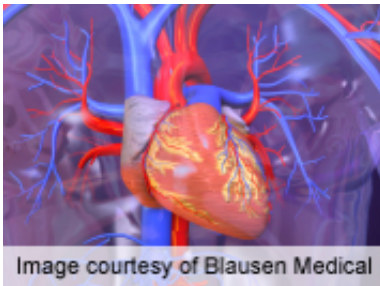


More variation in costs than outcomes of PCI in VA system

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(HealthDay)—For patients undergoing percutaneous coronary intervention (PCI) in the Veterans Affairs (VA) system, the variation in one-year risk-adjusted mortality is smaller than variation in risk-standardized costs, according to a study published in the Jan. 27 issue of the *Journal of the American College of Cardiology*.

P. Michael Ho, M.D., Ph.D., from the Veterans Affairs Eastern Colorado Health Care System in Denver, and colleagues examined variations in one-year outcomes and risk-standardized costs of care for all patients undergoing PCI in the VA system. Data from the national VA Clinical Assessment, Reporting, and Tracking program were collected for all veterans undergoing PCI at any of 60 hospitals from 2007 to 2010.

During the study period, a median of 261 PCIs were performed in the 60 hospitals. The researchers found that the median one-year hospital mortality rate was 6.13 percent without adjustment. The median mortality ratios ranged from 1.23 to 1.28, with four hospitals significantly above the one-year risk-standardized median mortality rate. None of the hospitals were found to be significantly below the median mortality. Per-patient, the median one-year total unadjusted [hospital](#) costs were \$46,302. Sixteen hospitals were above and 19 were below the risk-standardized median cost, with the risk-standardized ratios varying from 0.45 to 2.09.

"These findings suggest that there are opportunities to improve PCI value by reducing costs without compromising outcomes," the authors write.

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