



May 7, 2007

Mark P. Volavka  
Executive Director  
Pennsylvania Health Care Cost Containment Council  
225 Market St., Suite 400  
Harrisburg, Pa 17101

Patrick J. Brennan, MD  
*Professor of Medicine*  
*Chief Medical Officer*  
*Senior Vice President*

Dear Mr. Volavka:

On behalf of the Hospital of the University of Pennsylvania, we would like to thank you for the opportunity for comment on the 2005 CABG and Valve Surgery report. After careful review of the report and the medical records of the individual patients, we would like to provide these additional observations.

The Hospital of the University of Pennsylvania cardiac surgeons treat heart conditions from the most common to the most complex, and are recognized nationally and regionally. This was recently recognized by *U.S. News & World Report* which ranked it 13<sup>th</sup> for hospitals nationwide for Heart and Heart Surgery. We receive many of the sickest patients who are denied cardiac services at other institutions.

The PCH4 report sites 13 deaths in the Valve with CABG group representing a higher than expected mortality. Eleven of these patients had advanced congestive heart failure (NYHA Class III-IV) and two patients were in cardiogenic shock on arrival to the operating room. Five patients were transferred from other hospitals to HUP after being refused surgery elsewhere. Eight patients had end stage ischemic cardiomyopathy with severe ischemic mitral insufficiency. To summarize, the majority of patients in this category who died at the Hospital of University of Pennsylvania in 2005 were at exceptionally high risk of perioperative death.

Patients with advanced congestive heart failure, who have exhausted medical therapy, have limited life expectancies with very poor quality of life. Survival as well as quality of life of many patients can be improved by correcting mitral insufficiency and surgical revascularization. The unique group of patients who undergo this operation, primarily performed by Drs. Acker and Morris, incur extraordinary risk far greater than other types of valvular heart surgery.

We also wish to note that there were three medical record coding errors which would have resulted in two of patients meeting exclusion criteria and one patient being moved from the Valve with CABG group to CABG alone group in accordance with the Technical Notes for PCH4's Report on CABG and Valve Surgery for the calendar year 2005.

We applaud this first attempt at risk stratification of valvular heart surgery and looks forward to refinements in this area in the future. We continuously strive for excellence in patient care and will continue to deliver the highest level of quality cardiac surgical care.

Sincerely,

A handwritten signature in black ink, appearing to read "P.J. Brennan".

P.J. Brennan, MD  
Chief Medical Office and Senior Vice President  
University of Pennsylvania Health System