

# Virginia Mason Medical Center Response to 2015 Department of Health Tertiary Health Services Review

## Executive Summary

Virginia Mason Medical Center proposes that elective PCI is inconsistent with the Department's definition of tertiary services. With this comment, we support removal of elective PCI from the tertiary services list.

This Proposal provides the rationale and supporting data to demonstrate that Elective PCI does not meet the criteria established in WAC 246-310-035 for a tertiary service.

## Elective PCI

### **1a) Whether the service is dependent on the skills and coordination of specialties and subspecialties. Including, but not limited to, physicians, nurses, therapists, social workers;**

This service is primarily dependent on a skilled cardiac and procedural team, although other multidisciplinary support may be provided such as therapy and other services.

### **1b) Whether the service requires immediate access to an acute care hospital;**

Outcomes for PCI procedures have not been shown to be improved by access to an acute care hospital with surgical capability. The SCAI/ACC/AHA Expert Consensus Document, '2014 Update on Percutaneous Coronary Intervention Without On-Site Surgical Backup'<sup>1</sup> cites that "7 and 2 meta-analyses of primary PCI showed no difference for in-hospital or 30-day mortality between sites with and without on-site surgery" and concludes "Therefore, based on these recent studies, there is no indication of increased mortality or a greater need for emergency CABG for either primary or nonprimary PCI at sites without on-site cardiac surgery."

### **1c) Whether the service is characterized by relatively few providers;**

The Washington State Clinical Outcomes Assessment Program (COAP) 2013 Dashboard Summary<sup>2</sup> states that 34 hospitals in Washington State perform percutaneous coronary interventions. This is a significant portion of the State's hospitals and demonstrates that there are not relatively few providers offering this service.

### **1d) Whether the service is broader than a procedure;**

<sup>1</sup><http://content.onlinejacc.org/article.aspx?articleid=1850435>

<sup>2</sup> <http://www.coap.org/downloads/COAP-2013-dashboard-summary.pdf>

PCI is best characterized as a procedure. This is acknowledged in the use of ICD-9 procedure code 0.66 which is the procedure code for these outpatient PCIs. The procedure is performed in a cardiac catheterization laboratory.

**1e) Whether the service has a low use rate;**

According to COAP public reporting of case volumes, there were over 12,500 cases PCI cases performed in 2014<sup>3</sup>. This demonstrates a relatively frequent utilization rate, especially compared to other tertiary services.

**1f) Whether consensus supports or published research shows that sufficient volume is required to impact structure, process, and outcomes of care; and**

Here again, the SCAI/ACC/AHA Expert Consensus Document, '2014 Update on Percutaneous Coronary Intervention Without On-Site Surgical Backup' provides guidance. This Consensus document reviews the results of multiple studies and draws on the 2013 PCI Competency document for centers with and without on-site surgery and for primary and elective PCI. The consensus document concludes that there is although the available research may have shown an "association between annual PCI volumes <200 and worse outcomes, there was no association between higher annual hospital volumes and improved outcomes at higher volume PCI centers." Given the 11,828 PCI procedures are performed annually, sufficient volume exists within the State for the State's non-pediatric, non-specialty acute care hospitals to reach these volumes. Also for consideration is that 34 non-pediatric, non-specialty acute care hospitals already perform emergent PCI, of which only 27 have a Certificate of Need (CN) to perform elective PCI as well. Releasing elective PCI from the CN requirement might likely allow hospitals currently performing only emergent PCI procedures to realize enough of a volume increase with elective PCI cases (for patients who would otherwise have had to travel to a distant facility) to enable achievement of better quality and consistency of care at the more proximate facility.

**1g) Whether the service carries a significant risk or consequence.**

All procedures carry a certain amount of risk of complication; 2013 data from COAP<sub>2</sub> demonstrates that the risk-adjusted Mortality associated with PCI (acute and elective) is about 1.9% on average.

**Conclusion:**

Elective PCI does not meet the criteria established in WAC 246-310-035 for a tertiary service as demonstrated by the above review of the criteria. We support that these services be removed from the tertiary services list

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<sup>3</sup> <http://www.coap.org/COAPPublicReporting/>