Removal of Individual Physician Training and Volume Requirements for Mechanical Thrombectomy for TSC and CSC Certification Programs 9/17/2018

In the February 2018 edition of *Perspectives,* The Joint Commission announced revised eligibility requirements for the Thrombectomy-Capable Stroke Center (TSC) certification program. The revised eligibility included a requirement for all primary neurointerventionists (i.e., those who routinely take call to perform emergency mechanical thrombectomy), to either be certified by the Committee for Advanced Subspecialty Training (CAST) or to meet similar criteria, including education, training, and experience performing 15 mechanical thrombectomies over the past 12 months or 30 over the past 24 months. In the May 2018 edition of *Perspectives*, we announced that this same requirement would be applied to Comprehensive Stroke Centers.

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

Second, the training requirement excludes many highly qualified individuals, i.e., interventional radiologists who have training and experience in neurovascular interventions and have been performing mechanical thrombectomy successfully for years. We originally thought these individuals could become CAST certified through the Practice Pathway; however, this is not possible for them because they are not doing other neuroendovascular procedures required for individual CAST certification.

Third, limiting eligibility with these requirements could adversely affect access to mechanical thrombectomy. One health care system said they had no physician in their system that met the training requirement. The system provided data showing that the clinical outcomes for their 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 5914 claims, 37% were performed by physicians who identified themselves as diagnostic radiologists, 27% by neurosurgeons, 20% by neurologists, and 16% by interventional radiologists.

We have 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 we adopted based on CAST

requirements. Analyses conducted by the healthcare 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 our Technical Advisory Panel because it was a concrete benchmark used by a national organization. However, the panel acknowledged that there were no adequately powered studies available to determine a distinct threshold for a volume-outcome relationship.

In addition, the Society of Interventional Radiology sponsored an independent analysis of the 2016 Centers for Medicare and Medicaid Services (CMS) Physician Supplier and Provider Services (PSPS) files and Provider Utilization File (PUF). Of the 995 physicians who billed under code 61645 (percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injections), 842 (85%) billed for 10 or fewer procedures. For the 153 (15%) physicians who performed more than ten procedures, the median number of procedures was still 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 these limitations, the data raise important questions about whether the current individual physician volume requirements for our TSC and CSC certification programs would exclude too many qualified individuals.

The Joint Commission and the American Heart Association believe that additional dialogue is needed with national stakeholder organizations to discuss individual physician training and volume requirements. Several organizations have recently published new recommendations or plan to do so in the near future. For these reasons, we are removing the individual physician training and procedure volume requirements for both the TSC and CSC certification programs, effective immediately. The facility volume requirement of 15 mechanical thrombectomies per year will still be in force for both certification programs. We hope to establish new, more appropriate individual physician requirements within the next six months.

If you have any questions or would like to provide additional input please contact Mary Brockway at mbrockway@jointcommission.org.