

RECOGNIZING THE CRUSADE  
PROGRAM**HON. DAVID E. PRICE**

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 15, 2003*

Mr. PRICE of North Carolina. Mr. Speaker, heart disease is the leading cause of death in the United States—affecting an estimated 62 million Americans. It is increasingly evident that we must become more vigilant in preventing and treating this serious illness. I am pleased today to share with my colleagues a nationwide quality improvement initiative that is headed by researchers at Duke Clinical Research Institute in my district and involves leading cardiologists from around the country, including another prominent research institution in my district, the University of North Carolina at Chapel Hill.

CRUSADE (Can Rapid Risk Stratification of Unstable Angina Patients Suppress *AD*verse Outcomes with *E*arly Implementation of the

ACC/AHA Guidelines) is studying cardiovascular care in hospitals around the nation and adherence to the American Heart Association (AHA) and the American College of Cardiology (ACC) acute coronary syndrome guidelines. These treatment guidelines help doctors who evaluate and treat patients arriving in emergency departments with serious heart conditions, known as unstable angina or non-ST-segment elevation myocardial infarction (heart attack), and those undergoing procedures to clear clogged arteries.

The CRUSADE program has found that many doctors and hospitals are not following the ACC/AHA treatment guidelines and reports significant under-use of other recommended therapies that can improve patient outcomes. CRUSADE has determined that heart patients are faring significantly better at hospitals that follow the guidelines. As Dr. Eric Peterson, the principal investigator for the CRUSADE initiative states, “Our mission is to not only document non-adherence but to actually change the behavior of healthcare professionals and help patients.”

Historically, national efforts to prevent heart attacks have focused on the 600,000 acute myocardial infarction patients—and over time these initiatives have made a tremendous impact in decreasing mortality rates for patients around the country. I would like to urge the agencies at Department of Health and Human Services that are responsible for research, quality, and hospital-based initiatives to expand our cardiovascular programs to include the early heart attack population that the CRUSADE program seeks to assist. There are approximately 1.4 million patients in the U.S. in this category, and they are at higher risk for death than the smaller number of patients who are treated aggressively and tracked by our current federal programs.

Mr. Speaker, I am proud that researchers at Duke University and UNC-Chapel Hill have undertaken this important fight to save more lives from heart disease, and I congratulate the cardiologists and emergency medicine physicians across the country who are participating in this important program.