



MultiCare Allenmore Hospital
MultiCare Auburn Medical Center
MultiCare Good Samaritan Hospital
MultiCare Mary Bridge Children's Hospital & Health Center
MultiCare Tacoma General Hospital
MultiCare Clinics

April 15, 2015

Certificate of Need Program
Tertiary Service Review
Attn: Kyle Karinen, Office of Legal Services
Washington State Department of Health
P.O. Box 47873
Olympia, WA 98504-7873

Dear Mr. Karinen:

It has come to our attention there is proposal, submitted by Mr. Jonathan Seib on behalf of CHI Franciscan Health Highline Medical Center, Capital Medical Center, Yakima Valley Memorial Hospital, Legacy Salmon Creek Medical Center, and Walla Walla General Hospital (“the 5-hospital group”) to delete elective therapeutic cardiac catheterization, including general percutaneous coronary interventions and elective percutaneous coronary angioplasty, from the list of defined tertiary services found in WAC 24-310-020(1)(d)(i).

We are practicing interventional cardiologists, and based on our experience, we must respectfully disagree with this proposal. Based on clear findings from recent clinical studies, in our opinion, percutaneous coronary interventions (“PCI”) procedures are a tertiary service, as defined in WAC 246-310-035, and as such should be Certificate of Need (“CN”) regulated, as currently.

In its proposal, the 5-hospital group makes a number of claims and assertions, but all are founded on the proposition “there is no correlation between volume and outcomes for Elective PCI”.¹ This opinion is at odds with current clinical literature, which has found just the opposite, that is, higher per-facility and per-operator PCI volumes lead to improved patient outcomes.

The 5-hospital group includes as supporting evidence the 2013 ACCF/AHA/SCAI Clinical Competence Statement . However, this Statement directly contradicts the claims made by the 5-hospital group. Specifically, the ACCF/AHA/SCAI report concludes that there is a volume quality relationship at institutions performing less than 200 PCIs annually. This study states:

“An institutional volume threshold <200 PCIs annually appears to be consistently associated with worse outcomes...Accordingly, the writing committee recommends a minimum institutional volume threshold of 200 PCIs per year.”²

¹ Seib Policy & Public Affairs LLC. Proposal to Remove Elective PCI from the Listing of Tertiary Services Identified in Certificate of Need Rules. February 26, 2015. 9.

² Harold et al. ACCF/AHA/SCAI 2013 Update of the Clinical Competence Statement on Coronary Artery Interventional Procedures: A report of the American College of Cardiology Foundation/American Heart Association/American College of Physicians Task Force on Clinical Competence and Training (Writing Committee

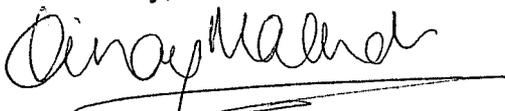
The ACCF/AHA/SCAI further concludes that facilities performing fewer than 200 PCI procedures annually “that are not serving isolated or underserved populations” are questionable, should be closely monitored for performance, and facilities that “cannot maintain satisfactory volumes should close.”³ Further, it states that “interventional cardiologists should perform a minimum of 50 coronary interventional procedures per year (averaged over a 2-year period) to maintain competency.”⁴

In our opinion, this finding is unequivocal and directly contradicts the 5-hospital’s assertion there is no positive association between PCI volume and quality. Further, while the 5-hospital group claims more PCI providers means better access, the clinical literature states the opposite—more providers simply lower volumes across each provider; this necessarily increases costs per unit of service, and most importantly, reduces the likelihood of good outcomes.

PCI facility and operator volumes are, in fact, positively associated with improved patient outcomes. CN regulation of elective PCI programs prevents too many facilities from offering PCI procedures in markets where there is no demonstrated need. This helps prevent programs operating with too few cases and spreading declining PCI volumes across more facilities.

In closing, we recommend the Department of Health retain PCIs as a tertiary service, as presently. This is the best approach to insure providers operate programs with sufficient volumes, and represents an approach wholly consistent with clinical literature. Please feel free to contact either of us at (253) 572-7320 if you have any questions.

Yours truly,



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Daniel Guerra, MD
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to Update the 2007 Clinical Competence Statement on Cardiac Interventional Procedures). J Am Coll Cardiol 2013. 374.

³ Ibid., 380.

⁴ Ibid., 381.