Quality of Care and Outcomes Assessment

PERFORMANCE OF PERCUTANEOUS CORONARY INTERVENTION ACCORDING TO THE APPROPRIATENESS USE CRITERIA DOES NOT IMPROVE PATIENT OUTCOME

ACC Moderated Poster Contributions

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Background: The publication of the ACC/AHA Appropriateness Use Criteria (AUC) for PCI has initiated intense discussion with respect to it's validity. Substantial variability in the application of these criteria is observed. We aimed to compare the outcome of patients treated according to the published criteria versus who were treated "inappropriately."

Methods: Consecutive series of patients undergoing PCI at Washington Hospital Center since the AUC were published in 2009 were retrospectively grouped into 2 groups: pts. with indication for PCI according to the AUC ("appropriate") or those in whom the indication for PCI was considered inappropriate in the AUC ("inappropriate"). Baseline characteristics, procedural success, complications and 1-year outcome were collected and compared.

Results: Of 1,495 PCIs, 1,368 were considered appropriate and 127 (8.5%) inappropriate. Appropriate patients were slightly older (65 vs. 63 years), had lower EF (48% vs. 52%) and higher rates of prior CABG (10% vs. 0%), p <0.05. Other baseline characteristics were similar between the two groups. As shown in the Table, angiographic success was slightly higher in the appropriate group; however, in-hospital and long-term outcome were similar between the two groups. Multivariable analysis showed that appropriateness of the PCI was not associated with outcome.

Conclusions: Patients treated "inappropriately" by PCI have similar safety and clinical outcome when compared to those who are treated "appropriately."

	Appropriate N=1368	Inappropriate N=127	p value
Angiographic success	98%	95%	0.008
Dissection	0.3%	0.6%	0.5
No reflow	0.1%	0%	1.0
In-hospital			
Any cardiac complication	2.1%	3.9%	0.2
Mortality	1.2%	2.4%	0.2
30-day			
Mortality	1.9%	3.9%	0.4
MACE	2.9%	3.2%	0.7
1-year			
Mortality	7.4%	4.5	0.6
MACE	14.3%	11.8%	0.6