



CARE Registry®

CARE Registry® and AAN: Partnering for Progress

The AAN feels that it is in the best interest of our patients to support the collection and analysis of quality outcomes data from carotid revascularization procedures. The AAN has committed to work with any high-quality carotid registry.

As one of the leaders in the multi-disciplinary effort to develop the registry, AAN is pleased to support the NCDR® CARE Registry, along with the registry's other partnering societies: American College of Cardiology Foundation (ACCF), The Society for Cardiovascular Angiography and Interventions (SCAI), Society of Interventional Radiology (SIR), American Association of Neurological Surgeons/Congress of Neurological Surgeons (AANS/CNS), and Society for Vascular Medicine (SVM).

The CARE Registry, launched by NCDR in 2006, is a comprehensive, hospital-wide quality improvement program that assesses the use, quality, and outcomes associated with all carotid revascularization procedures. Specifically, participation provides an ongoing opportunity for facilities of any size to capture and report performance measures and outcomes of patients receiving carotid artery stenting (CAS) and endarterectomy (CEA) procedures, and compare them to broad-based regional and national benchmarks for improving quality of care. Additionally, participation in the CARE Registry fulfills mandatory data collection requirements set forth in CMS coverage decisions regarding carotid stenting certification in their processes on evaluating stroke risk.

Neurological stroke expertise is critically important in the care of patients with carotid artery disease. The neurologist's four major goals are to: 1) identify whether neurologic symptoms have occurred and identify their likely cause, 2) optimize the patient's stroke prevention plan, 3) discuss the risk/benefit of undergoing CEA or CAS, and 4) manage post-procedure neurologic complications.

If neurologists do not take the lead in these areas, the quality of patient care will suffer, the neurologic outcome of these procedures will remain unknown, and procedures will occur in a poorly guided environment. The CARE Registry recognizes the importance of neurologic expertise. It requires that the NIHSS be performed before and after CEA and CAS procedures as well as at 30 days post-procedure. This represents a major advance over current practice of CEA in most institutions.

Neurologists are needed to join the teams now forming around the CARE Registry. The incorporation of the NIHSS requires that a neurologist either perform or supervise the performance of the NIHSS and thereby ensure the quality of the neurologic data. Certification in the NIHSS can be obtained via: <http://asa.trainingcampus.net/usa/modules/trees/windex.aspx> and <http://www.stroke.org/site/PageNavigator/NIHSS>. DVDs of the NIH Stroke Scale training and certification examination are available through the AAN store at www.aan.com/store. NIHSS is also available for PDA application at www.aan.com.

Lead your facility in providing the best practice approach in appropriate assessment of stroke risk, and maximize the unbiased approach to assessment of stroke care. Approach your facility leadership to discuss their support of participation in the CARE Registry. Work with other disciplines including cardiology, radiology, and vascular surgery, to ensure that evidence-based diagnostic and interventional strategies are used to improve outcomes for both CEA and CAS patients.

To learn more, visit the CARE Registry Website at www.ncdr.com.