

Patrick J. Brennan, MD Professor of Medicine Chief Medical Officer Senior Vice President

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Mark P. Volavka Executive Director Pennsylvania Health Care Cost Containment Council 225 Market St., Suite 400 Harrisburg, Pa 17101

Dear Mr. Volavka:

On behalf of the Penn Presbyterian Hospital, we would like to thank you for the opportunity for comment on the 2005 CABG and Valve Surgery report. After careful review of the report and the medical records of the individual patients, we would like to provide these additional observations.

The PCH4 report sites 12 deaths in the Valve with CABG group representing a higher than expected nortality. All of these patients had advanced congestive heart failure (NYHA Class III-IV). Seventy-five percent (eight) of these patients had end stage ischemic cardiomyopathy with severe ischemic mitral insufficiency. Seven had ejection fractions less than or equal to 30%. Twenty-five percent arrived in the OR in cardiogenic shock with preoperative balloon pumps. To summarize, the majority of patients who died at Penn Presbyterian Hospital in 2005 were at exceptionally high risk of perioperative death.

Patients with advanced congestive heart failure, who have exhausted medical therapy, have limited life expectancies with very poor quality of life. Survival as well as quality of life of many patients can be improved by correcting mitral insufficiency and surgical revascularization. The unique group of patients who undergo this operation, primarily performed by Drs. Acker and Morris, incur extraordinary risk far greater than other types of valvular heart surgery.

We applaud this first attempt at risk stratification of valvular heart surgery and look forward to refinements in this area in the future. We continuously strive for excellence in patient care and will continue to deliver the highest level of quality cardiac surgical care.

Sincerely,

P.J. Brennan, MD

Chief Medical Officer and Senior Vice President University of Pennsylvania Health System