

San Francisco, CA, August 2, 2001 – The first evaluation of how well California hospitals perform coronary artery bypass graft (CABG) surgery was released today by the Office of Statewide Health Planning (OSHPD) and the Pacific Business Group on Health (PBGH). The *California Report on Coronary Artery Bypass Graft Surgery: 1997–1998 Hospital Data* compares outcome information following heart bypass surgery at 79 hospitals that performed more than 70 percent of all isolated coronary bypass surgeries in the state in 1997 and 1998.

Seventy-nine of the 118 hospitals that perform CABG surgery in California voluntarily provided data on surgeries they performed during 1997 and 1998. Of the 79 hospitals participating in the CABG mortality–reporting program, most performed as expected, some performed significantly better than expected, while only four performed worse than expected.

"This report is significant because it helps us understand how well California hospitals perform bypass surgery," said OSHPD Director David M. Carlisle, MD, and Ph.D. Dr. Carlisle said, "The chances of dying from CABG surgery in California are quite low. The overall in–hospital death rate associated with the procedure is 2.6 percent."

OSHPD and the PBGH, an employer group, jointly released the report that is based on analyses of 30,800 bypass surgeries performed at 79 hospitals over the two–year period.

"The data in this study will help California hospitals improve heart bypass outcomes, making it safer for patients who need the procedure and is a unique resource for patients and their families to use when making decisions about which hospital to go to for surgery," said PBGH President and CEO Peter Lee, who commended the 79 hospitals for their voluntary participation.

An outgrowth of a unique public–private partnership called the California CABG Mortality Reporting Program (CCMRP), the report is the first in a series of periodic reports on bypass surgery mortality. The next report, which will show results for 1999, is scheduled for release late this year.

Dr. Daniel Ulyot, a member of the CCMRP Technical Advisory Committee and Director of Cardiothoracic Surgery at Mills–Peninsula Hospital, Burlingame, CA, also praised the effort. He notes "the project reflects significant voluntary collaboration among hospitals, the surgical community, the state and purchasers to compile, analyze and report in a rigorous and objective fashion, comparative data on hospital performance regarding bypass surgery."

The CCMRP is unique because it relies on voluntary participation, unlike other statewide CABG reporting programs that effectively mandate public reporting of CABG mortality data and which have universal participation by hospitals in reporting CABG outcomes. California joins only three other states—New York, New Jersey and Pennsylvania—in publicly reporting outcome data on bypass surgery.

"This is only the first round of results," said Cheryl Damberg, Ph.D., Co–Director of CCMRP, who cautioned against forming opinions about any given hospital based on this one–time result. "One year's results—especially among hospitals with small annual volumes of CABG surgeries—are not sufficient for drawing definitive conclusions about a hospital's performance."

Taking clinical information provided by the hospitals, CCMRP uses state–of–the–art analytic methods to adjust for differences in the mix of patients treated by each institution to compute comparative outcome scores. Because the study takes into account the pre–operative condition of patients, hospitals do not have an incentive to avoid treating sicker patients.

The Office of Statewide Health Planning and Development (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 (PBGH), a major coalition of healthcare purchasers, is dedicated to improving health care quality while moderating cost. Members annually spend more than \$3 billion 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 more than 10,000 small employers in California.

Contact:

Clark Miller

Senior Communications Manager

Pacific Business Group on Health

Telephone: (415) 615-6302

E-mail: cmiller@pbgh.org