Jefferson Health

Bruce & Robbi Toll
Heart and Vascular Institute

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June 8, 2026

Barry D. Buckingham, B.S., MPA
Executive Director
Pennsylvania Health Care Cost Containment Council (PHC4)

Re: Cardiac Procedures Report, January 1, 2023 – December 31, 2024

Dear Mr. Buckingham and PHC4 Leadership,

On behalf of the Bruce and Robbi Toll Heart and Vascular Institute at Jefferson Health, I would like to congratulate PHC4 on another outstanding Cardiac Procedures Report and to express our continued support for your efforts in transparent public reporting of cardiovascular outcomes across the Commonwealth of Pennsylvania.

For more than three decades, PHC4 has served as a national leader in public accountability and quality measurement. The Council's commitment to transparency has encouraged hospitals and physicians throughout Pennsylvania to continuously evaluate their performance, identify opportunities for improvement, and strengthen the quality of care delivered to our patients.

As part of our annual review process, our physician leaders performed a detailed analysis of the PHC4 cardiac surgery data across our eight cardiac surgery programs. We were pleased to observe that, overall, the Bruce and Robbi Toll Heart and Vascular Institute demonstrated strong mortality performance and favorable readmission outcomes while caring for a large and increasingly complex population of cardiac surgery patients. These findings reflect the dedication of our surgeons, cardiologists, advanced practice providers, nurses, perfusionists, anesthesiologists, rehabilitation specialists, and support staff who work collaboratively each day to provide exceptional cardiovascular care.

At the same time, our review identified several areas where we believe future refinements to the methodology could further enhance the value and accuracy of public reporting.

As cardiac surgery continues to evolve, patient complexity has increased substantially. Today's surgical population includes a growing number of patients with advanced heart failure, multiple prior interventions, severe comorbid disease, endocarditis, mechanical circulatory support, transcatheter procedure failures, and increasingly complex combined operations. While risk adjustment methodologies continue to improve, we remain concerned that certain exclusion criteria may unintentionally obscure the true complexity of care being delivered at tertiary and quaternary referral centers.

One example involves mitral valve surgery. Across Pennsylvania and nationally, contemporary mitral valve repair programs increasingly care for patients with complex degenerative disease, extensive annular calcification, prior transcatheter interventions, infective endocarditis, and combined structural heart procedures. Exclusion methodologies that remove a substantial portion of these patients from analysis may result in publicly reported outcomes that do not fully reflect the complexity of the patient population being treated. Similar concerns may apply to other cardiac surgical categories in which high-acuity referral patients are disproportionately concentrated at major regional centers.

We also note that prolonged postoperative length of stay measures may be influenced by factors that extend beyond the quality of surgical care itself. Patients treated at large referral centers often require complex discharge planning, rehabilitation placement, social support coordination, treatment of non-cardiac comorbidities, prolonged antibiotic therapy, or management of advanced heart failure. While these factors appropriately affect hospital length of stay, they may not always be fully captured by administrative data alone.

Our comments are offered in the spirit of collaboration and continuous improvement. We recognize the considerable challenges inherent in developing a statewide reporting system that is accurate, transparent, fair, and understandable to patients and policymakers. We applaud PHC4's willingness to continually refine its methodologies and to engage clinicians in thoughtful discussions regarding risk adjustment, exclusions, and outcome reporting.

We remain strong supporters of public reporting and firmly believe that transparency benefits patients, physicians, hospitals, and the healthcare system. We appreciate the tremendous effort required to produce these reports and thank PHC4 for its longstanding leadership in advancing quality and accountability throughout Pennsylvania.

We look forward to continuing our partnership and would welcome the opportunity to participate in future discussions regarding methodology enhancements and clinical interpretation of cardiac surgery outcomes.

Sincerely and on Behalf of Jefferson Health; Eight Cardiac Surgery Programs: Thomas Jefferson University Hospital, Lehigh Valley Hospital – Cedar Crest, Jefferson Einstein Philadelphia, Jefferson Abington Hospital, Jefferson Einstein Montgomery, Jefferson Torresdale, Jefferson Muhlenberg, and Pocono Medical Center,

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