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**CALIFORNIA'S SECOND REPORT ON BYPASS SURGERY
SHOWS LOWER MORTALITY RATES FOR HOSPITALS THAT
PUBLICLY REPORT RESULTS**

San Francisco, September 8, 2003 – The second report on how well California hospitals perform coronary artery bypass graft (CABG) surgery shows that hospitals that participated in the state's voluntary reporting program have lower mortality rates than hospitals that chose not to participate. The report was issued today by the Office of Statewide Health Planning and Development (OSHDP) and the Pacific Business Group on Health (PBGH).

The report shows an overall in-hospital death rate of 2.7 percent among participating hospitals for 1999 compared to a death rate of 3.3 percent among non-participating hospitals. California's mortality rates were comparable to those found in three other states with similar reporting systems.

The *California Report on Coronary Artery Bypass Graft Surgery: 1999 Hospital Data* compares mortality rates following heart bypass surgery at 70 hospitals that voluntarily reported data. Of the 119 California hospitals performing bypass surgery, 49 hospitals declined to release for public review their performance results for bypass surgery. The report issued today included separate hospital ratings for 1999 and the 1997-1999 roll-up period. The first report was released in 2001 and used 1997-1998 data.

For 1999, all but three of the 70 hospitals performed as expected given the case mix of patients they treated, demonstrating that the procedure is being done well by the majority of the hospitals that publicly reported. Only three hospitals performed worse than expected. Aggregating data from 1997 through 1999 allowed for a multi-year analysis. Over the three-year period, 59 of the 70 hospitals performed "as expected," five performed "better than expected," and six performed "worse than expected."

"The results show it is clearly safe to have bypass surgery in California, as most of our hospitals do it very well," said Robert Brook, M.D., Sc.D., Chair of the bypass surgery Technical Advisory Panel and Director of the RAND Health Program/Professor of Medicine and Public Health, UCLA Center for Health Sciences. Dr. Brook said, "California is the only state to attempt to develop a

voluntary hospital reporting program. This effort has been a huge success given participation by roughly 60% of the hospitals that accounted for 68% of all of the bypass surgeries performed in California in 1999,” Dr. Brook also noted “The voluntary program has resulted in a new state law requiring all hospitals to report their data to the Office of Statewide Health Planning and Development (OSHPD).”

“The voluntary program has laid a strong foundation for the expansion of the reporting program to all hospitals, and ultimately, to all surgeons that perform bypass surgery in California,” said OSHPD Director David M. Carlisle, M.D., Ph.D. “Our goal is to produce information that will be used to improve health outcomes for all patients, regardless of the hospital they select.” The first mandatory report on hospital performance is due in 2005, and a report on individual surgeon performance will be released the following year.

“This report is another milestone in making performance information transparent and available to patients, as well as to the physicians who refer patients to hospitals for bypass surgery,” said PBGH President and CEO Peter Lee. “We remain concerned about the quality of care at the 49 hospitals that chose not to participate in the program, most of which are low volume centers. Why should we be concerned? Because the data show a statistically significant relationship between the volume of CABG surgeries a hospital performs and its mortality outcomes. Higher volume centers achieve better results.” On average, low-volume centers (<200 cases) had higher mortality rates than higher-volume centers (>300 cases annually). Of the 49 non-participants, 35 had annual volumes of fewer than 200 cases.

OSHPD is the state agency that plans for and supports the development of a health delivery system that meets current and future needs of the people of California. OSHPD conducts studies on access, cost and quality, and is responsible for reporting risk-adjusted hospital outcomes data.

The Pacific Business Group on Health, a major coalition of healthcare purchasers, is dedicated to improving healthcare quality while moderating cost. Members annually spend billions of dollars to provide health coverage to approximately 3 million employees, retirees and their families. PBGH also operates PacAdvantage, a small-group purchasing pool providing health insurance to nearly 13,000 small employers in California.

Copies of the Summary and Technical reports can be downloaded from the PBGH (www.pbgh.org) and OSHPD (www.oshpd.state.ca.us) websites. A consumer-friendly display of the results is available through the California Consumer HealthScope website (www.healthscope.org).

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