

the patient's severity of illness. Moreover, no evidence exists to support the notion that using the "first-value" rather than "worst value" provides equivalent results. To perform, and benefit from, pattern analysis access to comparable data is essential.

Cardiac Surgery

TJUH recommends that PHC4 evaluate the use of laboratory values and present on admission data for purposes of risk-adjustment versus use of laboratory and other key clinical findings to determine what if any impact the additional clinical data might have on risk-adjusted cardiac surgery outcome measures. TJUH and our cardiac surgery physicians participate in the Society of Thoracic Surgery's (STS) cardiac surgery registry. We recommend that PHC4 consider engaging in 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. If there is a way to share appropriate data elements from the STS cardiac surgery registry and collect similar data elements from those hospitals that do not participate in the STS cardiac registry, this may lead to greater consistency of Pennsylvania's report with a widely used database that measures the quality of cardiac surgery programs across the country

Thank you for the opportunity to provide comments on the Council's approach to using laboratory value data to develop risk adjusted models. I encourage you to continue to solicit comments as the Council develops specifications for the collection and transmission of laboratory values. Should you have any questions on my comments, please feel free to contact Al Worthington, Director, Health Information Management at (215) 955-8948 or albert.worthington@jeffersonhospital.org.

Sincerely,

Thomas J. Lewis
President and CEO
Thomas Jefferson University Hospital

CC: Martin Ciccocioppo, VP, Research Services, HAP martinc@haponline.org

DRAFT

April 16, 2010

Via e-mail: comments@phc4.org

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

Dear Mr. Martin:

On behalf of Thomas Jefferson University Hospital (TJUH), I welcome the opportunity to comment on the Pennsylvania Health Care Cost Containment Council's (PHC4) published notice in the Pennsylvania Bulletin that would require hospitals to continue reporting laboratory value data for use by PHC4 for the purpose of risk adjustment. My comments are specific to the issues raised in the notice.

File format for the submission of laboratory data to the Council

Without knowing specific details of the data that must be extracted, TJUH cannot comment on the appropriate file format for submission of laboratory data to PHC4 or evaluate our options for complying with the data submission requirements. We would welcome a similar comment period related to the actual data specifications in order to provide feedback regarding the timeframe and technical resources needed to meet the conditions for data submission.

Issues to consider in PHC4 collecting lab data directly or through a third party vendor.

In the past 10 years, TJUH has paid more than \$600,000. to the Council's single, third party vendor for data processing services associated with submitting laboratory values data to PHC4. In view of this cost, TJUH supports the development of specifications for laboratory data extraction, formatting, and transmission to PHC4 that will allow our internal technical experts to manage the extraction and transmission of laboratory values for cases required by the Council. In addition, we ask the Council to develop a data verification process that will facilitate our efforts to demonstrate compliance with PHC4 requirements

Laboratory values

TJUH strongly supports the continued use of "worst-value" laboratory data as opposed to "first value" laboratory because the "worst-value" provides a more accurate indication of