



Study: Angioplasty Mortality Rate Highly Variable



New research published in JACC: Cardiovascular Interventions shows significant variability in mortality rates from coronary angioplasty procedures, also known as percutaneous coronary intervention (PCI). Some physicians have death rates that are higher or lower than the expected norm, even after adjustment for various factors, including how sick patients were, according to researchers.

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PCI is a nonsurgical procedure that improves blood flow to the heart. It requires cardiac catheterisation, which is the insertion of a catheter tube and injection of contrast dye into the coronary arteries. PCI may be used to relieve symptoms of coronary heart disease or to reduce heart damage during or after a heart attack.

Researchers analysed data from the National Cardiovascular Data Registry CathPCI Registry to determine how many physicians had mortality rates outside the expected norm. Their analysis covered 3,760 doctors who performed 2,343,693 PCI procedures.

The results show a small, but significant, number of doctors (6.5 percent) with mortality rates above what would be expected, as well as a small, but significant, number (4.1 percent) with mortality rates below what would be expected.

PCI mortality rates for individual doctors may be useful for both doctors and hospitals to assess and monitor their care and see where they need improvement, said lead author Dr. Jacob Doll, a cardiologist at the University of Washington in Seattle. "However, I don't see this measure as ready for widespread use as a publicly reported measure or to influence payment."

Since procedures performed on sicker patients often have higher mortality rates, researchers took this into account, by using what is called a risk standardised mortality rate (RSMR). "This helps us interpret the results to determine who really has a higher-than-expected mortality rate, and who has a higher actual mortality rate because they take care of sicker patients," the doctor explained.

In an editorial accompanying the study, Michael McDaniel, MD, an assistant professor of medicine at Emory University School of Medicine in Atlanta, said that doctors concerned about their mortality rate being reported publicly may avoid treating the highest-risk patients.

Source: [American College of Cardiology](#)

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