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Benedetto Piegari, PA-C

May 7, 2007

Marc P. Volavka, Executive Director
Pennsylvania Health Care Cost Containment Council
225 Market Street – Suite 400
Harrisburg, Pa. 17101

Dear Mr. Volavka:

Following please find PHC-4 year 2005 comments:

Patient #1:

Pt was extremely high risk; by STS Database Risk Calculator the pt had a pre-operative risk of mortality of 38.1%, with morbidity or mortality risk of 75.6%. This is based on her pre-operative risk factors of obesity, smoking history, diabetes mellitus II, dyslipidemia, pre-operative renal failure, pre-operative Creatinine of 2.6, hypertension, mild chronic lung disease, severe peripheral vascular disease, acute myocardial infarction times 2 (1-7 days), congestive heart failure, NYHA Class IV, cardiogenic shock, IV inotropes, pre-operative intra-aortic balloon pump, three vessel coronary disease, left main equivalent disease, and severely depressed left ventricular function with an EF of 25%. All of these factors placed the patient at higher risk than is reflected in PHC4. Post operatively the patient developed ischemia in the leg and required an amputation secondary to severe peripheral vascular disease. When the patient developed ischemia of the other leg, requiring amputation for a life saving maneuver, family would not consent to surgery. Patient ultimately expired from multi system organ failure.

Patient #2:

Pt was extremely high risk; by STS Database Risk Calculator the pt had a pre-operative risk of mortality of 16.8%, with a morbidity or mortality risk of 77.9%. This is based on his pre-operative risk factors of smoking history, diabetes mellitus II, dyslipidemia, pre-operative renal failure, pre-operative Creatinine of 1.8, hypertension, mild chronic lung disease, severe peripheral vascular disease, congestive heart failure, NYHA Class III, IV inotropes, three vessel coronary disease, left main disease 80%, severely depressed left ventricular function with an EF of 15%, pulmonary hypertension (mean PA pressure 45), pre-operative intra-aortic balloon pump, atrial fibrillation and mild mitral insufficiency. The surgery was complicated by the requirement for a 6.5cm endarterectomy of the LAD. Post operatively the patient developed hepatic failure, hepato-renal syndrome. LV function remained the same post operatively. The patient eventually expired from sepsis related to hepatic failure.

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PHC-4 2005 comments

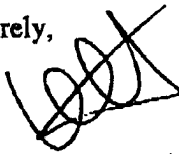
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Patient #3:

Patient's pre-operative risk of mortality was 6.8% by STS Database Risk Calculator. Patient's risks included advanced age (81yo), severe aortic stenosis, aortic insufficiency, coronary artery disease, hypertension, dyslipidemia, and CVA. The patient was transferred to rehab on. We received no information from the rehab facility. The only information available states that the patient died of unspecified septicemia, we are unable to comment if this was or was not related to his surgery.

Thank you for you attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Woolley', written over a horizontal line.

Daniel S. Woolley, MD FACS