APPENDIX C: HOSPITAL RESPONSES

Each hospital included in this report was provided with a preliminary report containing the risk-adjustment model, explanatory materials, and the results for all hospitals. Hospitals were given a 60-day review period for submitting statements to OSHPD that must be included in this report by law. A letter was received from only one hospital and is included in this appendix.

The hospital's primary concern was with their "Low" performance rating on use of the internal mammary artery (IMA), a process measure of surgical quality. They argued that there were many legitimate factors that accounted for their hospital having a lower rate than other hospitals. Most of these reasons were related to the high volume of referral patients from other facilities that were more severely ill.

The approach CCORP uses to calculate the IMA usage rate does take into account some of the specific risk factors mentioned in the letter. For example, emergency cases, cardiogenic shock cases, and "re-do" CABG surgeries are excluded from calculation of the IMA usage rate. CCORP encourages all hospitals and surgeons to use the IMA graft as the conduit of choice when appropriate.

USC
UNIVERSITY
HOSPITAL

October 24, 2007

Holly Hoegh, Ph.D.
Manager, Clinical Data Programs
Office of Statewide Health Planning and Development
818 K Street, Room 200
Sacramento, CA 95814

Dear Dr. Hoegh,

This letter is in response to the 2005 CCORP Hospital Results for Usage of the Internal Mammary Artery (IMA) Report in which the internal mammary usage rating was designated as low for USC University Hospital. While we acknowledge that the IMA usage rate of 77.03% is lower than other hospitals, we feel there are several factors that account for this finding.

The IMA usage rate records whether the internal mammary artery was used or not, however does not account for the reason why the internal mammary artery was not used. The cases in which the internal mammary artery was not used had documented reasons of obesity, markedly aged, underlying cancer, cardiogenic shock, arterio-venous fistula in the left arm, and the anatomy and or quality of both the internal mammary and or the bypass vessels did not warrant use of the IMA. Some cases were re-do procedures, and one case was emergent.

At USC University hospital the majority of the isolated coronary artery bypass patients are referred from other facilities for higher level of care considerations.

Our approach at USC University hospital is to use the IMA whenever the clinical condition of the patient and anatomy for the bypass surgery is favorable to use the IMA. We are proud of the care that we provide to critically ill patients who have been referred for our clinical expertise.

Sincerely,

Vaughn A. Starnes, M.D.
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