

Eileen,

I just pulled up the posted version and it appears the changes suggested by Keith have been made. This section 4 (pg. 23) is an excellent synopsis and it will be important to insure that this is actually carried out at all institutions. I would also like to say that you did an excellent job with this document as a whole. I do however have a few additional comments for your consideration. Under Policy 5 on page 5, you repeat "provider of PCI services", and it is unclear to me whether these individuals are appointed by their hospitals or the MHCC. In the Performance Standards section on page 24, I remember a number of discussions regarding the number of periods a program could have a "1" Star rating before being subject to closure and I am not sure whether the number two or four was picked but would point out that allowing a program to continue at a "1" rating for two whole years - four reporting periods- before instituting a formal process of review may not be in our patients' best interests and that two "1" Star rating might be a better threshold to consider. In section d. under volume requirements for OHS in the conformance section (pg. 25), you cite the volume required being 200 cases/ year, but only trigger a review at the 100 case level. I thought that the CAG had ultimately decided to dispense with the 200 case volume number for Certificates of Ongoing Performance, provided that the programs were maintaining a "2" Star rating or higher. As it stands, it seems unclear what if anything happens to programs who maintain volumes between 100 and 200 per year.

I hope these comments are helpful.

Regards,

Peter

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