

DEPARTMENT OF HEALTH
Interventional Cardiac Rules-Contractor Statement of Work
Public Comments Summary
Received June 21, 2007

Purpose:

Conduct an evidence-based review and provide a report to the Department of Health, which identifies the circumstances and makes recommendations under which adults only elective percutaneous coronary interventions should be allowed in Washington at hospitals that do not otherwise provide on-site cardiac surgery. The department will consider the results of the review and information in the report when developing rules for the issuance of a certificate of need to hospitals to provide elective percutaneous coronary interventions without on-site cardiac surgery.

Statement of Work:

The report shall include evidence based RECOMMENDATIONS that address:

Types of procedures:

- DRG level

Patient Safety:

- Change surgeon to Cardiologists
- Look at the study from Society for Cardiovascular Angiography and Interventions
- Patient exclusion criteria/standards
- Cardiac system-access –consumer focus
- Define maximum transport times

Optimization of clinical performance

- Minimum vs. optimum volume standards—what is it standard?
- The review should not limit to minimum vs. optimum
- Question of double standard-those that currently have vs. those that are coming new.

Sustainability of existing and new programs

- Impact on volumes
- Given the results of research comparing optimal medical therapy with or without PCI , what impact on PCI volumes and the effects on sustainability of new and existing programs
- How to assess the impact on clinical aspects on medical school training programs

- How to assess the impact on the clinical aspects of existing programs
- What are the standards that must be maintained at the UW to meet the training standards
- Look at the out migration of people to other states-these people should have access in their community.
- What is the relationship between the hospital's ability to perform non-ER interventions and its ability to sustain ER intervention programs in their community?
- Impact of expansion of elective interventional programs on low volume cardiac surgery programs

Cost and Financial Feasibility

- What it costs of how care is currently being provided in the state-what are increases and decreases in costs to new programs, existing programs and consumers. For example—transport costs, duplicate procedures(bullet 1)
- Impact of changes by Medicare and Medicaid on the financial feasibility.
- Cost of maintaining standby capacity?

Types of Procedures:

- Define percutaneous coronary interventions

Deliverables:

- Do an onsite presentation(s) of findings.

General Approach:

Other comments

- Evidence based review of clinical review-phase 1; state of the state-phase 2
- Data should be looked at demographic study of where people get care vs. live
- What exist currently in terms ER and elective procedures and geographic distances?
- Suggest monthly meeting starting now to address those areas of rules that are not dependent on the evidence based study.