Educational Directions & Imperatives for TRI

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Compelling Rationale for Radial

Radial access may offer opportunities for improvement of safety, quality and economics in interventional cardiology

- Safety
  - Radial access specifically addresses the risk of access site bleeding
- Effectiveness
  - Strong trend favoring radial access in the endpoint of death
  - Strong trend favoring radial access in the composite endpoint of death, MI, and stroke
  - These results suggest that radial access does not (-) affect the clinical effectiveness of PCI's
- Risk | Benefit
  - The body of available clinical data suggests that the risk | benefit ratio may be improved compared to femoral access in terms of safety and patient convenience
- Procedure
  - Apart from the hydrophyllic sheath and radial hemostatic device, there are no major differences in devices, materials and medications used
- Quality
  - Procedural success is determined by learning curve, patient selection and improving radial equipment
  - Improved patient satisfaction and preference scores
- Cost | Performance
  - Opportunity to reduce costs (LOS, staffing requirements) and improve process efficiency (patient flow)

Are Cath Labs Operating at Optimal Efficiency?

Shifting to Lowest-Cost Settings	Preparing for an Era of Expanded Accountability	Developing Progressive Care Models
	CMS	
• Optimizing outpatient care delivery • Reducing LOS • Eliminating duplication, waste	• Complying with RACs • Adopting an outcomes-based revenue strategy • Reducing readmissions • Anticipating expanded requirements for future payment	• Streamlining care pathways • Coordinating care delivery • Providing care across the continuum • Optimizing health IT investments

Source:Cardiovascular Roundtable research and analysis.

Outmoded Care Delivery Model

Pitfalls of the "Paperchase" Outpatient Shift

Stagnant Protocols	Excessive Costs	Financial Loss
Despite reduced acuity of outpatients, overnight stay still typical; care **protocols identical to inpatients**	**Failing to streamline care** for outpatients a major missed opportunity to reduce overhead costs; minimize financial loss	Outpatients carry **$3 K profit loss** per case compared to inpatient PCI

EXAMPLE

- 200-bed teaching hospital in the Northeast
- Underwent RAC audit in 2007 as part of demonstration phase
- Moved 30 percent of PCI cases to outpatient billing and coding
- **All inpatients and outpatients follow identical care pathways; outpatients stay overnight**

Source: Cardiovascular Roundtable interviews and analysis.

Industry Driven Training

- Radial training has been addressed through a variety of successful methodologies
  - Hospital-based observational or hand's on programs
  - Proctorships
  - Simulation
  - Learning Labs
  - Clinical case support
  - Web based video demonstration

Industry Has Filled a Void

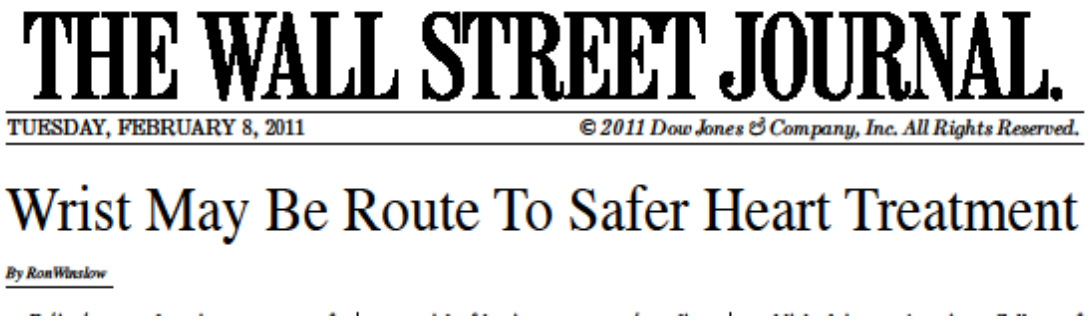
- Over 140 hospitals trained in 2 years
- Adoption rates vary depending on commitment of lab and multiple physicians
  - EX 1: Large midwestern heart institute went from 4 radials/mo to over 250/mo in less than a year
  - EX 2: Midsize mid-Atlantic community hospital went from 40 radials/month to 160/mo in less than 4 months

Educational Direction

- Fellowship educational requirements to meet growing demand
  - Why wouldn't we?
- Continued awareness at professional meetings
- Basic training via previously described methods
- Adoption and dissemination of standards

Educational Imperatives

- Radial access, like any procedural process that is available and recognized as providing a benefit to the patient, needs to be recognized , accepted and encouraged as a part of a cardiologist's training
- The healthcare system is demanding accountability for quality care; reducing complications is a major point of emphasis
- The patient is now aware of alternatives



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Wrist May Be Route To Safer Heart Treatment

By Ron Winslow