

OSHDP Office of Statewide Health Planning and Development

Healthcare Information Division
400 R Street, Suite 250
Sacramento, California 95811-6213
(916) 326-3800
(916) 324-9242 Fax
www.oshpd.ca.gov

A Cardiac Surgeon's Guide to CCORP

1. What is the Office of Statewide Health Planning and Development (OSHDP)?

OSHDP is one of 16 departments and offices in the State of California's Health and Human Services Agency. Programs within OSHDP promote health care safety, quality, and accessibility for Californians. OSHDP is not a medical licensing department.

2. What is CCORP?

CCORP is an acronym for the California Coronary Artery Bypass Graft (CABG) Outcomes Reporting Program.

OSHDP's Healthcare Outcomes Center, a program within the Health Information Division, reports risk-adjusted results of adult isolated CABG and CABG + Valve¹ surgery in California hospitals. CCORP is the largest public reporting program of CABG surgery outcomes in the United States.

Collection and reporting of CABG surgery information was established by Senate Bill 680, Chapter 898, signed into law on October 14, 2001. The law requires hospitals to submit semi-annual clinical data for CABG surgeries and for hospital and surgeon risk-adjusted outcomes reports to be published.

The laws governing CCORP are in the California Health and Safety Code, Sections 128675-128810.

3. What is CORC?

CORC is an acronym for Cardiac Online Reporting for California. CORC is a web-based application that provides a convenient and secure way for hospitals to submit CABG data to OSHDP.

¹ CABG + Valve includes all CABG cases with aortic valve replacement (AVR), mitral valve replacement (MVR), mitral valve repair (MVRRepair) and AVR +MVR/MVRRepair.

4. What do the CABG outcomes reports contain?

The reports use risk-adjusted operative mortality to evaluate surgeon performance. Risk-adjusted operative mortality, post-operative stroke, 30-day readmission, and internal mammary artery use measures are used to evaluate hospital performance.

Hospitals are rated yearly and cardiac surgeons every other year. To date, surgeon results have been based on 2 years of CCORP data. The reports provide quality of care information for hospitals, the medical community, the insurance industry, employee benefit managers, and the health care consumer.

5. How does CCORP gather clinical data for reports?

Each hospital submits clinical data in CORC every six months. A hospital designated "Data Contact" person acts as liaison between CCORP and each cardiac surgeon. After data is finalized and officially submitted to the state, CCORP requires surgeons to review their data and sign a "Surgeon Certification Form". The statement of certification affirms surgeons have reviewed their data and verified the cases assigned to them are accurate and complete. A sample Surgeon Certification Form can be found at the following link:

http://oshpd.ca.gov/HID/CORC/Text_pdfs/surgeon_certification_form.pdf

6. What does CCORP do with the CABG data from hospitals?

CORC runs several validation programs to check the submitted data for errors. Examples of validation programs include validating surgeon licensing information, checking that required fields are provided and are within the acceptable value range, and validating that related data elements are provided and within the acceptable value range. CORC shows the results of the validation checks in real-time for data contacts to research and correct. CCORP and the data contacts then address data discrepancies by comparing CABG cases with hospital billing records. In addition, there is a process to address potential undercoding or overcoding of hospital reported risk factors.

7. How do I know what changes have been made to data about my cases?

CORC creates a Statewide Data Quality Report for surgeons to provide a final review of their cases. Surgeons receive one report for each hospital where they perform CABG surgery. The reports contain frequency of coding for each risk factor for the surgeon's CABG cases. For comparison, statewide averages are included. Currently, CCORP collects data on all CABG cases, but reports only on isolated CABG cases and CABG + valve cases.

8. Is CABG data submitted to CORC audited?

Annually, CCORP selects a sample of hospitals to receive onsite medical chart audits. Section 97199 of the CCORP regulations provides the authority for OSHPD to conduct periodic audits of a hospital's patient medical records for its CABG surgery patients. OSHPD contracts with a group of abstractors who are all nurses trained in medical chart abstraction to perform the medical record review. Hospitals selected for audit receive a letter with instructions and two-week advance notice before audits begin.

9. How will I be informed of my rating?

After data is finalized and officially submitted to the state in CORC, CCORP staff perform further data analysis, including calculations using the risk-adjustment formula. Then preliminary ratings are mailed to each surgeon. These ratings are mailed to the address on file with the California Medical Board. Surgeons should keep this address updated in ensure they will receive their ratings.

10. If I disagree with my rating, how do I request a review?

After receiving preliminary results, surgeons, who believe their ratings do not reflect quality of care, have the opportunity to submit appeals to CCORP. Specific requirements for the statements as well as the deadline for submission will be included with the preliminary report.

CCORP staff will review surgeon appeals, reach a determination, and inform surgeons of their decisions. Surgeons who disagree with the final CCORP decision may request their statements be reviewed by the Clinical Advisory Panel.

California Health and Safety Code, Section 128750

11. What is the Clinical Advisory Panel?

The Clinical Advisory Panel (CAP) is composed of experts in cardiology, cardiac surgery, and/or collection and reporting of outcomes measurements for surgeons and hospitals. Three members are appointed from the California Chapter of the American College of Cardiology. Three members are appointed from the California Medical Association and three members from consumer organizations.

The panel advises CCORP and approves both the risk-adjustment model used to prepare the outcomes reports and new data elements. The panel also reviews statements from surgeons who did not agree with the CCORP determination. The identity of surgeons who submitted statements is confidential. The determinations of the CAP are final.

California Health and Safety Code, Section 128748

A roster of the current CAP members can be found at the following link:

<http://www.oshpd.ca.gov/Boards/CAP/index.html>

12. How do I learn more about CCORP and the hospital and surgeon review process?

California Office of Statewide Health Planning and Development website

<http://oshpd.ca.gov/>

Information about OSHPD programs and links to related information. The “Public Meetings, Notices, and Agendas” section includes announcements of CAP meetings.

CCORP Homepage

<http://oshpd.ca.gov/hid/corc/>

Information about data collection, manuals, cardiologist Q & A, bulletins, and links to laws and regulations related to CCORP. Also accessible from the OSHPD website.

CCORP Publications

<http://oshpd.ca.gov/HID/CABG-Report.html>

Current and previous reports of hospital and surgeon CABG outcomes. CABG report query tool. Also accessible from the OSHPD website.