

Public outcomes reporting tied to lower PCI rates for acute MI

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(HealthDay)—Public reporting of outcomes may be tied to lower rates of percutaneous revascularization and higher in-hospital mortality among acute myocardial infarction (AMI) patients in reporting states, compared to nonreporting states, according to a study published in the March 24 issue of the *Journal of the American College of Cardiology*.

Stephen W. Waldo, M.D., from Massachusetts General Hospital in Boston, and colleagues evaluated the association between public reporting with procedural management and outcomes among AMI [patients](#) using data from the Nationwide Inpatient Sample. Comparisons were made between patients in public reporting [states](#) (Massachusetts and New York; 57,629 patients) and those in regionally comparable states without public reporting (Connecticut, Maine, Maryland, New Hampshire, Rhode Island, and Vermont; 26,492 patients) from 2005 to

2011.

The researchers found that percutaneous revascularization was performed less often in public reporting states than in nonreporting states (odds ratio [OR], 0.81), especially among older patients (OR, 0.75), those with Medicare insurance (OR, 0.75), and those presenting with ST-segment elevation MI (OR, 0.63). Overall, there were higher adjusted in-hospital mortality rates among patients with AMI in public reporting states (OR, 1.21), compared to those in nonreporting states, although this was predominately seen in patients who did not receive percutaneous [revascularization](#) in public reporting states (adjusted OR, 1.30).

"It is troubling to face the possibility that public reporting of outcome data for [percutaneous coronary intervention](#) might, in fact, be associated with the unintended consequence of lower percutaneous coronary intervention rates in this patient population and in what could be potentially considered a deviation from the standard of care, resulting in worse outcomes," writes the author of an accompanying editorial.

One author disclosed financial ties to the medical device industry.

More information: [Full Text \(subscription or payment may be required\)](#)

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