

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

Dear Mr. Martin,

We appreciate the opportunity to comment on the recent changes to the single vendor policy enacted by the Pennsylvania Health Care Cost Containment Council. This was a significant decision in that it affects the quality of reporting, the publication of conclusions and the cost to hospitals for this mandate.

Using Laboratory Data for Risk Modeling

MediQual had demonstrated the power of laboratory data for predicting patient outcomes. The question is can PHC4 develop an equally rigorous risk-adjustment model so that there is confidence in the comparative and predictive value? Council should determine this quickly as other decisions cascade from the model. For example, the decision regarding “first” or “worst” lab value extraction might depend on the model's intent to capture admission severity or another classification of severity. “Worst” is the preferable value for admission severity.

Specifications of Data for Risk Modeling

Once Council determines the model, specifications for data selection and transmission should be defined and forwarded to hospitals very soon to allow hospitals time to evaluate if data transmission can be managed internally or through a vendor. An appropriate length of time for hospitals to evaluate this would be 9 to 12 months.

Council will have to provide specifications to the vendors as well. HAP should be approached to coordinate vendor presentations using a process similar to the one used for selecting infection reporting vendors.

Cost

Since hospitals use MediQual or Quantros for core measure transmission, it might be appealing to hospitals to retain that vendor for all reporting purposes. Switching vendors would mean a significant loss of productivity while learning a new system. In addition, manually abstracting lab data (as ours is an electronic transmission) would add approximately a .8-1.0 FTE. Developing a process that causes hospitals to add staff in order to comply is not an acceptable option.

Cardiac Surgery in Pennsylvania Report

We currently participate in the STS and ACC registries and find the reports and comparative data more meaningful for performance analysis and improvement than the PCH4 report. Although designed for providers, the registry does contain the elements typically reported by PHC4 for consumers. It would be worth a discussion to see if registry data could be used by PHC4, if indeed PHC4 wishes to continue the cardiac surgery report in light of the fact that STS may soon be reporting to the consumer.

We look forward to further, timely information from Council as this analysis unfolds.

Sincerely,

Lucy A. Shoupp, RN, MSHA
Administrative Vice President/Chief Quality officer