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## **OSHPD RELEASES 2006 HOSPITAL VOLUME AND UTILIZATION DATA** *Shows Alarming Trend in use of Cesarean Section*

SACRAMENTO – Consistent with Governor Schwarzenegger's vision for improved access to healthcare information and a more transparent healthcare system, the Office of Statewide Health Planning and Development (OSHPD) released its 2006 update on Volume and Utilization data indicators for California hospitals. The hospital level data will help consumers and payers make more informed healthcare choices by providing information on the experience hospitals have in performing specific procedures and on the rates of use for various procedures.

“One alarming trend we see in the 2006 data is the increased use of Caesarean Sections,” said OSHPD Director Dr. David Carlisle. “We are seeing rates that exceed 50% at some hospitals, which is very concerning because the operation is not always necessary, has known complications, and ultimately drives up healthcare costs.”

The 2006 data on maternal care suggests that some healthcare providers are more likely to perform cesarean section deliveries than others, with rates varying between 50% and 14% depending on the hospital. Data has shown that many cesarean deliveries are inappropriate and lead to significant complications for the mother.

While there are no standards for cesarean rates, this data will help consumers compare birth delivery data to make more informed choices about their health. This is particularly true for maternal care in which mothers and their families often have the opportunity to make plans about the type of care they wish to receive.

OSHPD reports 5 utilization indicators for procedures where evidence shows there is under use or overuse, along with large variation in rates across hospitals. Each of the four maternal indicators is risk- adjusted for age, and the laparoscopic cholecystectomy indicator is adjusted for both age and sex. The indicators include:

- Cesarean Delivery Rate (2): Number of Cesarean Section Deliveries per 100 Deliveries (excludes abnormal presentation, preterm, fetal death, multiple gestation, and breech procedures). Cesarean delivery may be overused in some facilities, so lower rates may represent better care.
- Vaginal Birth After Cesarean (VBAC) Rate: Number of vaginal births per 100 women with a previous Cesarean delivery. VBAC may be underused in some facilities, so higher rates may represent better care, though this rate includes some women who were probably not good candidates for vaginal birth.



- Laparoscopic Cholecystectomy: Number of Cholecystectomies (surgical removal of gall bladder) performed with use of Laparoscope per 100 cholecystectomies. Laparoscopic Cholecystectomy is a new technology with lower risks than open cholecystectomy. Higher rates may represent better care.

OSHPD reports on the six volume indicators that were chosen because medical research has linked higher hospital volumes for some surgical procedures with better patient outcomes such as fewer deaths. Patients may have better outcomes if they go to a hospital that has gained substantial experience by performing more of these procedures over time. The indicators are:

- Esophageal Resection: Research shows a link between higher numbers of cases and better outcomes.
- Pancreatic Resection: Research shows a link between higher numbers of cases and better outcomes.
- Abdominal Aortic Aneurism Repairs (AAA Repair): Research shows a link between higher numbers of cases and better outcomes.
- Carotid Endarterectomy: Research shows a link between higher numbers of cases and better outcomes.
- Coronary Artery Bypass Graft Surgery (CABG): Research findings are unclear about whether there is a link between higher numbers of cases and better outcomes.
- Percutaneous Transluminal Coronary Angioplasty (PTCA): Most research shows a link between higher numbers of cases and better outcomes.

The indicators were developed by the Federal government who partnered with medical researchers from the University of California, San Francisco, Stanford University, and the University of California, Davis.

As one of thirteen departments within the California Health and Human Services Agency, OSHPD's vision is "Equitable Healthcare Accessibility for California." OSHPD is a leader in analyzing the state's healthcare infrastructure, promoting a diverse and culturally competent healthcare workforce, informing the public about health care quality, ensuring the safety of buildings used to provide health care, insuring loans to develop healthcare facilities and facilitating the development of sustained capacity for communities to address healthcare issues.

The Volume and Utilization Data Indicators for California are available at [http://www.oshpd.ca.gov/HID/Products/PatDischargeData/ResearchReports/HospIPQualInd/Vol-Util\\_IndicatorsRpt/index.html](http://www.oshpd.ca.gov/HID/Products/PatDischargeData/ResearchReports/HospIPQualInd/Vol-Util_IndicatorsRpt/index.html)

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