



# Training and Volume Requirements for Individual Physicians in Stroke Certification Suspended

Eligibility requirements concerning the training of individual physicians and their volume in performing mechanical thrombectomy currently applicable in the **Thrombectomy-Capable Stroke Center (TSC)** certification program and set to be effective January 1, 2019, for the **Comprehensive Stroke Center (CSC)** certification program have been suspended **effective immediately** while these requirements undergo review for possible changes.

The Joint Commission announced eligibility requirements for the TSC certification program in the February 2018 issue of *Perspectives* and then announced the extension of those requirements to CSCs in the May 2018 issue. The revised eligibility included requirements for all primary neurointerventionists routinely called on to perform emergency mechanical thrombectomy to either be certified by the Committee for Advanced Subspecialty Training (CAST) or to meet similar criteria. That criteria included education, training, and experience performing 15 mechanical thrombectomies over the past 12 months or 30 over the past 24 months.

## Feedback from the Field

Since announcing these revised eligibility criteria, individuals and organizations have raised concerns about the individual physician training requirement for CAST certification or its equivalent. Because CAST certification requires training and ongoing experience in a number of procedures other than mechanical thrombectomy (for example, interventions for aneurysms and arteriovenous malformations), many expressed concerns that the requirement is overly stringent and is not necessary to ensure that patients receive high-quality mechanical thrombectomy.

Other feedback highlighted the barriers faced by some highly qualified individuals (such as interventional radiologists) who have training and experience in neurovascular interventions and have been performing mechanical thrombectomy safely and successfully for years. Though The Joint Commission originally thought these individuals could become CAST certified through the Practice Pathway, it has since learned this is not possible because performance of neuroendovascular procedures is required for individual CAST certification.

Others voiced concern that limiting eligibility with these requirements could adversely affect access to mechanical thrombectomy. One health care system reported it had no physician in its system that met the training requirement. The same system provided data showing the clinical outcomes for its eight interventional radiologists were similar to those reported in clinical trials; all of the physicians had neuroendovascular procedure training in an accredited program, but none had completed a neuroradiology fellowship. In addition, the Society of Interventional Radiology sponsored an independent analysis of which specialties were performing mechanical thrombectomies for Medicare patients. Of the 5,914 claims in the study, 37% were performed by physicians who identified themselves as diagnostic radiologists, 27% by neurosurgeons, 20% by neurologists, and 16% by interventional radiologists.


The Joint Commission also received important new information that raises questions about the individual physician volume requirement of 15 mechanical thrombectomies over the past 12 months or 30 over the past 24 months, which was adopted based on CAST requirements. Analyses conducted by the health care system mentioned previously showed that only three of the eight interventional radiologists in their system were at or near this benchmark. The CAST volume requirement was adopted by the Joint Commission Technical Advisory Panel because it was a concrete benchmark used by a national organization. There were no studies available that examined a distinct threshold for a volume–outcome relationship.

In addition, the Society of Interventional Radiology sponsored an independent analysis of the 2016 US Centers for Medicare & Medicaid Services (CMS) Physician Supplier and Provider Services (PSPS) files and Provider Utilization File (PUF). Of the 995 physicians who billed under code 61645,\* 842 (85%) were billed for 10 or fewer procedures. For the 153 (15%) physicians who performed more than 10 procedures, the median number of procedures still was only 15. This analysis is limited because it does not include procedures billed to private insurers, the procedures under the target billing code are heterogeneous, and the data are from 2016 when the indications for mechanical thrombectomy were more restrictive than current ones. Despite the limitations, these data raised important questions about whether the individual physician volume requirements for the Joint Commission TSC and CSC certification programs were too high.

## What's Next

The TSC and CSC chapters in the fall 2018 update to E-dition® and the *2019 Comprehensive Certification Manual for Disease-Specific Care* will include notes about the suspension of these eligibility requirements. Please note, while training and volume requirements for individual physicians have been removed, the facility volume requirement of 15 mechanical thrombectomies per year is still in effect for both certification programs.

The Joint Commission and the American Heart Association believe that additional dialogue is needed with national stakeholder organizations to discuss individual physician training and individual physician volume requirements. Several organizations have recently published new recommendations or plan to do so soon. The Joint Commission hopes to establish revised individual physician requirements within the next six months.

Questions or additional input related to this topic can be directed to [Mary Brockway](#), MS, RN, director of clinical research, Department of Standards and Survey Methods. 

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\* Procedures billed under this code include percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intra-procedural pharmacological thrombolytic injections.