Temple University
Health System

3401 North Broad Street
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April 25, 2002

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

Dear Mr. Volavka,

Thank you for providing us with the opportunity to voice our comments concerning the Council's Calendar Year 2000 Coronary Artery Bypass Report.

As you are aware, the number and location of providers of open-heart surgery services in the Commonwealth of Pennsylvania has significantly changed in the five years since the Council's last published report which utilized 1994 and 1995 data. During this period, the Commonwealth's decision to sunset the Certificate of Need ("CON") program resulted in the proliferation of suburban community hospitals performing open-heart surgery. Such programs inherently - by dint of their nature and location - attract a low- to moderate-surgical-risk patient population, while the "sickest of the sick" are sent for treatment at inner city university-based centers of care.

This change in public policy has impacted what we at Temple University Hospital ("TUH") do on a daily basis. More than ever, TUH has become a beacon of last hope and chance for survival for high-risk open-heart patients. Routinely, patients who are turned down for surgery elsewhere come to TUH seeking a second and even third opinion.

In the final analysis, the decision to perform high-risk, high-reward surgery at TUH for an individual patient is a difficult and complex one, but it is an informed decision made in the context of a physician-patient relationship. Like all major surgeries, open-heart surgery requires an extensive array of physicians, clinical staff, and support services working together for the benefit of the patient. For the high-risk patient, the requisite level of expertise and resources 24 hours a day, 365 days per year can only be found at a university-based healthcare facility.

A consequence of the Council's reporting system is that it positively weights the "decision not to perform surgery" thereby having the unfortunate effect of placing those providers (such as TUH) who perform a disproportionate share of high-risk, high-reward cases at a statistical disadvantage in comparative reporting. We respectfully ask the Council to evaluate the need to include variables that address this issue in order to make statewide comparative reporting both meaningful and fair.

At TUH, the continuous quality review process looks not only at surgical outcomes in the negative (that is, mortality rates), but in the positive (the high-risk patient who can rejoin his family at home).

Thank you again for the opportunity to register our concerns.

Sincerely,

Joseph P. Kosich
Assistant Vice President
Health Information Management