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GEISINGER
HEALTH SYSTEM

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PHC-4 Comments
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Geisinger Health System

PHC4 is seeking feedback on the following questions:

What file format should PHC4 establish for the submission of lab data to the Council?

Response: We suggest delimited.

What are the issues the Council should consider in collecting lab data directly or through a third party vendor?

Response:

- Expense to facilities to comply
- Clarity of inclusion criteria
- Data security
- Identifiers required for data to be matched to UB data

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?

- Manual abstracting is too expensive, electronic solutions need to be supplied by PHC4. We suggest that PHC4 supply to hospitals, at no charge, software that hospitals may utilize to identify (in an automated manner) those laboratory data needed for submission to PHC4.

Are there any issues for providers regarding submission of lab data for selected conditions that are included in the PHC4 public reports?

We do it electronically today

What are the issues to consider regarding submission of the first or worst lab values for selected lab tests administered early in the patient stay.

Issues will be dependent upon how PHC4 defines the inclusion criteria and whether or not those inclusion criteria can be processed through an automated alternative.

What are the issues to consider in using the first or worst lab values for selected lab tests administered early in the patient stay for the purposes of risk adjusting the data?

Today, in some cases the most abnormal result is utilized. However, in other cases both the high and low value, during the qualifying time period, is utilized in the model. Will only one value accurately describe the patient?

What are the potential options to consider in continuing to collect clinical data beyond the lab data for the cardiac surgery cases included in the *Council's Cardiac Surgery in Pennsylvania Report*?

- Some of the data elements utilized today in the severity model could be collected via ICD-9-CM codes. Strongly encourage PHC4 to expand the number of ICD-9-CM accepted during the validation process.
- PHC4 needs to include the surgeons and hospital representatives in discussions regarding severity model for the cardiac surgery patient population.
- If determined data elements beyond the lab and administrative data need to be collected, PHC4 needs to provide a viable, method for collection and reporting. The collection method needs to be as automated as possible.

The current secure validation site will not meet this need for the following reasons.

- The secure validation site is only open for a matter of weeks once a calendar quarter. Collapsing an entire quarter of data collection and entry into that time period is not feasible.
- The secure validation site realistically can only accommodate one user at a time.



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