



Mr. Joe Martin
Executive Director
Pennsylvania Health Care Cost Containment Council
225 Market Street, Suite 400
Harrisburg, PA 171001

April 20, 2010

RE: Collection of Laboratory Data for Purposes of Risk Adjustment of Health Care Outcomes

Dear Mr. Martin,

On behalf of the Crozer Keystone Health System Hospitals, I would like to thank you for the opportunity to comment on PHC4 collection of laboratory data.

Building Risk-Adjustment Models Using Laboratory Value Data

Crozer Keystone supports the continued use of laboratory data in the PHC4 Risk Adjustment methodology. The validity of using lab data for risk adjustment has already been demonstrated in other applications. We also support direct submission to PHC4 allowing hospitals to eliminate the use of MediQual software with a substantial savings to the organization. We believe that the model PHC4 adopts should be clearly specified and transparent to hospitals. If the methodology is substantially different from the previous model using the MediQual severity score, it should be clearly outlined to hospitals how it will affect results compared to the previous methodology. Ultimately, the public will need to understand how to interpret the new reports relative to the old methodology.

In addition, PHC4 might consider a user portal to allow hospitals to access their own risk adjusted data on an ad hoc basis for performance improvement. This would allow hospitals to monitor their performance concurrently and work on improvement opportunities prior to the public data release.

Data Specifications and Transmission

Crozer Keystone currently uses the MediQual lab parser which receives all admit and pre-admit lab data for patients admitted in the specified time period. The parser then 'identifies' the result to include in the risk adjustment based on their algorithm.

It is difficult to comment without data specifications but we see two potential methods of sending lab data to PHC4, an HL-7 format directly from our Lab Information System or an extract from our Data Warehouse. Data from our Lab Information System could accumulate in a hold file and via an HL-7 interface be transmitted at specified times. This would need to occur daily to weekly

due to the size of the file. This file could be specified to extract and 'hold' just the 29 designated labs but can not single out just the 'first' or the 'worst' or any other specific lab value. Another application would need to be developed by the hospital IT department or, more likely, a third party vendor to accomplish this task.

The second method available to Crozer Keystone would require an extract from our Data Warehouse. It could likely be formatted to meet the PHC4 requirements. Again, this method would not be able to select the 'first' or 'worst' value. Another application would be required to interpret or 'select' the results to be sent.

With no specifications in hand, the time and difficulty to create an application to 'select' a certain value cannot be estimated. A considerable amount of design and testing would be needed. PHC4 needs to be sensitive to the time frames to begin submission if organizations or their vendors have to 'build their own' data extracts for submission.

In summary, our first preference would be an HL-7 file format with the capability to transmit directly to PHC4 and have PHC4 'parse' the data to identify the 'worst' value for use in risk adjustment. Alternately, we would suggest PHC4 work with the Hospital Association or other interest groups to identify a vendor to create a lab parser based on the PHC4 specifications that can be used by all hospitals. This would be more efficient, cost effective and ensure reliable data across all hospitals who can electronically submit lab data as opposed to each hospital pursuing their own vendor/software. Requiring each hospital to create their own solution to submitting lab data could cause hospitals to continue or return to manual abstraction, in which case, a portal for direct data entry will be necessary.

Laboratory Values

Crozer Keystone Hospitals support the use of 'worst' laboratory data as opposed to 'first' laboratory data since the 'worst' would be more indicative of the patient's severity of illness. In the development and adoption of the data specifications, PHC4 should develop requirements regarding the time period following admission when these laboratory values may be considered for data extraction. If PHC4 is strongly considering adopting 'first' lab data rather than 'worst' it should be a data-driven clinical decision. PHC4 should conduct an analysis to determine what impact selecting the "first" versus the "worst" laboratory values would have on the severity score used for risk-adjustment.

Cardiac Surgery

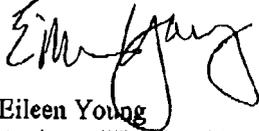
Crozer Chester Medical Center and our cardiac surgeons participate in the Society of Thoracic Surgery's (STS) cardiac surgery registry. Crozer Keystone recommends that PHC4 engage in a discussion with hospitals that participate in the STS cardiac registry and the STS to determine if any data collected for the STS registry could be shared with PHC4 for use in risk-adjustment for cardiac surgery outcomes and/or whether PHC4 should continue to even produce its own cardiac surgery report on an ongoing basis given hospital and physician increasing reliance on the information provided through STS to monitor quality outcomes and identify areas requiring quality improvement.

Summary

Crozer Keystone Health System Hospitals appreciate the opportunity to comment on the proposed changes in submission of lab data and risk adjustment by PHC4 in an effort to ensure accurate, valid and reliable public reporting of hospital and physician performance.

We look forward to a PHC4 response to hospital/health system feedback and ask that PHC4 continue to share and keep us informed throughout this development process. Please do not hesitate to contact me if any questions should arise based on these comments.

Respectfully,



Eileen Young
Assistant Vice President
Quality and Evidence Based Medicine