



**Practice Limited
 To
 Cardiothoracic
 Surgery**

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**Practice Limited
 To
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April 14, 2002

Marc P. Volavka
 Executive Director, PHC4
 225 Market Street, Suite 400
 Harrisburg, Pennsylvania 17101

Dear Mr. Volavka,

Thank you for giving me the opportunity to comment on the Pennsylvania Health Care Cost Containment Council's 2000 CABG report. Having received very good results since PHC4's inception, I believe I can speak objectively on the value of the data.

Specific to this year's report, I wish to illustrate two examples that make the report incomplete. The first relates to a request I made for exclusion of a case of a patient who suffered a pulmonary artery rupture from a pre-operatively placed Swan-Ganz catheter. The patient underwent simultaneous emergency CABG and right upper and middle lobectomy, both while still on the heart-lung machine. The patient survived the operation but died 30 days later of pulmonary complications.

I believe this case should have been excluded because the pulmonary artery rupture was not a complication of the CABG procedure, but a complication of its placement in the cardiac catheterization laboratory. It was a pre-existing condition that required a simultaneous heart and lung procedure to be performed. Your committee turned down my request for exclusion of this case. There is simply no justification to keep this case in your data as it does not fairly or accurately compare to other isolated CABG procedures reviewed in your report.

The second example relates to your decision to exclude from the data those patients who received an ICD after CABG. As a result, 7 patients who survived high-risk isolated CABG procedures were excluded. Indeed, we should get additional recognition for performing successful isolated CABG procedures in patients with impaired myocardium that require ICD placement in the post-operative period.

I understand and support the need for data to be made public so as to assure quality and affordable healthcare for our community. However, I remain concerned that the PHC4 report is a broad-brush stroke from which the media and the public cannot and should not make detailed conclusions.

Sincerely,

Raymond L. Singer, MD
 Chief, Section of Thoracic Surgery
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