AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 911
(I-22)

Introduced by: Society for Cardiovascular Angiography & Interventions

Subject: Critical Need for National Emergency Cardiac Care (ECC) System to Ensure Individualized, State-Wide, Care for ST Segment Elevation Myocardial Infarction (STEMI), Cardiogenic Shock (CS) and Out-of-Hospital Cardiac Arrest (OHCA), and to Reduce Disparities in Health Care for Patients with Cardiac Emergencies

Referred to: Reference Committee K

Whereas, Cardiovascular Disease is the number one cause of death for men and women in the United States\(^1\), and

Whereas, The Acute Coronary Syndromes of unstable angina pectoris (USAP), Non-ST segment Elevation MI (NSTEMI) and STEMI are major causes of death and disability\(^1,4,8\), and

Whereas, Survival for uncomplicated STEMI patients has dramatically improved over the last 6 decades (> 97% survival rate) with the implementation of systems of Emergency Cardiac Care (ECC), survival for STEMI with cardiogenic shock (CS) is unacceptably high\(^2,3,4,8\), and

Whereas, STEMI patients with cardiogenic shock (STEMI-CS) have mortality rates near 50%, except in some U.S. localities where the survival rates may be as high as 70% because of specialized medical centers that provide care teams and therapeutic modalities, like early use of Mechanical Circulatory Support (MCS), shock teams and coronary revascularization, through organized systems of ECC\(^2,3,8\), and

Whereas, Out-of-Hospital Cardiac Arrest (OHCA) is the fifth most common cause of death in the United States, accounting for more deaths than colon cancer, breast cancer, prostate cancer, influenza, pneumonia, HIV, firearms and house fires combined\(^5,6,7\), and

Whereas, 90% of OHCA occur in the home or workplace and these patients require intense and precisely orchestrated ECC on site, during transportation by Emergency Medical Technicians/PARAMEDICS, and subsequent ECC as inpatients\(^6\), and

Whereas, Survival for patients with OHCA and refractory ventricular fibrillation is markedly improved, from less than 10% to over 40%, when systems of ECC include uniquely applied invasive procedures like emergent Extracorporeal Membrane Oxygenation (ECMO/ECPR)\(^8\), and

Whereas, Specialized systems of ECC, designed for coordinating and escalating cardiovascular care for patients with STEMI, STEMI-CS and OHCA, in some States, have produced significant improvements in survival for these catastrophic cardiovascular disorders\(^4,8,14,17\), and

Whereas, STEMI and STEMI-CS care is provided in a disparate manner to sociodemographic groups like the elderly, women, Black and Hispanic patients\(^9,10\) with Black and Hispanic women having the highest mortality (29% and 46%, respectively), and
Whereas, Hospitals of different sizes, in diverse geographic and socioeconomic locations with varying clinical capabilities, provide different levels of ECC, and pre-hospital care can be quite variable\textsuperscript{11,12}, there is a need to systematize ECC in the United States because standardization of systems of ECC\textsuperscript{13,14} results in improved treatment times and survival for patients with STEMI, STEMI-CS and OHCA\textsuperscript{4,5,7,8,13,14,15,17}, and

Whereas, The implementation of systems of care for ECC, with strict protocol adherence, diminishes treatment disparities between sociodemographic groups\textsuperscript{15,16}, and

Whereas, States that have addressed ECC solutions, unique to their State, some with laws\textsuperscript{18} and others with State-wide clinical agreements between health systems and physicians\textsuperscript{19}, therefore be it

RESOLVED, That our American Medical Association encourage each state to standardize pre-hospital and inpatient care for cardiac emergencies, with individualized systems of Emergency Cardiac Care (ECC), specific for each state, to improve care and enhance survival for all patients, especially for those citizens who receive sociodemographically disparate care, when they present with cardiac emergencies (STEMI, STEMI-CS and OHCA) (New HOD Policy); and be it therefore,

RESOLVED, That our AMA encourage states to designate hospitals as ECC Centers based on their individual capabilities to provide ECC, much like the designations and systems of care for Stroke and Trauma Centers. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 09/30/22

**Abbreviations:**
- Acute Coronary Syndrome – ACS
- Cardiogenic Shock – CS
- Emergency Cardiac Care – ECC
- Extracorporeal Membrane Oxygenation – ECMO
- Extracorporeal Membrane Oxygenation facilitated Cardio-Pulmonary Resuscitation - ECPR
- Mechanical Circulatory Support – MCS
- Myocardial Infarction – MI
- Out of Hospital Cardiac Arrest – OHCA
- ST segment Elevation Myocardial Infarction – STEMI
- ST segment Elevation Myocardial Infarction with Cardiogenic Shock – STEMI-CS
- Unstable Angina Pectoris – USAP
References:
6. American Heart Association Facts, A Race against the Clock, Out of Hospital Cardiac Arrest. www.heart.org/policyfactsheets.