



Maryland

CHAPTER

Maryland Chapter
American College of Cardiology

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Eileen Fleck
Chief, Acute Care Policy & Planning
Maryland Health Care Commission
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Baltimore, MD 21215
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Dear Ms. Fleck,

The Maryland Chapter of the American College of Cardiology (MDACC) welcomes the opportunity to comment on the Draft State Health Plan for Facilities and Services: Specialized Cardiovascular Services COMAR 10.24.17. As you are aware, the chapter represents just over 850 cardiovascular specialists in the state of Maryland and our mission is to transform cardiovascular care and improve heart health.

The document is a thoughtful and insightful draft of regulations aimed at promoting the highest quality of Cardiac Surgery and Percutaneous Coronary Intervention (PCI) services to the residents of the State of Maryland.

We look forward to participation and representation in the Cardiac Services Advisory Committee (CSAC) and its subcommittees and are prepared to nominate candidates to serve Maryland residents and assist the Maryland Health Care Commission.

We are especially pleased by the emphasis of Policy 3 encouraging all hospitals to promote and facilitate community outreach programs to inform the public with the goal of reducing the prevalence of cardiovascular diseases and improvement of patient outcomes. MDACC is prepared to assist both the hospitals and the State of Maryland in educating our public about cardiovascular disease and modification of risk factors. Education regarding signs, symptoms and appropriate action to get timely medical attention without delay, as well as promotion of bystander “hands only” CPR and use of AEDs should be a continuing program. This should be led and funded by both the state and its hospitals, with assistance from professional societies and mass media. Investing in such public education can save many more lives, dollar for dollar, than spending on programs of public reporting of hospital performance.

We are gratified that the regulations reflect the adoption of the most recent ACCF/AHA/SCAI Guidelines regarding PCI, cardiac catheterization labs and treatment of STEMI. We understand that outcomes have a greater relationship to institutional volume, and less of a clear relationship to individual PCI operator volume. Although a PCI individual operator volume threshold of 50 cases per year is the new guideline, volume alone should not be the only criteria for a physician to either begin or continue providing PCI in our state. The emphasis on quality, appropriateness and outcomes carries more relevance.

We strongly support the regulations that strengthen internal review and initiate an external review process for the hospitals. Although 5% of PCI cases are to be externally reviewed, we would encourage externally reviewing even 10% of cases. Although hospitals have a choice of external review mechanisms, we strongly feel that the MACPAQ model proposed by Dr. Julie Miller and her colleagues promotes a blinded peer review process aimed at education and improvement in quality and appropriateness.

Finally, we appreciate the emphasis on strengthening internal review and quality improvement processes, including all members of the cardiac care team, namely ER physicians, clinical cardiologists, cardiac and ER nurses and nurse practitioners, physician's assistants, cardiovascular technologists, EMS personnel and paramedics. Providing quality cardiac care is very much a team effort.

Again, we look forward to being active participants in our collective effort to improve cardiovascular care and outcomes in our state.

Respectfully Yours,

A handwritten signature in black ink that reads "Marc A. Mugmon MD". The signature is written in a cursive, flowing style.

Marc Mugmon MD, FACC
President