

Quality of Care and Outcomes Assessment

PUBLICATION OF PERCUTANEOUS CORONARY INTERVENTION APPROPRIATENESS USE CRITERIA DOES NOT HAVE AN IMPACT ON PATIENT OUTCOME: A SINGLE-CENTER EXPERIENCE

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Background: The Appropriateness Use Criteria (AUC) for PCI were designed to guide clinical decision making. We aimed to compare the clinical impact of these criteria on daily practice, in terms of indications for PCI and patient outcome before and after AUC publication.

Methods: All patients undergoing PCI at Washington Hospital Center 2 years before and after the publication of the AUC were retrospectively analyzed. Only patients who matched either the appropriate or the inappropriate indications were included. Patients were divided into 2 groups: before and after the publication of the AUC. Baseline characteristics, procedural success, complications, and 1-year outcome were collected.

Results: A total of 2026 patients were included in the present analysis: 530 (26%) before and 1496 (74%) after the AUC publication. Patients treated before AUC publication were older and had higher rates of history of CAD. (Table) Other baseline characteristics were similar between groups. The rates of appropriate PCI according to AUC were significantly higher before the publication of the AUC (96% vs. 92%). Despite this, there were no differences in the in-hospital, 30-day or 6-month outcomes between the 2 groups. (Table)

Conclusions: The publication of AUC for PCI did not affect the rates of appropriate PCI. These data suggest that implementation of AUC in routine clinical practice may have no effect on clinical outcome.

	Before N=530	After N=1496	p value
male	61%	64%	0.28
Age	67.5±12.4	65.5±12	0.001
HTN	94%	92%	0.16
DM	45%	42%	0.28
Hx CAD	56%	41%	< 0.001
Appropriate	96%	92%	0.0008
Inappropriate	4%	8%	
In-hospital			5
Mortality	1.3%	1.3%	0.93
Complications	2.6%	2.3%	0.75
TLR	0.4	0.6%	0.80
30-day			
MACE	4.2%	2.9%	0.86
Mortality	3.2%	2.1%	0.79
6-month			
MACE	10.2%	7.5%	0.57
Mortality	5.1%	4.2%	0.90
Stent thrombosis	0.7%	0.4%	0.69