two primary office locations and 11 clinics in the surrounding communities.

The practice conducts nearly 60,000 office and hospital consultations each year, and a reputation for innovation that includes its “history of firsts” in Fort Wayne, IN. Included in that list: Parkview Physicians Group Cardiology was the first practice to submit patient data electronically to the American College of Cardiology PINNACLE registry, and continues to be the first and only practice using a direct reporting module fully integrated into its EHR, WebChart.

## improving care, in real time and over time

Patrick Daley, MD, FACC, is founder and director of the Fort Wayne Cardiology Nuclear Cardiology Laboratory and has practiced at PPGC since 1986. He explains the value of the PINNACLE Registry, and how more valuable it is with real-time data reported directly through WebChart.

*“The ACC’s PINNACLE Registry is the first national ambulatory quality improvement registry that gives practices like ours the credible quality measurement solutions we need to survive and thrive in today’s healthcare environment. But, like in all areas of cardiology, time was always our biggest enemy. The longer it took to report and measure quality, the bigger the barrier to improving clinical decision making and patient outcomes.*”

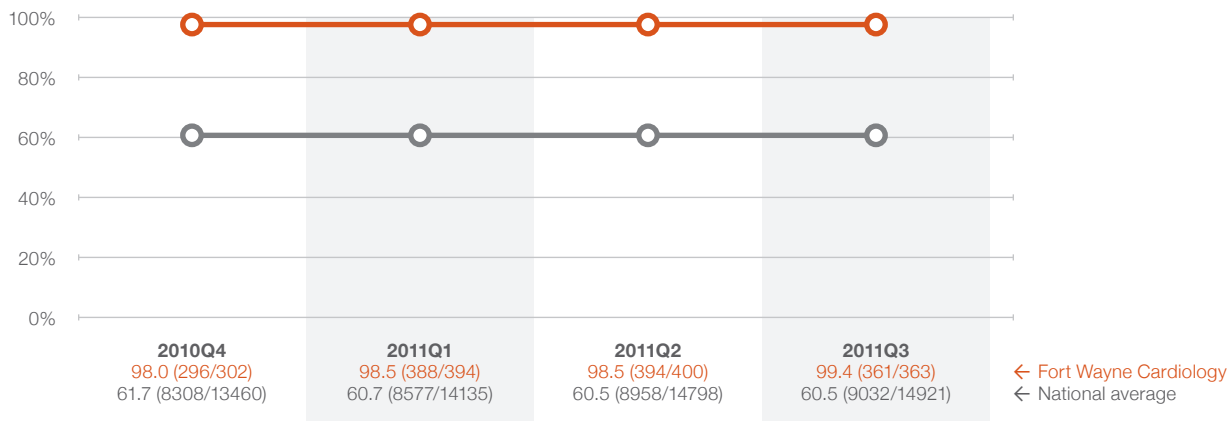


*“Working with MIE, our electronic health record company, we were able to modify our WebChart system to support direct data submission from the EHR to the Registry. We were also able to develop a clinical decision support tool, fully integrated into our WebChart System. The module lets us document ACC/AHA performance measures for each patient, and get immediate and actionable feedback while we’re still with the patient. If we haven’t met one of the quality of care guidelines for a particular patient, the technology will remind us and prompt us to ask the patient why they’re not taking a particular medicine, or why they haven’t made a specific lifestyle change.*

*“The data we enter is automatically transferred to the NCDR and entered in the PINNACLE Registry, and the NCDR provides us with quarterly reports that show how we compare to cardiology practices across the country.”*

## warfarin therapy for patients with atrial fibrillation

Percentage of HF patients who also have paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.



PINNACLE Registry® Practice-Level Executive Summary Report / Fort Wayne Cardiology (592981) 2011Q3



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## proven success: anticoagulation therapy in patients with atrial fibrillation

*“One of the most exciting results of using WebChart with the PINNACLE Registry module has been our ability to improve our performance in getting patients with atrial fibrillation on anticoagulation therapies. We know that these patients are at risk for CVA, and that we can reduce that risk with appropriate therapy. But the national average remains at only about 60 percent of patients who are prescribed anticoagulants. Our PINNACLE module provides immediate guidance for this quality guideline, while we’re with the patient. As a result, we are near 100 percent prescription on these patients.*

*“WebChart provides the infrastructure and the active data extraction tools that are helping us help our patients. We can enter information at the point of care, and quickly identify contraindications for anticoagulation therapy. We’re now able to answer the question ‘Why isn’t this patient on an anticoagulant?’”*



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