New Targeted AHA Research Program
Cardiovascular Care and Outcomes

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As noted in my Presidential Address at the 70th Scientific Sessions of the American Heart Association, cardiovascular disease and stroke remain the No. 1 and No. 3 causes of death, respectively, of all Americans. This is due in part to a gap that exists between effective interventions in clinical trials to improve patient care and outcomes and daily practice of healthcare professionals as well as daily behavior of patients and the public.

To increase its contribution to the AHA’s mission, which is to reduce morbidity and mortality due to heart disease and stroke, the AHA research program continues to support talented researchers who are advancing our knowledge about genetics, as well as meritorious behavioral and clinical research reviewed through the Behavioral Science, Epidemiology, and Prevention Study Group created 5 years ago. The AHA has recently undergone dramatic changes in organizational structure and processes to increase efficiency and effectiveness in meeting its mission. These changes have led to the development of more highly focused efforts in communications, public advocacy, fund-raising, and education to leverage AHA’s resources as the leading nongovernment agency fighting heart disease and stroke.

Another topic discussed in my President’s Address was the importance of establishing science priorities and developing effective strategies for achieving goals related to the AHA’s mission. The AHA must consider the full spectrum of science, from investigations of mechanisms with the basic sciences studied in the laboratory, to investigations of therapies with the clinical sciences studied in healthcare settings, to investigations of prevention with the social and behavioral sciences studied in communities. In addition to continuing to support the most meritorious basic science research, the AHA also must support research that responds more directly to the needs of patients with heart disease or stroke and their families. In responding to the challenge of establishing research priorities in clinical and behavioral medicine, AHA science volunteers have developed, with the generous financial contributions of the AHA Pharmaceutical Roundtable members, a new targeted research program entitled Cardiovascular Care and Outcomes Research.

The need for care and outcomes research, including access to quality care, coordinated delivery of health care, clinical effectiveness and cost-effectiveness, informed choices by patients, patient adherence, and health promotion at the individual, group, and community levels is reflected in AHA scientific and policy statements, including:

- The AHA Expert Panel on Awareness and Behavior Change, chaired by Richard Carleton
- Optimal Risk Factor Management in the Patient After Coronary Revascularization, chaired by Elliot Rapaport and Tom Pearson
- Preventing Heart Attack and Death in Patients With Coronary Disease, chaired by Sid Smith, 1995–1996 AHA President
- Guide to Primary Prevention of Cardiovascular Disease, chaired by Scott Grundy
- The Multilevel Compliance Challenge: A Call to Action, cochaired by Nancy Houston Miller and myself

The new AHA Cardiovascular Care and Outcomes research program will provide a mechanism to evaluate the impact of translating cardiovascular science into clinical practice guidelines intended to improve practice and thereby improve patient care and outcomes. For example, the AHA is using its evidence-based guidelines to develop recommendations for Health Employer Data and Information Set (HEDIS) measures related to the primary and secondary prevention of cardiovascular disease and stroke. The development of future effective recommendations for improving healthcare depends on funds supporting patient care and outcomes research. Such research will support AHA collaboration with partners including the National Committee for Quality Assurance, the Foundation for Accountability, the Agency for Health Care Policy Research, the American College of Cardiology, the American College of Family Practice, the Health Care Quality Alliance, and many other organizations. Through the new targeted research program, the AHA can stimulate academic health science centers to enhance existing health education, behavioral medicine, and health services research programs.

Clearly, the AHA has limited resources to fund the wide array of research needed to improve the prevention and treatment of cardiovascular disease and stroke; however, the AHA can continue to demonstrate leadership by encouraging other government agencies and foundations to join us in supporting this needed research. Research focusing on human health is not new, but if we are to improve the effectiveness of patient care over time, especially for underserved high-risk populations, we must commit our creativity and scientific rigor to meeting this challenge. Research is needed to develop effective tools and methodologies harnessing new communications technology. Research is also needed to implement and evaluate programs that lead to behavior change among...
patients, healthcare providers, and healthcare organizations over time.

The purpose of the new AHA targeted research program is to stimulate innovative and methodologically rigorous research designed to improve the prevention or treatment of heart disease and stroke. The description for this program was conceived by an expert advisory panel cochaired by Richard Carleton, MD, and Harlan Krumholz, MD, with liaison members from the Research Committee and the Research Peer Evaluation Committee. Additional members included Gregory Burke, MD; Jaqueline Dunbar-Jacob, PhD, RN; Elaine Eaker, ScD; Mark Hlatky, MD; David Pryor, MD; and Elaine J. Stone, PhD, with myself as an ex officio member and Terry Bazzarre, PhD, as staff scientist. Susan Lund and Carrie Patton were attending staff members.

At the present time, $6.3 million is available to fund approximately 5 to 12 grants beginning January 1999. The maximum amount per grant will be $500 000 for up to 3 years of funding. Principal investigators must have a doctoral degree and a full-time faculty/staff appointment at a nonprofit organization in the United States. Individuals and multidisciplinary teams are encouraged to apply. Letters of intent are due May 15, 1998, and the application deadline is July 15, 1998. Requests for application materials and information can be obtained from the AHA Office of Research Administration (telephone 214-706-1341) or on the AHA’s home page (http://americanheart.org).

The AHA will focus on promoting this new research program during the next year and needs your support to encourage researchers to submit innovative and methodologically rigorous proposals that are responsive to the scope of this program. Promising results can then be confirmed by additional research and translated directly into practice, thus improving patient care and outcomes.

References


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