**TRIAGE AFTER EXERCISE TREADMILL TEST (TEXT) STUDY: A SINGLE CENTER EXPERIENCE WITHIN AN INTEGRATED HEALTHCARE DELIVERY SYSTEM**

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*Background*: The TEXT study was designed as a quality improvement project to understand referral patterns before and after an index exercise treadmill test (ETT).

*Methods*: Adults at Kaiser Permanente San Jose who underwent an index ETT between 1/1/2014 and 12/31/2014 were followed till 12/31/2015. Baseline patient demographics, physician reported patient symptoms, comorbidities, medications, health care utilization, laboratory data, ETT variables, and ETT report variables were obtained thru chart review and validated algorithms based on health plan databases. The primary outcome was the receipt of further downstream noninvasive imaging without a coronary revascularization procedure. Statistical analysis was performed using logistic regression and classification and regression tree (CART) analysis.

*Results*: Of 1,857 patients referred for ETT, the mean age was 56.0 ± 12.5 years. We found a low risk profile at baseline demonstrated by a low number of comorbidities, adequately-controlled blood pressure, hemoglobin A1C, and cholesterol level. ETT demonstrated the average Duke treadmill score (DTS) was 7.2 ± 3.9 with a low prevalence of high risk features. Further nuclear stress imaging was performed in 9.6% of the total cohort; 2.6% underwent cardiac computed tomographic angiography. Only 2.5% underwent coronary revascularization. Significant risk-adjusted predictors for the primary outcome were DTS: Odds Ratio (OR) of 0.88 (95% CI: 0.84-0.91), and report characteristics: OR of 2.40 (95% CI: 1.74-3.29). Classification and regression tree analysis demonstrated that a 5 variable model with 8 nodes had a c-statistic of 0.76.

*Conclusions*: This single center study demonstrated that improvements in the referral for ETT and standardization of the reporting process are needed to maximize the utility of ETT.