

April 19, 2010

Mr. Joe Martin
Executive Director
Pennsylvania Health Care Cost Containment Council
225 Market Street
Suite 400
Harrisburg, Pa. 17101

Mr. Martin,

Albert Einstein Health care Network appreciates the opportunity to comment on the PA Health Care Cost Containment Council's continued collection of laboratory data for the purposes of risk adjusting healthcare outcomes.

In a time of ever-increasing need to control healthcare cost, the elimination of a third party for transmitting lab data to PHC4 is applauded. However, there are some issues that need to be taken into consideration before this approach is finalized. Below are our comments/responses to PHC4's questions:

1. What file format should PHC4 establish of the submission of lab data to the Council?
 - a. HL7 is the standard format used to transmit data and would be achievable for most hospitals.
 - b. Format specifications must be received by hospitals with adequate time to produce reports.
 - c. Need to ensure the security of transmission of data.

2. What are the issues the Council should consider in collecting lab data directly or through a third party vendor?
 - a. Different lab systems in place across hospitals. Each lab system must be able to transmit the necessary data in the same format for consistency.
 - b. Current process for submitting lab data to Cardinal provides the format consistency.
 - c. Different value measurements across lab systems. Additional cost to hospitals for changing value measurements.
 - d. If data is transmitted directly, there must be a structure to ensure data it is received accurately and assist with problems or issues. Currently the third party vendor does this.

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3. What are the potential issues, including increased or decreased costs, for hospitals in manually abstracting or electronically downloading selected lab data for submission to PHC4?
 - a. Potential savings in eliminating the cost of a third party vendor to transmit the data.
 - b. Cost for hospitals for a new interface to transmit the data. However, this is only a one-time cost. Complexity of the specification would affect the cost and resources necessary to develop.
 - c. Smaller hospitals may still have to manually submit data due to inability to provide electronic transmission.
4. Issues for providers regarding submission of lab data for selected conditions that are included in PHC4 public reports?
 - a. The lab values would need to be transmitted for all patients regardless of condition if the particular value is present.
5. What are the issues to consider regarding submission of the first or the worst lab values for selected lab tests?
 - a. Complexity of data analysis prior to submission could increase the cost of providing the data via electronic interface.
 - b. Definition of first or worst lab value and timeframe for collection would need to be clear and consistent across all hospitals.
 - c. Transition from worst to first values could risk missing the true condition of a patient, as lab values may get worse after initial medical intervention.
 - d. The new methodology for calculating risk stratification should be as transparent as possible. As analysis of data changes from one method to another, trending is difficult. This change should be noted wherever the risk stratification score is used, unless a comparison between the two methods demonstrates consistency.
6. What are the potential options to consider in continuing to collect clinical data beyond the lab data for the cardiac surgery cases?
 - a. Hospitals would continue to bear the cost of having to maintain the third party software.
 - b. Hospitals would still bear the cost of personnel needed to abstract the clinical data for the cardiac cases. Additional training may be required if methods change.

- c. Hospitals would need to maintain two interfaces. One for Cardiac Cases and another for the lab data.
- d. Connection to existing methods of data collection (i.e. existing registries) could streamline data collection and evaluation of data consistent with other recognized methods.

Thank you for the opportunity to comment on the PA Health Care Cost Containment Council's continued collection of laboratory data for the purposes of risk adjusting healthcare outcomes. Please feel free to contact Barbara Carr, Network Director of Health Information Management, at 215-456-6808.

Sincerely,



A. Susan Bernini
Chief Operating Officer