

**California CABG Outcomes Reporting Program (CCORP)
Clinical Advisory Panel
Minutes of May 6, 2009**

The meeting was held at OSHPD Headquarters, 400 R Street, Sacramento, California

Clinical Advisory Panel Members in attendance:

Fredrick Grover, M.D.	Ralph Brindis, M.D., FACC
Timothy Denton, M.D. FACC	Coyness Ennix, Jr., M.D.
James MacMillan, M.D.	

Clinical Advisory Panel Members absent:

Robert Brook, M.D., Sc.D.	Andrew Bindman, M.D.
Cheryl Damberg, Ph.D.	Keith D. Flachsbart, M.D.

OSHPD Staff/Consultants in attendance:

Joseph Parker, Ph.D., HOC Director	Holly Hoegh, Ph.D., CDP Director
David M. Carlisle, M.D., Ph.D., OSHPD Director	Ron Spingarn, Deputy Director, HID
Mary Moseley, M.A., HOC Analyst	Denise O'Neill, HOC Data Mngr.
Robert Springborn, Ph.D., HOC	Elizabeth Weid, Chief Legal Counsel
Beth Herse, Senior Legal Counsel	Ka Lor, HOC Student Assistant
Zhongmin Li, Ph.D., UCD, HOC Consultant	Geeta Mahendra, UCD, HOC Consultant
Anthony Steimle, M.D., HOC Consultant	Beate Danielsen, Ph.D., UCD Consultant

Members of the Public present:

Dominique Ritley, UCD	Edwin Fonner, Dr.PH, Ca STS
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1. Call to Order and Introductions

Fred Grover, M.D., acting Chairperson, called the meeting to order at 9:12 a.m. A quorum was not present; therefore, the meeting began with introductions. A quorum was present by 9:25 a.m.

2. Approval of Minutes of January 15, 2009 Meeting

The minutes of the January meeting were approved unanimously.

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3. Director's Report – David Carlisle, M.D., Ph.D., OSHPD Director

Dr. Carlisle spoke about the State's budget and fiscal crisis. Inevitably, the economy will improve; however, in the interim, State government faces a deficit in the billions, especially in the General Fund.

Dr. Carlisle also noted that:

- OSHPD budget hearings in the Assembly went well.
- The department continues its historically productive relationship with the University of California, Davis.
- Death rates from CABG surgery have declined in California since the work of the panel began. Panel members and staff can take some credit.

4. CCORP Program Update – Holly Hoegh, Ph.D., CCORP Director

Dr. Hoegh outlined the specific mandates in the law for the Clinical Advisory Panel:

- Approve risk models,
- Consult on report materials
- Recommend data elements, and
- Review surgeon statements.

Today's meeting would focus on risk model approval and consultation on report materials.

The 2005-06 data report was released on April 8, 2009. Press coverage occurred throughout California. The panel discussed manipulation of CCORP data by some hospitals in their press releases after report distribution. In the future, OSHPD may reference STS guidelines for use of data; however, the philosophy of the department is to release public data without extensive interpretation and analysis.

Dr. Hoegh also provided a timeline and discussed progress made on the 2007 hospital public report. She discussed the 2007 data audit, and Dr. Parker emphasized the effort made to work with hospitals concerning coding disagreements on salvage, cardiogenic shock and post-operative stroke cases. The panel discussed the change to exclude salvage cases from isolated-CABG results beginning in 2008. They suggested tracking salvage cases reported and confirmed as well as those resulting in death over the years. Dr. Hoegh also presented information regarding statewide and national trends for CABG surgeries and PCI. Dr. Carlisle requested that OSHPD prepare per capita rates for comparison to other states and national rates.

Dr. MacMillian asked if there is a way to track the number of deaths from cardiogenic shock or acute myocardial infarctions that don't have a surgery, or any other

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revascularization intervention. Dr. Parker mentioned that this could be done using the Patient Discharge Data.

In 2009, the Office will move to online data reporting from hospitals rather than mailing of diskettes and CD's. The change will provide more efficient collection and correction of data for hospitals and OSHPD.

5. Results of the 2007 CCORP Audit – Beate Danielsen, Ph.D., UCD

Dr. Danielsen, a consultant with OSHPD, presented results of the 2007 medical chart audit which occurred on-site at 18 CCORP hospitals. She provided extensive data and analysis regarding the 2007 audit results as compared to previous audits.

Those hospitals chosen for audit were:

- Outliers or near outliers,
- Experiencing coding problems, or
- Chosen at random, to equal 18 audited hospitals, the needed sample amount.

The 1284 medical cases and back up cases were selected for audit to capture information about significant outcomes. As such, cases of deaths and the most severely ill patients were oversampled.

Timing of MI, NYHA Class IV, and status of procedure continued to be problematic variables to collect. However, risk factor coding and complication coding improved over previous years. Dr. Danielsen recommended continuation of on-site auditing and expansion to include post-op complications. The panel advised continued training of hospitals to improve overall coding and coding of problem data elements. It was suggested that OSHPD look at the Prager on-line training program from Michigan. The panel discussed OSHPD's communication with hospitals regarding the audit and suggested congratulating hospitals with good results.

6. Upcoming CCORP Hospital-Level Report – Holly Hoegh, Ph.D.

The panel discussed the 2007 mortality risk model and methods for generating hospital-level results for the public report. Dr. Hoegh presented the Logistic Regression Risk Model for Operative Mortality for 2007.

Action: The panel approved the 2007 mortality risk model.

Dr. Hoegh distributed the Logistic Regression Risk Model for Post Operative Stroke for 2006-2007. Dr. Grover stated that he will have an article published regarding a prospective randomized trial of 2,200 patients with stroke in the coming months. The data analysis in the article should increase knowledge of post operative stroke.

Dr. Brindis suggested OSHPD look at the impact of off-pump CABG surgery on post-operative stroke outcomes.

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The panel discussed the 2006-2007 post operative inpatient stroke risk model. At the previous meeting, panel members tentatively approved a risk model for stroke based on 2006 data; however, they wanted to review 2007 data to substantiate the 2006 findings.

Action: The panel approved the 2006-2007 post operative inpatient stroke risk model.

The hospital-level stroke outcome measure will appear in the next CCORP public report.

The panel discussed the public report contents. Dr. Hoegh stated that, other than the stroke data, the report should be similar to the last hospital report. The panel briefly discussed the report content and took no action vote.

7. Presentation and discussion of possible methods for developing and reporting composite CABG outcome measures – Zhongmin Li, Ph.D.

Dr. Parker explained that CCORP asked Dr. Li to research and present information on composite measures as a follow-up to discussions at the last meeting regarding the possibility of reporting one or more composite measures.

Based on literature review and applications, Dr. Li presented rationales for use of composite measures, common steps for creating composite measures, and an overview of the STS method.

He also provided a sample of a CCORP test run of 2007 data using the (modified) STS method. However, CCORP lacks the preoperative data to implement the complete national STS method.

Dr. Li also presented examples using the All-or-None approach with a composite measure. CCORP has sufficient data for an All-or-None measure. He concluded that a clear process would be needed to choose complication measures for inclusion in a composite measure as well as determining clinically meaningful weights for the composite components.

Panel members discussed the information presented by Dr. Li, the reasons why CCORP might undertake creating a composite measure, and how to present a composite measure to the public. No recommendation was made, but the panel urged CCORP staff to continue with constructing and validating additional single outcome measures in the absence of a composite measure.

8. Definition of Isolated CABG – not discussed

9. Public Comment – no public comments.

The meeting was adjourned at 11:49 p.m.