

The Reading Hospital and Medical Center



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Mr. Marc Volavka
Executive Director, PHC4
Suite 400
225 Market Street
Harrisburg, PA 17101

Dear Mr. Volavka:

Thank you for the opportunity to comment on the Pennsylvania Health Care Cost Containment Council Report for the year 2000.

As you know, the open-heart surgery program at The Reading Hospital and Medical Center has performed over 12,000 open-heart operations in 22 years. Our program has previously been recognized for its excellence and its cost effectiveness.

During the period most recently surveyed, we encountered a number of very seriously ill patients with coronary artery disease accompanied by unusual clinical features. The cases presented us with severe challenges, and in spite of our best efforts a number succumbed. Many of these patients died due to circumstances unrelated to their heart disease. Because of these circumstances, we requested their exclusion from the study group, but our requests were denied and they contributed to our mortality being approximately one percent above expected ranges.

Recognizing the ever-changing nature of surgery for coronary artery disease and the increasing age and debility of our population, we have initiated a number of changes in our program. These changes occurred during the year 2000-2001. These changes included performing an increasing number of cases without the use of the heart/lung machine (that number is in the several hundreds at this point). Additionally, we have added new monitoring equipment to continuously calculate cardiac output and we have also changed the anesthetic techniques used during open-heart surgery. These alterations have resulted in a marked improvement in our patients' outcome.

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I would also like to take this opportunity to comment on the methods used in this study. It seems that you've found no correlation between diabetes, chronic obstructive pulmonary disease, cardiomyopathy, and gender in predicting hospital mortality. Other surveys of open-heart surgical patients would not agree with this conclusion. The presence of these and other factors are indeed incremental risk factors in that their co-existence plays a significant role in the risks faced by a patient.

Lastly, performing this type of analysis every five years provides only a snapshot of particular programs as opposed to a more continuous analysis. This, in addition to the fact it is a retrospective process from almost two years ago, seems to limit the potential value of this report.

Again, my thanks for the opportunity to comment.

Sincerely,



Robert A. Brigham, M.D.
Director, Department of Surgery

RAB/dlh