MASSACHUSETTS GENERAL HOSPITAL

MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION

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All User Email Message to the MGH Community, March 5, 2009:

We are writing to follow-up on our previous letter to the MGH community regarding percutaneous coronary interventions (PCI). As we previously described, we were notified at the end of January 2009 by the Massachusetts Department of Public Health (DPH) that our 2007 mortality rates for PCI were statistically higher than the state average. A previous internal review had established that most of the deaths had occurred in very high-risk patients whose ultimate demise was related to the underlying disease and not to the PCI procedure. Review by an outside expert from another Boston teaching hospital confirmed our analysis.

After presenting and discussing these findings with the DPH it was agreed that we would obtain another in-depth review from an outside agency. The group that reviewed our program was the American Medical Foundation (AMF), which was founded in 1987 and provides expert teams to conduct objective peer review assessments of hospital services and departments around the country.

The site visit from AMF occurred at the beginning of February, and we received the report last week. The report entirely supports our previous conclusion that the excess mortality that we observed in 2007 was associated with patient selection and not the quality of the procedures or the subsequent care.

The report states that, **"There is no indication in this site review of any systemic problems with the process of care, the organization or function of the cardiac catheterization laboratories, quality measurement and management or the technical qualifications, judgment or skill of the physician operators."**

It also notes that, **"….the indications for the procedures, the execution of the procedures, the concomitant care and follow-up was of excellent quality and appropriate."**

Beginning in May 2008 our cardiology group instituted a second-opinion program in which all high-risk patients are reviewed by a team rather than just the individual operator before a PCI procedure is undertaken. Since that time our mortality rate following PCI has returned to state norms. These decisions are very difficult. While we do not believe resources should be thoughtlessly expended on hopeless situations, often it is the highest risk patients who have the most potential gain from PCI.

We are very grateful to the AMF for conducting such a thorough review. We are also grateful to the administration of our Catheterization Lab and to our superb interventional cardiologists for weathering this difficult interval with a continued focus first and always on what is best for our patients.

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