

Health Policy Forums

Public Reporting of Cardiac Surgery Outcomes in Pennsylvania: A 20-Year Personal Perspective

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In a touching tribute, Dr. Singer opened his talk by acknowledging and honoring his mentor, Herbert E. Cohn, MD, Professor and Vice Chair of Surgery, Thomas Jefferson University, who was in the Forum audience. Many years ago Dr. Singer completed his general surgery and cardiothoracic surgery fellowship at Jefferson; it was Dr. Cohn who inspired Singer and he attributes much of his success to his time with Dr. Cohn at Jefferson.

Dr. Singer is currently the Chief of Cardiothoracic Surgery and Vice Chair of Quality, Patient Safety, and Outreach for the Department of Surgery at Lehigh Valley Health Network (LVHN). He is the Associate Medical Director of the Regional Heart and Vascular Center and the Chair of the Technology Assessment Committee at LVHN.

The main focus of Dr. Singer's presentation was a personal perspective on the examination of the history of cardiac surgery outcomes reporting and its implications. He provided an overview of the Pennsylvania Healthcare Cost Containment Council (PHC4), an independent state agency

established in 1986. PHC4 is charged with addressing health costs, ensuring the quality of health care, and increasing access to care. Its strategy is to provide competition in the healthcare market place by sharing comparative information about the most efficient and effective health care providers to consumers and purchasers. Pennsylvania is widely considered a leader in the realm of public "report cards."

The first cardiac surgery report was published by PHC4 in 1992. The most recent report was published in 2009 and it examined the results of 31,000 coronary artery bypass graft surgeries (CABG) and/or valve surgeries.¹ Some of the key findings of this report focused on decreasing mortality rates, and readmission rates for both CABG and valve surgery. The report also captured health care associated infection (HAI) rates and increasing costs associated with HAIs.

Dr. Singer pointed out the pros and cons of the report. He stated that the report has very grounded intentions around measuring quality and ensuring

accountability and it creates transparency. It is a tool to educate the public and encourage consumers to access high quality providers. Dr. Singer did express his concerns that the information is somewhat obsolete by the time it is actually published. He also feels that the data does not include complex cases, nor does it distinguish between conventional and less invasive techniques, or other new technologies. He fears unintended negative consequences, such as the denial of surgical treatment to high-risk patients.

Dr. Singer summarized his presentation by reiterating the fact the heart surgeons in Pennsylvania have 20 years of experience measuring and reporting outcomes. Public reporting is now a fixture in health care and patients are slowly becoming more aware of performance reports.

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REFERENCES

1. Pennsylvania Health Care Cost Containment Council. Cardiac Surgery in Pennsylvania 2008-2009. <http://www.phc4.org/reports/cabg/09/>. Accessed June 22, 2012.