



## The Society for Cardiovascular Angiography and Interventions

### SCAI President's Page

## Cath Lab Accreditation: Our ACE in the Hole

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This morning on the Fox News program “House Call,” internist and commentator Dr. Marc Siegel told viewers that one out of every seven patients who receives an angioplasty does not meet the criteria for it and that one out of every two patients gets an unnecessary stent. What people must do, he said, is make sure they have “a proper cardiologist treating you . . . one who won’t have a knee jerk reaction.” [1] The segment ran for 4 min, wherein the discussion included mischaracterization of the findings of COURAGE as well as recent studies that have attempted to quantify how well we interventional cardiologists are adhering to the appropriate use criteria [2–4].

I am tempted to use my first President’s Page either to caution the investigators who are misinterpreting Centers for Medicare and Medicaid Services (CMS) claims data to arrive at conclusions that malign interventional cardiologists as a group or to rail at the media for publishing misleading and sensational headlines instead of taking the time to really understand and explain what the appropriate use criteria (AUC)’s “uncertain” and “inappropriate” categories mean. Although I may focus on both of these messages in future President’s Pages, today I want to focus on what we as individual practicing interventionalists can do to help restore our profession’s great name.



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In addition to working with Society for Cardiovascular Angiography and Interventions (SCAI) as your society fights the good fight on the public relations (PR) front, *each and every one of us should take steps to show our communities that we are, as Dr. Siegel put it, “proper cardiologists.”* We can do this by seeking accreditation for our own cath labs through **Accreditation for Cardiovascular Excellence (ACE)**, the inde-

DOI 10.1002/ccd24575

Published online 00 Month 2012 in Wiley Online Library  
(wileyonlinelibrary.com).

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pendent entity launched a few years ago with support from SCAI and the American College of Cardiology (ACC) Foundation to help our profession demonstrate, one cath lab at a time, that interventional cardiologists are delivering safe, appropriate care that meets predetermined benchmarks for quality. Every cath lab that achieves ACE accreditation can announce to its community and the wider world that the premier cardiac certification organization has thoroughly reviewed its processes, documentation, and outcomes, and has found it met standards for quality. ACE accreditation is our version of the Good Housekeeping Seal of Approval—a clear message to our patients, our colleagues, our hospitals, the media, and the government that we are doing the right thing for the patients we serve.

My cath lab just received provisional accreditation, not just for our percutaneous coronary intervention (PCI) program but also for our carotid artery stenting program. My partners, our hospital, and I firmly believe that we are doing the right thing for our patients—and we have many satisfied patients and independent accolades from rating services to back up our belief—but today, when the cost of a procedure often trumps a physician's carefully considered medical judgment, we realized we need more than testimonials and trophies. So, we began the process of seeking ACE accreditation. The ACE staff came to our hospital for 2 days and studied our records, reviewed the credentials of our staff, evaluated our quality improvement programs, reviewed randomly selected cases, and visited our labs to see our teams in action. I have found the process itself to be instructive for the cath lab personnel, administrative staff, data coordinators, doctors, and nurses alike. We hope to achieve full accreditation status once we satisfactorily complete the ACE team's suggestions for improving our processes.

In fact, says ACE Chief Medical Officer Dr. Bonnie H. Weiner, even the best cath labs can improve in some areas. And it's part of the reason ACE was created—to provide our profession with a quality improvement tool that helps each cath lab identify its individual strengths and weaknesses, and then create a unique action plan for maximizing the former and fixing the latter. After having reviewed a cath lab inside and out, the ACE team is in a perfect position to write a prescription for improvement, so that's what they do for every cath lab they review, no matter what level of accreditation you earn.

In May, at the SCAI 2012 Scientific Sessions, Dr. Weiner and her colleagues presented two interesting abstracts about what the ACE reviewers have seen as they have traveled the United States reviewing cath labs, not all of which achieved accreditation [5,6].

Their findings are important in and of themselves, *and* they reinforce the message that the vast majority of the cath labs reviewed by ACE to date have been delivering evidence-based, guidelines-driven care that meets the benchmarks for appropriateness. But they—like many of us, I bet—fell short on the documentation. Their record-keeping did not capture all of the information that explained and justified their decision making. And in this era of government, media, and everyone else looking over our shoulders, if we do not write it down, it's as if we did not do it. This is certainly the major issue my cath lab team learned from being reviewed by ACE.

Although this point is somewhat disconcerting, it is also heartening. As Dr. Weiner says, "As physicians we're doing a good job taking care of the patients, but we could do better on the paperwork." So, there is something constructive we can do to improve our processes, but we are still truly justified in being proud of the care we deliver for our patients. ACE is a proactive tool each of us can and should access so that the people of our communities who trust Marc Siegel will also trust us. With our ACE accreditation, we will show we are "proper cardiologists" who do the right thing.

In the current environment of bureaucratic, regulated medicine, physicians often feel we have been dealt a bad hand; however, if enough of us earn accreditation through ACE, it may truly be our ace in the hole, showing the world we are committed to quality.

For this reason especially, I challenge each interventional cardiologist to begin discussions with your cath lab directors and hospital administrators and to start the process of getting your lab ACE-accredited! Learn more about ACE at [www.cvexcel.org](http://www.cvexcel.org).

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