

Growth of cardiac services linked to competition, not improved patient care, study finds

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New interventional cardiac catheterization services offered by U.S. hospitals generally duplicate existing programs and do not help patients gain access to timely emergency cardiac care, according to a new study.

Examining new cardiac catheterization programs nationally from 2004 to 2008, researchers found the programs were most likely to be introduced in areas that had existing services, near populations that had higher rates of [private health insurance](#) and in states where there is little oversight of hospitals.

The findings are published online by the journal *Circulation: Cardiovascular Quality and Outcomes*.

"New interventional cardiac catheterization programs have not been located in areas where they can help patients gain timely access to needed heart services. Instead, the focus has been on competing with other hospitals," said Thomas W. Concannon, the study's lead author and a policy researcher at RAND, a nonprofit research organization. "The widespread expansion of this service has added significantly to [health care costs](#) and there is now strong evidence that it has not improved [patient care](#)."

Cardiac catheterization laboratories can provide life-saving treatment by allowing doctors to open clogged [heart arteries](#) that may trigger a [heart](#)

[attack](#). Although about 80 percent of the nation's population lives within a 60-minute drive of a catheterization laboratory, fewer than half of the patients who suffer heart attacks get access to the treatment in an emergency.

The new study is the first to examine the growth of cardiac catheterization laboratories over time, allowing investigators to assess whether new programs duplicate existing services and identify the factors associated with the decision to introduce a new program.

Researchers found that while the number of cardiac catheterization programs at the nation's 4,544 acute care hospitals increased by 16.5 percent from 2004 to 2008, the percentage of the U.S. population with timely access to heart catheterization services increased by just 1.8 percent. Researchers estimate the 251 new cardiac catheterization programs created during the study period cost \$2 billion to \$4 billion.

In general, researchers found the new cardiac catheterization programs targeted neighborhoods already served by other programs, where competition for patients was already high and where timely access for patients did not improve.

There were some exceptions to the findings. Access to cardiac catheterization programs in Mississippi grew sharply during the study period and in Missouri the growth in programs led to a meaningful drop in projected transport times for patients, according to the study.

Although the pace of new cardiac catheterization programs slowed during the study period, expansions continue at a fast pace. Researchers say policymakers should consider three approaches that could be used to improve access to cardiac catheterization services while restraining duplication of services.

The options include voluntary systems where hospitals and emergency medical providers work to provide services to more people while avoiding duplication. The largest example of such a system is the North Carolina Regional Approach to Cardiovascular Emergencies, or RACE protocol.

Another approach is to use market-based solutions to discourage duplication of cardiac catheterization programs. This could include reducing payment for the service, which could discourage new investments.

The final approach is state review and approval of plans to establish cardiac catheterization labs or similar technology. Twenty-seven states already use the approach, and the study found that hospitals in states with a robust oversight program were 40 percent less likely to introduce a new catheterization program in any given year.

Provided by RAND Corporation

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