



# Penn Medicine

University of Pennsylvania Health System

**Patrick J. Brennan, MD**

*Professor of Medicine  
Senior Vice President and Chief Medical Officer*

## VIA FACSIMILE

April 20, 2011

Joseph Martin, Executive Director  
Pennsylvania Health Care Cost Containment Council  
225 Market Street, Suite 400  
Harrisburg, PA 17101

Dear Mr. Martin:

We at the Hospital of the University of Pennsylvania appreciate the ability to publish our comments on the 2008-2009 Open Heart Surgery Report. We have reviewed the data that will be made publically available, as well as the medical records we have here, and would like to identify several key points.

Our colleagues in the Pennsylvania, New Jersey and Delaware region recognize that the work we do at the Hospital of the University of Pennsylvania is the most advanced in the area. Of the 2,213 CABG and Valve cases performed at HUP in 2008 and 2009 by the Cardiovascular Surgery Division, 29% (639) were patients who were transferred to us by another facility. Of those transfers, approximately 70% came from facilities which have open heart surgery programs. These patients were transferred due to their elevated risk profile and surgical complexity. We are honored that these patients, families and referring physicians trust us in the most desperate of situations. We accept this challenge, and our goal is to provide all patients their best chance at survival and a quality life, even though we know we are not always going to be successful, and our statistics will reflect this risk.

In addition to valve procedures, with and without bypass, we frequently implant mechanical assist devices in the failing hearts of desperately ill patients. In those procedures a bypass or valve procedure may be performed as an adjunct to improve the performance of the mechanical device itself. An adjunct procedure on the valve can improve the pumping ability of the assist device by correcting a valve that is leaking or may improve the oxygen supply to the heart muscle around the device insertion site enabling it to function without the heart muscle breaking down. In either case, it is the device, not the valve or the bypass, that is the primary purpose of the procedure. These patients are decidedly sicker than most patients pre-operatively and as a result will have a higher mortality. We suggest the Council evaluate the inclusion of mechanical assist devices in the valve data. Clearly, the assist device procedures are not primary valve or bypass procedures and we believe should be accounted for or risk adjusted separately from the other cardiac procedures that the Council reports. These procedures may be performed at a few other cardiac programs in Pennsylvania.

Perelman Center for Advanced Medicine

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We remain extremely proud of the reputation for innovative and exceptional patient-centered care at the Hospital of the University of Pennsylvania and we will continue to service the needs of our community, region and state while maintaining the very highest level of cardiac surgery outcomes. Thank you again for the opportunity to discuss the specialized and highly developed devices and techniques we are able to offer our patients here at HUP. We would be happy to assist the Council in any evaluation of the mechanical devices should the Council undertake such a project.

Sincerely,

Patrick J. Brennan, MD  
Chief Medical Officer and Senior Vice President  
University of Pennsylvania Health System