

Hospitals invest heavily in new heart attack care programs but fail to improve access

December 19 2011

In a new study, researchers have found a 44 percent increase since 2001 in the number of hospitals that offer definitive emergency care to patients with heart attack, but only a 1 percent increase in access to that care. The study, led by Thomas W. Concannon, PhD, Assistant Professor Tufts Medical Center and Tufts University School of Medicine, will be published January 1, 2012 in *Circulation: Cardiovascular Quality and Outcomes*, a journal of the American Heart Association.

Patients with heart attacks caused by arterial blockages require [emergency care](#) to restore normal blood flow to the heart. Timely [percutaneous coronary intervention](#) (PCI), a surgical procedure that can manually remove blockages with a balloon and stent-tipped [catheter](#), has been shown to save lives compared to fibrinolytic therapy, a non-surgical procedure that can dissolve some blockages with the injection of a "clot-busting" drug. However, PCI is available only in about one in three U.S. hospitals. When symptoms of a heart attack begin, those patients who are within a 60-minute drive time of these hospitals have the best chance of PCI enabling them to avoid or reduce the damage of a [heart attack](#).

The number of hospitals with a PCI program grew by 519 during the study period, from 1,176 in 2001 to 1,695 in 2006, an increase of 44 percent. Despite this widespread investment in new programs, the percent of the U.S. population with timely access to PCI only grew from 79.0 to 79.9 percent, an increase of 1 percent. In addition, the increase did not substantially reduce typical drive times for those patients who

already had access to the procedure. Median projected drive time to the closest PCI-equipped hospital fell from 11.3 to 10.5 minutes nationally, a drop of only 48 seconds.

The researchers also found substantial regional variation in timely access to PCI. Access was highest in the Northeast (87.8 percent of the population) and lowest in the South (75.7 percent). Better than 90 percent of the population in seven states had timely access to the interventions (California, 90.9 percent Connecticut, 93.6 percent, Delaware, 91.7 percent, Florida, 91.2 percent, Massachusetts, 94.6 percent, New Jersey, 96.5 percent, Rhode Island, 96.1 percent and the District of Columbia, 100 percent). However, less than 50 percent of the population of seven other states lived within a 60-minute drive of a PCI-equipped hospital (North Dakota, 48.9 percent, South Dakota, 40.3 percent, Vermont, 38.3 percent, West Virginia, 45.6 percent, Alaska, 40.0 percent, Montana, 45.3 percent and Wyoming, 30.5 percent).

"New hospital PCI programs after 2001 have largely failed to improve patient access or reduce delays to treatment," said Concannon. "For regions that wish to boost access to PCI, the focus should be on enhanced ambulance services and on well-positioned PCI programs, rather than on the sheer number of PCI programs. A shift in priorities could make a significant impact and it could save lives."

More information: "A Percutaneous Coronary Intervention Lab in Every Hospital?" Abstract available online at:

circoutcomes.ahajournals.org/c111.963868.abstract

Provided by Tufts Medical Center

Citation: Hospitals invest heavily in new heart attack care programs but fail to improve access

(2011, December 19) retrieved 3 May 2024 from

<https://medicalxpress.com/news/2011-12-hospitals-invest-heavily-heart-access.html>

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