

Billions Could be Saved with Proper Implementation



Pranav Puri, a first-year undergrad at the University of Chicago has researched the economic impact of implementation of appropriate use criteria for angioplasties at the UnityPoint Trinity Hospital in Rock Island, Ill. In February 2012, the hospital became one of the first in the country to implement the American College of Cardiology's appropriate use criteria (AUC) for coronary revascularisation.

Puri presented his research at the American College of Cardiology Annual Scientific Sessions in San Diego. He explains that the AUC takes into account the results of stress testing as well as the number and location of blockages, symptoms, medications and other different metrics. On the basis of these factors, the procedure is deemed appropriate, inappropriate or uncertain.

During his research, Puri found a 17 percent decrease from 2011 to 2012 and another 17 percent drop from 2012 to 2013. The sustained decrease suggests that the nationwide implementation of AUC could save the system more than \$2.3 billion.

Puri however cautions that his research should not be used to question the current practices of physicians. He points out that this is clinical evidence that should be considered but each case should still be evaluated differently during the clinical decision making process.

His study does not evaluate patient outcomes but raises questions about the number of interventions that are taking place. A logical question might be whether those who actually require the care are being treated appropriately or not. Puri plans to evaluate this next and aims to pinpoint the true impact of AUC implementation. In any case, the research clearly shows that when more informed decisions are taken, costs come down.

Puri's two co-authors, Bobette Patterson and Jennifer Carroll, note in a joint email that for healthcare professionals, "this brings awareness to others regarding cost of care and payment card industry procedures. How following specific, evidence-based protocols for decision making will decrease cost to the healthcare payers, while still providing ideal care."

Source: University of Chicago

Image Credit: American College of Cardiology

Published on : Mon, 4 May 2015