

Pay-for-performance not found to impact access to CABG

27 August 2014



"Our results show no evidence of a deleterious effect of P4P on access to [coronary artery bypass graft surgery](#) for high-risk patients with AMI," the authors write.

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(HealthDay)—For patients with acute myocardial infarction (AMI), treatment at pay-for-performance (P4P) hospitals is not associated with a change in the rate of coronary artery bypass graft (CABG) surgery, according to a study published online Aug. 26 in *Circulation: Cardiovascular Quality and Outcomes*.

Arnold M. Epstein, M.D., from the Harvard School of Public Health in Boston, and colleagues used Medicare data to compare change in the rates of CABG surgery from 2002-2003 to 2008-2009 for patients with AMI. Data were included for 91,393 patients admitted to 126 hospitals participating in Medicare's Premier Hospital Quality Incentive Demonstration P4P program, and for 502,536 Medicare patients admitted for AMI in 848 control hospitals.

The researchers found that the CABG surgery rates decreased from 13.6 percent in 2002 to 2003 to 10.4 percent in 2008 to 2009 in AMI patients in Premier hospitals; a comparable decrease was observed in control hospitals (13.6 to 10.6 percent; P for comparison of Premier versus control hospitals, 0.67). For high-risk patients, there was a decrease in CABG surgery rates from 8.4 percent in 2002 to 2003 to 8.2 percent in 2008 to 2009; a similar pattern was seen in control hospitals (8.4 to 8.3 percent; P = 0.82).

APA citation: Pay-for-performance not found to impact access to CABG (2014, August 27) retrieved 20 August 2022 from

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