

**California CAGB Outcomes Reporting Program (CCORP)
Clinical Advisory Panel
Minutes of May 29, 2012**

The meeting was held by telephone with participants located at four sites in California: OSHPD Headquarters in Sacramento, The Heart Institute in Victorville, UCSF in San Francisco, and The RAND Corporation in Santa Monica.

Clinical Advisory Panel Members present:

James MacMillan, M.D.	Cheryl Damberg, Ph.D.
Coyness Ennix, Jr., M.D.	Andrew Bindman, M.D.
Ralph Brindis, M.D., FACC	Timothy Denton, M.D.

Clinical Advisory Panel Members absent:

Robert Brook, M.D. Sc.D.	Fredrick Grover, M.D.	Keith Flachsbart, M.D.
-----------------------------	-----------------------	------------------------

OSHPD Staff and Consultants present:

Joseph Parker, Ph.D., Healthcare Outcomes Center (HOC) Manager	Beth Herse, OSHPD Legal Office
Holly Hoegh, Ph.D., HOC	Robert Springborn, Ph.D., HOC
Robert David, OSHPD Director	Zhongmin Li, Ph.D., UCD Contractor
Ron Spingarn, HID Deputy Director	Geeta Mahendra, M.S., UCD Contractor
Denise O'Neill, HOC	Mary Moseley, M.A., HOC

No members of the public were present at the four sites.

1. Call to Order and Introductions

Ralph Brindis, M.D., served as acting chair in the absence of Robert Brook, M.D. Dr. Brindis called the meeting to order at 10:40 am. Introductions of members and other attendees were made over the telephone from the four meeting sites. A quorum was present to conduct business. The previous meeting of May 1, 2012 lacked a quorum; consequentially, the group had to act as a subcommittee of the Clinical Advisory Panel (CAP). Today's meeting will allow the panel to vote on important CCORP activities.

Robert (Bob) David, OSHPD Director, introduced himself. He explained that he is a former Chief Deputy Director at OSHPD and familiar with the panel's activities. He thanked the committee for their past work and looked forward to hearing their ideas.

2. Approval of Minutes of May 24, 2011 (The last meeting when a quorum was present).

Dr. Ennix moved that the minutes be approved and Dr. Bindman seconded the motion. Votes were taken by roll call. The minutes were approved unanimously.

3. Report on the May 1, 2012 Meeting – Ralph Brindis, M.D.

Dr. Brindis explained that a quorum was not present, so the members could vote only in an advisory fashion. The May 1, meeting consisted of a program report by Holly Hoegh, Ph.D.; results of the medical audit by Beate Danielsen, Ph.D., UCD; an overview of the PCI Pilot in the California Department of Public Health presented by William Bommer, M.D.; the impact of public reporting of IMA by Gail Sondermeyer, MPH, Cal-EIS Fellow; and several presentations by Zhongmin Li, Ph.D., UCD, on mortality as a risk-adjusted outcome for isolated CABG surgery, post-operative inpatient stroke as a risk-adjusted outcome for isolated CABG surgery, and hospital readmission as a risk-adjusted outcome of isolated CABG surgery. Finally, Dr. Hoegh presented information regarding the upcoming hospital-level report.

Subcommittee votes to recommend the risk models were 4-0 for mortality, 3-0 (one abstention) for post-op stroke, and 4-0 for readmissions.

4. Mortality as Risk-Adjusted Outcome for Isolated CABG Surgery – Zhongmin Li, Ph.D.

Dr. Li presented the mortality risk model with a c-statistic of 0.815 and calibration $p=0.204$.

Discussion: Dr. Bindman would like to see an over-time analysis of CCORP data using an early risk-adjusted model applied in subsequent years to observed and expected mortality rates. He questions the value of yearly risk-adjustment, in favor of a more standardized method, which would allow better comparisons over time.

Several members, including Dr. Bindman, acknowledged that STS data definitions change over time as do the data elements. Dr. Li noted that as mortality gets closer to zero, it becomes important to look at small changes year to year. Earlier risk factors may become less meaningful.

Dr. Parker said that CCORP could come back to a future meeting with a sensitivity analysis for a risk model over time.

The mortality risk model was voted by roll call and approved unanimously, 6-0.

5. Post-Operative Inpatient Stroke as a Risk-Adjusted outcome for isolated CABG surgery – Zhongmin Li, Ph.D.

Dr. Li presented the post-operative stroke risk model with a c-statistic of 0.706 and a Calibration of $p=0.122$.

The panel discussed little about the proposal then voted directly. The post-operative stroke risk model was voted by roll call and passed unanimously, 6-0.

6. Hospital Readmission as a Risk-Adjusted Outcome for isolated CABG Surgery – Zhongmin Li, Ph.D.

Dr. Li presented the readmissions risk model with a slightly improved discrimination c-statistic of 0.660 and Calibration $p=0.121$.

Panel members and CCORP staff discussed why the c-statistic is lower than in other models. Criteria for readmissions have more variability. Nationally, researchers find similar c-statistics for readmissions models.

The readmissions risk model was voted by roll call and approved unanimously, 6-0.

7. Upcoming CCORP Hospital and Surgeon Level Report – Holly Hoegh, Ph.D.

Dr. Hoegh presented the proposed contents for the next public report:

- a) 2010 risk-adjusted isolated CAG mortality rates for hospitals
- b) 2009-10 risk-adjusted isolated CABG mortality rates for surgeons
- c) 2009-10 risk-adjusted isolated CABG post-operative inpatient stroke rates for hospitals
- d) 2010 risk-adjusted isolated CABG hospital readmission rates for hospitals
- e) 2010 internal mammary artery usage rates for hospitals

There was little discussion. Contents of the report, items a) to e), were voted by roll call with unanimous approval, 6-0, for each.

8. Public Comment – none

The meeting was adjourned at 11:30 am.