Shifting Appropriate Use Criteria Ratings for Coronary Revascularization from Uncertain to Appropriate: A Clinical Documentation Project

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Background: Appropriate use criteria (AUC) ratings can be used by clinicians for decision support when considering a patient's need for percutaneous coronary intervention (PCI). A rating of uncertain may be assigned due to lack of supporting clinical information that, if available, might otherwise shift the rating to either appropriate or inappropriate.[1] Between CathPCI Registry® Outcomes Reports 2013Q1 to 2013Q3, by improving capture of supporting documentation, The Heart Hospital Baylor Plano (THHBP) aimed to reduce uncertain ratings for patients with ACS from 9.13% to 4.57% and reduce uncertain ratings for patients without ACS from 33.33% to 16.67%.

Methods: Inspired by best practices shared in Baylor Health Care System Enterprise Data Manager Meetings, our facility-level team compared documentation critical to AUC rating process with current documentation practices. A worksheet was redesigned to address abstraction challenges identified. Multi-format educational sessions for key stakeholders focused on 2012 AUC for Coronary Revascularization[1] guidelines and new documentation expectations. A daily auditing process was developed to ensure worksheet compliance. Data abstracted concurrently during pilot period and processed through CathPCI Registry Dashboard in order to provide timely progress reports. Periodic reassessments of progress performed until process hardwired.

Results: Per 2013Q3 CathPCI Registry unpublished outcomes, patients deemed uncertain dropped from 9.13% to 0.99% for patients with ACS and from 33.33% to 14.29% for patients without ACS, surpassing stated goals. During same time period, patients with ACS deemed appropriate shifted from 90.87% to 99.01%, surpassing the 50th percentile metric benchmark, and patients without ACS deemed appropriate shifted from 66.67% to 80.36%, surpassing 90th percentile metric benchmark.

Conclusion: Ensuring data critical to AUC rating process is available for abstractors can result in reduced percentage of PCI cases deemed uncertain and improved percentage of cases deemed appropriate.

Caveats: Additional abstractor required during pilot period to ensure real-time abstraction.

Next Steps: Redesign AUC form for electronic use as healthcare system moves to fully electronic medical record. Implement like process at sister facility opening 2014Q1. Monitor for updates to AUC guidelines.

References

1. Patel, M. R., Dehmeer, G. J., Hirshfeld, J. W., Smith, P. K., & Spertus, J. A. (2012). ACCF/SCAI/STS/ AATS/AHA/ASNC/HFSA/SCCT 2012 appropriate use criteria for coronary revascularization focused update. *Journal of the American College of Cardiology*, *59*(9), 857-881. doi:10.1016/j.jacc.2011.12.001