

Appropriate Use Measures for Percutaneous Coronary Intervention (PCI)

PCI is a critical tool in the management of coronary disease. For patients experiencing an acute MI (myocardial infarction or “heart attack”), PCI is known to reduce mortality and recurrent MI. In patients with stable coronary artery disease, PCI offers significant symptom relief in appropriately selected patients. PCI is considered “appropriate” when the expected benefits, in terms of survival or health outcomes (reduction of symptoms, improvement in the quality of life, etc), exceed the expected negative consequences of the procedure. COAP, along with other national organizations, has begun using a complex process based on widely agreed upon criteria, to evaluate the appropriateness of each PCI procedure done in the state of Washington.

The majority of PCI’s are done for acute reasons and in Washington State as well as nationally, this is almost always (99% of the time) the most appropriate form of treatment. For the non-acute, or “elective” procedures however, PCI is not always the best option for treatment at that time. In this case, those procedures would be classified as “inappropriate”. There is wide variation among hospitals as to the frequency that this occurs. Reducing the incidence of those “inappropriate” procedures is a goal that Washington hospitals have set, and COAP is helping them work on this.

Certain information must be available in order to evaluate whether a procedure can be classified as “appropriate” and it should be collected for every patient and every procedure. Again, there is wide variation among hospitals as to whether all of that information is routinely collected and/or documented. *Put simply, if the data used to evaluate the appropriateness of the procedure is missing, the appropriateness of the procedure can’t be measured.*

One of the ways that COAP is helping hospitals to work on the goal of reducing inappropriate procedures is to help them reduce the amount of “insufficient information”. The following graph represents the percentage of non-acute or “elective” PCI procedures that were “not able to be classified” or in other words, did not have enough information documented in order to be evaluated. All PCI centers in Washington are represented on this graph. Hospitals are ranked here in order of their performance for 2012. In this instance, the lower the better. The comparison with 2011 and 2010 is provided so that you can see whether that hospital is improving. If the **orange line (2012)** is **shorter** than the **green line (2011)** and/or **blue line (2010)**, the hospital has made improvements in the collection and documentation of the data needed to determine whether a non-acute PCI procedure was appropriate.

The current statewide average for insufficient information on non-acute procedures is 45%. The **Washington State Best Practice Benchmark**, which is set by the best performing hospitals which collectively make up $\geq 10\%$ of the total volume in the state, is currently 20% however the overall goal is that insufficient information will occur less than 10% of the time.

