

**By Cheryl Clark**

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“Consumers have the right to know which hospital will minimize their complications including but not limited to death,” said Dr. Arnold Milstein, medical director of the Pacific Business Group on Health in San Francisco. “There’s no reason the state of California shouldn’t require this reporting, just as it has done for (heart bypass).”

But a key concern among physicians and hospital officials is whether public reports will properly factor in higher death risks for older and/or sicker patients. “If you can pick and choose your patients, you can have wonderful results, whereas someone who can’t pick and choose has not so wonderful results,” said Dr. Anthony DeMaria, director of UCSD Medical Center’s Cardiovascular Center. “The question is, how precisely can you risk adjust?”

That is a concern, said Dr. Ralph Brindis, chairman of the American College of Cardiology’s National Cardiovascular Data Registry. He also is an adviser to the California office that produces the annual heart bypass reports.

“Surgeons are human beings, and they tend to back away from these high-risk cases – even if Joe Parker and the clinical advisory panel do a really good job of risk adjustment,” Brindis said.

The risk adjustment formula has been worked out since the state began issuing its bypass reports 10 years ago, Parker said.

**The three hospitals rated best statewide were Alta Bates Summit Medical Center in Oakland, Lakewood Regional Medical Center and Mercy Medical Center in Redding.**