



**ALLEGHENY  
GENERAL HOSPITAL**

WEST PENN ALLEGHENY HEALTH SYSTEM

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April 25, 2002

Marc P. Volavka  
Executive Director  
Pennsylvania Health Care Cost Containment Council  
225 Market St, Suite 400  
Harrisburg, PA 17101

Dear Mr. Volavka,

Allegheny General Hospital would like to thank the Pennsylvania Health Care Cost Containment Council for the invitation to review and comment on the results of the calendar year 2000 review of CABG data. Our Department of Cardiothoracic Surgery works closely with the Allegheny General Performance Improvement / Atlas group to maintain the highest quality of information management for process analysis in cardiac surgery. We support the continued efforts of PHC4 in this area and in the current CABG data release.

We would like to take this opportunity to comment on the addition of post-discharge outcome studies to the current report. Our patients and healthcare purchasers, are right to expect the definition of a "good" outcome to extend beyond hospital discharge.

Unfortunately, the study of post-discharge outcomes is widely acknowledged to be extremely complex. Many patients prefer to seek follow-up care in their own communities. Hospital and health department records for most events occurring after discharge are (rightly) confidential and are not routinely available to the cardiac surgeon for review and verification. The validity of the principle diagnosis set used to determine readmission rates has not yet been tested. Significant numbers of patients from hospitals near state borders were excluded from analysis because post-discharge data from out-of-state patients is not available to the Council. In addition, any analysis of the relationship between a coronary bypass admission and post-discharge events must control for home care, patient motivation, decisions by local medical providers and hospitals, and underlying medical conditions not directly relevant to cardiac care. Such analysis is possible, but it is unclear how the necessary data could be acquired. The Council has acknowledged these facts by noting that the information presented in this report cannot confirm an actual link between a coronary bypass procedure and any of the post-discharge readmission diagnoses.

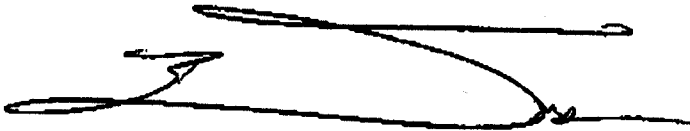
While we strongly support the development of methods to evaluate post-discharge outcomes, and appreciate the help of PHC4 in this effort, we believe that the public release of this data before completely validated studies have been performed, is premature.

In summary, we appreciate the opportunity to add our comments and suggestions to this important, ongoing process. We thank the Pennsylvania Health Care Cost Containment Council for taking a lead role in examining hospital performance and remain committed to working closely with the Council, as we have in the past. We will continue to use PHC4 data in all of our Process Improvement initiatives as a significant component of our commitment to improving the quality of patient care at Allegheny General Hospital.

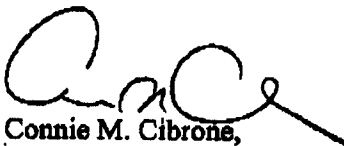
Sincerely,



George J. Magovern, Jr., M.D.  
Chairperson, Department of Cardiothoracic Surgery



Thomas G. Lundquist, M.D.  
Vice President, Department of Performance Improvement



Connie M. Cibrons,  
President & Chief Executive Officer

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