



## Center for Healthcare Research & Transformation

---

### DEMONSTRATION PROJECT:

### Encouraging Judicious and Appropriate Use of Cardiac Services

#### Case

Percutaneous coronary intervention (PCI) is commonly used in the management of patients with stable coronary artery disease (CAD) in the United States. Evidence is clear that PCI improves outcomes in acute myocardial infarction patients and function and quality of life in patients whose chest pain cannot be controlled by medications. However, in patients with stable CAD, there is no difference in the risk of death or acute myocardial infarction between patients undergoing PCI and those receiving medical therapy. Decreasing the number of PCIs when there is no advantage over medical therapy would result in improved quality of care for many patients and substantial healthcare savings. There is substantial variation in rates of use of PCI across populations. There is similar variation in rates of use of invasive and non-invasive diagnostic testing for CAD as well as in rates of use of functional testing services (imaging and non-imaging stress tests).

#### Project summary

In partnership with Blue Cross Blue Shield of Michigan (BCBSM), the University of Michigan Health System (UMHS), and physician organizations, the Center for Research & Transformation (CHRT) will conduct a demonstration project to test whether it is possible to reduce the variation in diagnostic and therapeutic services for patients with stable CAD, yielding optimal results for patients and reducing healthcare costs, through three interventions:

- Physician education
- Patient education
- Financial support to physicians for their participation and engagement in the demonstration project

#### Objectives

The objectives of the study are to demonstrate for the participants in the study compared to a control group:

- Improved patient understanding of options for treatment of their condition.
- More patient involvement in treatment decision making and high levels of patient satisfaction with the decision making process and the treatment decision.
- Reduced rates of non-invasive imaging and non-invasive functional tests, coronary diagnostic catheterization, and coronary revascularization (CABG/PCI).

## Interventions

- **Physician Education:** The physician population will consist of primary care physicians and cardiologists who participate in BCBSM's physician group incentive program<sup>1</sup> (PGIP). Participation will be voluntary. CHRT will (1) provide to participating PGIP groups a "Physician Toolkit" including guideline-based information for physicians caring for patients with CAD; (2) engage PGIP group leaders to help design an effective approach to educate their physicians regarding efficient management strategies for patients with stable CAD; (3) provide evidence-based information to physicians regarding the effectiveness of PCI and medical therapy; (4) provide data regarding variations in rates of use of non-invasive tests, PCI, and CABG among stable CAD across PGIP groups; and (5) provide data regarding variation in the accuracy of interpretation of coronary angiography films among catheterization laboratories in Michigan.
- **Patient Education:** The patient population will consist of adult patients with stable CAD who are being cared for by participating physicians, excluding those patients who have previously undergone coronary revascularization (PCI or CABG). CHRT will provide to participating PGIP groups a "Patient Toolkit," which may include written and online patient education and shared decision making materials. The PGIP groups will help design the intervention strategy, including the process and approach to using the tools.

## Proposed Timeline

The study is anticipated to begin in the summer of 2008 with a target for completion in approximately 24 months.

---

<sup>1</sup> PGIP connects physician groups across Michigan and encourages collaboration and information sharing in order to measure and monitor care quality, improve systems of care, and effectively manage patients with chronic diseases. Because PGIP creates health care cost savings, BCBSM offers financial incentives to reward physicians for their progress as they focus on improving chronic illness care, prescribing patterns and patient participation in clinical programs.