

April 19, 2010

Joseph Martin
Executive Director
PA Health Care Cost Containment Council
225 Market Street, Suite 400
Harrisburg, PA 17101

Dear Mr. Martin:

Please consider the comments below regarding the continued collection of laboratory (lab) data to be used for the purposes of risk adjusting health care outcomes. Hospital Council of Western Pennsylvania has discussed this issue with a representative group of our membership. The comments are reflective of their concerns; however we have also encouraged the membership to submit their own comments.

In regards to the specific issues addressed in your request for comments please review the following information:

- What file format should PHC4 establish for the submission of lab data to the Council?
 - For the data to also be useful to the hospital segmented data would be best.
- What are the issues the Council should consider in collecting lab data directly or through a third party vendor?
 - Since all Pennsylvania hospitals have Quantros (MediQual) in place and often use this system for other than PHC4 data it is imperative that it continue to be on the approved list to submit the lab data to PHC4. Failure to do so would increase the time and dollars spent abstracting and submitting data.
 - As hospitals are required to send information to CMS, whatever mechanism (third party vendor or directly to PHC4) should require an interface with the hospital software so the facility would not need to rework or re-abstract in order to send the information to PHC4.
- What are the potential issues, including increased or decreased costs, for hospital in manually abstracting or electronically downloading selected lab data for submission to PHC4?
 - There are generally costs associated with creating downloads (interfaces) from one system to another. The hospitals would incur an additional cost to create downloads from their current computer system to PHC4.
 - An additional cost associated with the process would be the employee time in testing the new application.
 - There would be an increase in abstracting time/cost if the information had to be abstracted and send to PHC4 and then entered into other systems.

- If the hospitals could directly submit data to PHC4, those hospitals that do not use Quantros (MediQual) for anything but PHC4 would enjoy a cost savings as they would not have to pay the annual license fee.
- Are there any issues for providers regarding the submission of lab data for selected conditions that are included in PHC4 public reports?
 - None identified
- What are the issues to consider regarding the submission of the first or the worst lab values for selected lab tests administered early in the patient stay?
 - If this data is being used to risk adjust it is more important to obtain the worst results rather than the first. Conditions can deteriorate or change after admission.
- What are the issues to consider in using the first or the worst lab values for selected lab tests administered early in the patient stay for the purposes of risk adjusting the data?
 - The worst values throughout the entire stay should be considered as lab results that occur later in an admission can drive the final diagnosis. This would be important in determining the true risk adjustment by diagnosis.
- 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*?
 - Data covering complications such as infections, PE, stroke etc should be collected to demonstrate outcomes.
 - Consideration should be given to collecting DNR, comfort measures only or palliative care when determining 30 day mortality. There are occasions when the patient chooses one of these end of life statuses and this limits the care given in regard to aggressive care. This should be considered for all diagnosis that includes mortality rate reporting.

Thank you for the considering these comments.

Sincerely,



Jane Montgomery
Vice President, Clinical Services and Quality