CN's PCI Workshop #4 Meeting Notes – 9/3/24

COAP Data Update

The COAP Management Committee discussed the use of COAP data for use by DOH for regulatory purposes and the group agreed that site level PCI volumes data can be used.

Question: Transition to COAP as single data source for PCI method?

Considerations

- Hospitals are currently voluntarily reporting.
- Rule updates needed if transitioning
    - CN would likely need to specify in rules that hospitals report PCI data to COAP
        - Timeline
    - Specify how instances where the patient has multiple procedures is counted
- Required payment for COAP – would be accessible
- Is there a comparable data set in OR or ID
    - If any hospital is participating in the NCDR it will be accessible in COAP data – Would need to be self-reported by hospital to applicant
        - Issue – lower use rates along border communities
- Need further discussion around using NCDR re quality metrics
- Why there are different results between CHARS/survey and COAP so we can consider when deciding whether to switch to COAP.
    - Cases (using DRGs instead of other coding type)
    - Procedures – multiple procedures per case
        - CHARS
    - Survey responses – including both inpatient and outpatient cases
        - Where duplication can occur
        - Likely due to duplications (ex. multiple interventions for same patient)
        - CHARS is not counting multiple interventions for same patient
            - Also cannot see upcoding
- Sources for data for survey and COAP
    - Differences between cases and procedures
    - User error with survey reporting (likely duplication)
    - Survey is looking at outpatient elective PCI
    - CHARS are DRG based definition; COAP uses NCDR

- What underlying data sources are hospitals pulling from when reporting PCI data to COAP
    - COAP - Clinically extracted from the medical records
- Who will have access and how frequently access will be granted
    - COAP -
        - Hospitals have access as soon as it is entered
        - COAP reports out quarterly (aligned with NCDR schedule)
            - Year end 2023 data end of April (6 months lag until it is provided to public)
        - COAP will research what level of data is reported out to public
        - COAP provides zip code data to DOH annually
    - Consideration of how data is transmitted
        - COAP is open to adjusting schedule for transmitting data
    - What the quality data is that COAP is collecting
    - How would we review a new program that is proposing to offer elective PCI services

PCI Definition

1. **NCDR Data Dictionary**
    a. **PCI Definition:** A percutaneous coronary intervention (PCI) is the placement of an angioplasty guide wire, balloon, or other device (e.g. stent, atherectomy, brachytherapy, or thrombectomy catheter) into a native coronary artery or coronary artery bypass graft for the purpose of mechanical coronary revascularization.

    b. **Elective PCI Definition:** The procedure can be performed on an outpatient basis or during a subsequent hospitalization without significant risk of infarction or death. For stable inpatients, the procedure is being performed during this hospitalization for convenience and ease of scheduling and NOT because the patient's clinical situation demands the procedure prior to discharge. If the

diagnostic catheterization was elective and there were no complications, the PCI would also be elective.

2. **Current PCI Definitions**
    - **a.** (4) "Percutaneous coronary interventions (PCI)" means invasive but nonsurgical mechanical procedures and devices that are used by cardiologists for the revascularization of obstructed coronary arteries. These interventions include, but are not limited to:
        - **i.** (a) Bare and drug-eluting stent implantation;
        - **ii.** (b) Percutaneous transluminal coronary angioplasty (PTCA);
        - **iii.** (c) Cutting balloon atherectomy;
        - **iv.** (d) Rotational atherectomy;
        - **v.** (e) Directional atherectomy;
        - **vi.** (f) Excimer laser angioplasty;
        - **vii.** (g) Extractional thrombectomy.

    - b. Means cases as defined by diagnosis related groups (DRGs) as developed under the Centers for Medicare and Medicaid Services (CMS) contract that describe catheter-based interventions involving the coronary arteries and great arteries of the chest. The department will exclude all pediatric catheter-based therapeutic and diagnostic interventions performed on persons fourteen years of age and younger are excluded. The department will update the list of DRGs administratively to reflect future revisions made by CMS to the DRG to be considered in certificate of need definitions, analyses, and decisions. The DRGs for calendar year 2008 applications will be DRGs reported in 2007, which include DRGs 518, 555, 556, 557 and 558.
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