**DOES PHYSICIAN REVIEW IMPROVE THE ACCURACY OF NATIONAL CARDIOVASCULAR DATA REGISTRY (NCDR) ICD REGISTRY DATA SUBMISSION? THE WAKE FOREST BAPTIST MEDICAL CENTER (WFBMC) EXPERIENCE**

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Background: Implantable cardiac defibrillator (ICD) therapy is effective in reducing mortality in patients (Pts) with reduced left ventricular ejection fraction <35%.

A recent review of NCDR ICD registry data suggested that almost 22.4% of the ICDs placed for primary prevention (PP) do not meet the CMS guidelines. We sought to determine whether physician review prior to data submission would more accurately reflect our compliance with CMS guidelines.

Methods: The NCDR ICD registry was queried to identify patients who underwent ICD implant for PP between 3/1/11 – 2/28/12. We searched the registry using terms “PP”, “new device”, and “WFBMC”. ICDs were classified as non-guidelines supported if implant was performed within 40 days after myocardial infarction (MI), 3 month after diagnosis of congestive heart failure (CHF) within 3 months, 90 days after percutaneous coronary intervention (PCI) or coronary artery bypass grafting (CABG) or if patient had NYHA class IV CHF.

Results: Our initial query identified 102 devices implanted for PP. Three cases (~3%) did not appear to meet CMS guidelines (Recent MI: 1 pt, New CHF: 1 pt, Recent

PCI: 1 pt) despite physician review, compared to 22.5% when physicians did not review the data.

Upon review of medical records, two pts were incorrectly coded. The third patient had a compelling clinical indication for device implantation. We did not find any patient who had received a primary prevention ICD that was inconsistent with current CMS guidelines.

Conclusion: Our study demonstrates that physician review improves the accuracy of NCDR ICD registry data submission.