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Study finds VA outperforms community hospitals on Veteran outcomes for a coronary procedure

WASHINGTON — The Department of Veterans Affairs (VA) announced today study results, published in the Journal of the American College of Cardiology, found Veterans undergoing an elective percutaneous coronary intervention (PCI) for stable angina at community hospitals had an increased chance of dying following the intervention than Veterans who underwent the procedure at VA hospitals who had better outcomes.

At community hospitals Veterans had a 143% increased chance of mortality within the first month following PCI and a 33% increased chance of death within the first year.

PCI is a non-surgical procedure that uses a flexible tube to place a metal scaffold (stent) into a narrowed coronary artery to allow blood to pass through more easily.

"Our dedicated health care professionals often lead the nation in innovative procedures and quality of patient care — the results of this study reflect the dedication and level of attention provided by VA medical centers," said VA Secretary Robert Wilkie. "Veteran trust in VA is at an all-time high with VA seeing more patients than before and studies showing VA compares favorably to the private sector on wait times and quality of care — many times VA exceeding them."

The analysis included a review of 9,000 enrolled Veterans who were actively receiving care in the VA health care system who subsequently underwent elective PCI at either a VA medical center or a community hospital. The data available on patients treated in community facilities is largely limited to administrative billing records. Therefore, it is possible more complex procedures were performed in that setting.

The researchers concluded further study is needed to determine the most effective means to improve Veterans' access to medical care while also maintaining quality. The analysis was conducted by the VA Clinical Assessment, Reporting and Tracking (CART) Program in the VHA Office of Quality and Patient Safety.

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