

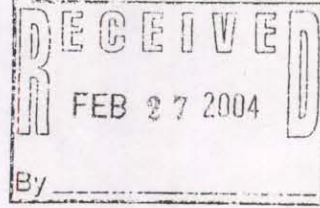


**ALLEGHENY
GENERAL HOSPITAL**

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February 25, 2004

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 2002 review of CABG data. Our Department of Cardiovascular and Thoracic 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 efforts of the PHC4 in this area and in the current CABG data release.

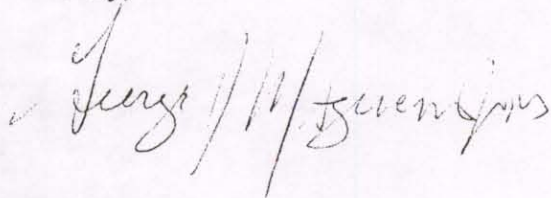
We would like to take this opportunity to comment on the release of data describing post-discharge outcomes. We continue to believe that our patients, and those who pay the bills for their hospital stays, should expect the definition of a "good" outcome to extend beyond hospital discharge.

Allegheny General is currently completing the first year of a five-year initiative designed to identify the factors related to post-CABG readmissions, and to develop methods to reduce the need for these readmissions. As we have previously discussed in this forum, the study of post-discharge outcomes is acknowledged to be extremely complex. Many patients prefer to seek follow-up care in a local hospital, rather than in the hospital in which the CABG surgery was performed. Hospital and health department records describing events which occur after discharge are (rightly) confidential and are not routinely available to the CABG surgeon for review and verification. The 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.

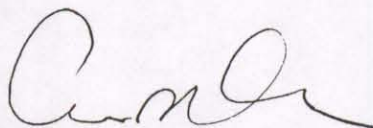
We appreciate the fact that the Council has begun to respond to our concerns about this issue by providing additional background information to CABG surgeons about their patients who require readmission. This information will be invaluable in helping us meet the goals of the Allegheny CABG readmission initiative. As we continue with this project we urge the Council to ensure that the public release of this data clearly describes for the lay reader the limitations of this preliminary analysis of post-discharge readmissions.

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 Cardiovascular and Thoracic Surgery



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