

April 19, 2010

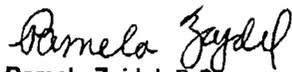
Joseph Martin, Executive Director
Pennsylvania Health Care Cost Containment Council
225 Market St., Suite 400
Harrisburg, PA 17101

Dear Mr. Martin:

Attached you will find a grid outlining the West Penn Allegheny Health System's comments regarding the potential effects of changing the current agency/method in which lab values are collected, for the council's reporting requirements. We remain committed to providing the public with high quality risk adjusted data to assist in their efforts to make well-informed health care decisions.

We thank you for the opportunity to comment, and we look forward to working closely with the council to accommodate any changes deemed necessary. Please feel free to contact me, if you have any questions or if we can provide any assistance.

Sincerely,



Pamela Zajdel, B.S.
Manager, Clinical Effectiveness,
Allegheny General Hospital

cc: Diane C. Fmdak, PhD, MBA, PA-C
Vice President of Organizational Excellence
West Penn Allegheny Health System

PHC4 - Collecting Lab Data for Risk Adjustment

Questions	Allegheny General Hospital	West Penn Hospital	Forbes Hospital	Alle Kiski Medical Center	Canonsburg General Hospital
What file format should PHC4 establish for the submission of lab data to the Council?	Text or HL7 (current file format is ASCII pipe-delimited)	Text file or HL7.	Text file or HL7		HL7
What are the issues the Council should consider in collecting lab data directly or through a third-party vendor?	1) Privacy/Secure Transmission 2) Attempt to minimize impact upon hospitals.	* Privacy and Security * Validity/reliability of new risk adjustment process WPH uses a lab import that pulls from the physician portal therefore I don't foresee an increased cost for abstraction. Any added cost would depend on file IT requirements/resources to add lab values to current text file or format changes if we were to move to HL7.	Forbes uses a lab import. If adjustments are made to the required data submission, it may increase cost and would need some lead time to coordinate changes to import.	AKMC has lab import, doubt that there would be change in cost related to capturing lab data.	Presently CGH performs a manual abstraction of labs, so a change to electronically downloading would involve an increase of costs.
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?	1) Consider whether a change in required lab values would occur; if a change does occur, adjustments would have to take place at each hospital, along with associated programming costs. 2) Current file is pulled from the Sunquest system.				
Are there any issues for providers regarding the submission of lab data for selected conditions that are included in PHC4 public reports?	No	Not for WPH	Not for Forbes	No	Not for CGH lab values collected for selected conditions that are included in PHC4 reports.
What are the issues to consider regarding submission of the first or the worst lab values for selected lab tests administered early in the patient stay?	Collection of the worst value is preferred. For physician buy-in it is important to represent patients when their admitting condition is most critical.	Collection of worst would better reflect the patients lowest point in care. First lab values don't necessarily capture the patient's most critical point.	Agree with the choice of collecting the worst value.	Agree with WPH's comments. Have not studied these data enough to have much opinion/recommendation	Collection of worst lab values will allow risk adjustment.
What are the issues to consider 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?	Collection of the worst lab value is preferred, which likely represents the point at which the labs would best be utilized within a risk model to derive comparative data.	Collection of worst would better reflect the patients lowest point in care. First lab values don't necessarily capture the patient's most critical point.	See above		Collection of worst lab values will allow risk adjustment.

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<p>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? OS/PHC4 Collecting Lab Data</p>	<p>Continuing to manually abstract lab data is manageable. Cardiac surgeons may not be inclined to support a report based upon a risk model that would only incorporate demographic/lab data.</p>	<p>We are manually abstracting the clinical data for open heart cases and will continue this process moving forward.</p>	<p>n/a</p>	<p>n/a</p>	<p>N/A for CGH</p>