The Heart Care Group, P.C.

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Practice Limited To Cardiothoracic Surgery

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February 21, 2004

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

Dear Mr. Volavka,

Thank you for providing an opportunity for comments to be made by individual cardiothoracic surgeons regarding the HC4's Guide to Coronary Artery Bypass Graft Surgery 2002 report.

Like all of my colleagues, I support the need for collecting and analyzing outcomes data for all procedures in medicine. The Pennsylvania Health Care Cost Containment Council has made a strong effort to collect and analyze the data for one specific procedure --isolated coronary artery bypass surgery. Indeed, the analysis does not include patients who underwent coronary artery bypass surgery with concomitant valve replacement, ventricular aneurysm repair, or insertion of an internal cardioverter defibrillator. The report also does not list the many other operations that a cardiothoracic surgeon may perform on a routine basis such aortic aneurysm surgery, cardiovascular trauma, congenital heart surgery, and non-cardiac thoracic procedures such as lung cancer surgery.

Therein lays my concern. In my practice, I perform a broad range of cardiothoracic procedures. Indeed, my practice is somewhat unique in that I perform a significant percentage of valve and general thoracic (non-cardiac) procedures. Specifically, in 2002 I performed a total of 303 major cardiothoracic operations (79 coronary bypass, 61 valves and or valve-coronary bypass, 10 aneurysms, aortic dissections, septal defects, and trauma cases, plus 153 lung operations).

Yet, when the Guide to Coronary Artery Bypass Graft Surgery report is published in the newspaper, it will list me as only performing 73 coronary artery bypass procedures. I am pleased, of course, that I am listed as having no mortalities among these patients. The report, however, does not include the other 230 major cardiothoracic procedures I performed in 2002 with similar results.

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Because the report is limited to isolated coronary artery bypass surgery, it may appear to the community that I am a low volume surgeon, when indeed just the opposite is true. In fact, I routinely perform a substantial number of combined cardiothoracic procedures. Just the same, each year after the report is published, I have patients referred to me who actually question my experience because they perceived from reading the newspaper that I did "fewer operations" than the other surgeons in town.

I am fortunate that since the outset of the HC4 report in 1992, I have always had good results in the isolated coronary artery bypass surgery report including this year. I am also fortunate that the cardiology, pulmonary and primary care physicians in my region know my practice extends well beyond routine coronary artery bypass surgery. However, as my valve surgery and lung cancer practice continues to grow, my numbers of isolated coronary artery bypass graft surgery continues to fall. As a result, I am concerned that the attention this report understandably receives in the newspaper will continue to give the community an increasingly misconstrued view of my total experience as a cardiothoracic surgeon.

I know that it will be some time before the Pennsylvania Health Care Cost Containment Council will be able to produce a report on all of the procedures performed by cardiothoracic surgeons. Until then, I would like to recommend that when listing the number of coronary artery bypass graft surgeries performed by each surgeon, that you also list the total number of cardiothoracic procedures performed by that surgeon as well as the percentage of coronary artery bypass to non-coronary artery bypass procedures performed. It should be a simple matter for each hospital to submit the total number of procedures each surgeon performs at their respective institutions.

By adding this simple number to your report, the community will have a better understanding of the volume of surgery that is performed by the surgeons and the hospitals that have cardiothoracic surgery programs. Since the volume of surgery is considered an important predictor of outcomes, I believe reporting the total number of procedures performed by surgeons and hospitals is paramount to providing the most complete report possible to the community.

Thank you.

Sincerely,

Raymond L. Singer, MD

Raymond L. Singer, MD
Associate Chief,
Division of Cardiothoracic Surgery
Chief, Section of Thoracic Surgery
Lehigh Valley Hospital
Allentown, Pennsylvania

HCG

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February 20, 2004

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

Dear Mr. Volavka:

We applaud the efforts of the Pennsylvania Health Care Cost Containment Council to deliver to the public meaningful information about the status of coronary bypass surgery in the Commonwealth of Pennsylvania. We recognize that the task is complex and that there is intense interest in this subject by both the medical profession and the public at large.

One problem that has plagued the committee's reports over the years (and continues to trouble us) is the relatively obscure method by which "risk" or expected mortality is derived. Coronary bypass grafting is probably the most studied subject in the history of medicine. Many methods of risk profiling have been devised over the years; the Parsonnet Score, The Cleveland Score, the U.K. Bays Score, and the European System for Cardiac Operative Risk Evaluation (EuroSCORE). While none of these systems is perfect, the EuroSCORE has achieved the most international acceptance and has been validated, not only in Europe, but also in North American and Asia. Using an accepted risk stratification system would add both scientific credibility and public usefulness to the data reported.

It would be a simple matter to convene a panel of expert cardiac surgeons from Pennsylvania or elsewhere to recommend a risk stratification system to the Council.

Sincerely yours,

Michael C. Sinclair, MD

Theodore G. Phillips, MD

James Wu, MD

Gary Szydlowski, MD

Raymond L. Singer, MD

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