

Research shows benefits of PCI-capable facility openings vary by race, community

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There are differential benefits associated with a percutaneous coronary intervention-capable facility (PCI-CF) opening based on patient race

and community segregation, according to a research letter published online Dec. 12 in *JAMA Network Open*.

Renee Y. Hsia, M.D., from University of California, San Francisco, and Yu-Chu Shen, Ph.D., from the Naval Postgraduate School in Monterey, California, examined differential changes in [patient outcomes](#) after PCI-CF openings by patient race and community segregation. Analysis included 2.39 million patients with Medicare Fee-for-Service and [acute myocardial infarction](#) (AMI; 2006 through 2017).

The researchers found that patients in integrated communities had larger increases in their probability of PCI during a hospitalization (Black patients: 6.62 percentage points and white patients: 5.28 percentage points) versus those in segregated communities (3.60 percentage points and 2.20 percentage points for Black and white patients, respectively) after a PCI-CF opening.

These changes yield a 12.3 percent relative increase for Black patients in integrated communities and a 3.5 percent relative increase for white patients in segregated communities. For 30-day mortality, Black patients in integrated communities had a 1.30 percentage point decrease (roughly 10.7 percent relative decrease), which persisted at one year (1.86 percentage point decrease, or 6.2 percent relative decrease) after a PCI-CF opening.

"Our findings reveal potential avenues for improving PCI resource allocation, including the implementation of public health measures or [financial incentives](#) to support PCI-CF openings in majority Black and integrated communities and greater structural reform targeting the built environment of health care services," the authors write.

More information: Renee Y. Hsia et al, Percutaneous Coronary Intervention–Capable Facility Openings and Acute Myocardial

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