Orthopaedic Surgeons of Central Pennsylvania, LTD.

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Mark P. Volavka, Executive Director
Pennsylvania Health Care Cost Containment Council
225 Market Street, Suite 400
Harrisburg, PA 17101

Dear Mr. Volavka:

I am writing in response to the final results of the analyses recently completed for the Pennsylvania Health Care Cost Containment Council (PHC4) report I received on April 14, 2005.

As you know, in September 2004 I reviewed your 56 pages of technical notes for total hip and total knee replacements for 7/01/01 through 6/30/02 and PHC4's statistical conclusions from the data you collected regarding total hip and total knee replacements I had completed during that time period. I also had an opportunity to review the list of patients included in your sampling and subsequent data analysis, as well as the hospital medical records, rehabilitation hospital medical records and office charts for these patients including the sampling data analysis. As outlined in my initial six page report to you dated September 15, 2004, I believe your methodology, data collection, and accuracy of your data was flawed, leading to invalid and misleading conclusions. In that report I itemized examples supporting my belief.

As you may recall, I had an opportunity to converse with you regarding my concerns. Additionally in my report and through our conversations, I made suggestions in ways to improve the quality of data collection and interpretation as well as how it is presented to the public in an understandable fashion. Certainly the latest results and analyses are improved and demonstrate PHC4's acknowledgement of many of the issues I brought to their attention. Unfortunately, even the latest results have intrinsic inaccuracies of the data, again leading to invalid and misleading conclusions. Even though my current statistics suggest that my Complication and Readmission Percentage is within the expected number, your data still implies a complication and readmission rate greater than that which is associated with complication due to the orthopaedic procedure performed by me. The patient that was included in the readmission analysis is an elderly patient with multiple medical problems that were present prior to the surgery including congestive heart failure and hypertension. She was approximately six months postop. She had a transient ischemic attack (a mild stroke) and was readmitted to the hospital. This event was certainly not related to her arthroplasty surgery I had completed six months previously but, according to your statistics, it implies that there is a correlation.

She had multiple other pre-existing medical problems that have contributed to that readmission and not her orthopaedic procedure. In reviewing your publicized statistics, it would imply that readmission was associated with the orthopaedic procedure I had completed.

Another category which, in my opinion, continues to be problematic is the Deep Joint Infection and Device Problem Analysis. In reviewing all of the medical records described above for patients who had total hip and total knee replacements from 7/01/01 through 6/30/02 there were no deep joint infections and there were no device problems associated with the index surgical procedure. However, in your analysis you have identified one patient in this category. Patients have been labeled with wound infections that have had no cultures, no fever, no abnormal white blood cell count, and are identified as a complication of the operative surgery which, in my opinion, is incorrect. There are patients that get mild redness around the staples as an inflammatory response which is not an infectious process but are being diagnosed by a non-operative physician as having cellulitis and being placed into this category. By definition, these people do not have a deep joint infection. Additionally, patients have been placed into this category as a device problem if they fall and sustain traumatic injury to the implant. It certainly is not a complication caused by the index arthroplasty and should not be publicized in a fashion that would lead one to believe the joint device problem was caused by surgery performed by the orthopaedic surgeon or by a problem with the implant. These traumatic injuries should be considered a new and separate injury and not a complication associate with the initial arthroplasty.

I believe it is important for the individuals reviewing your statistics to recognize the ongoing shortcomings in your data and statistical analysis, albeit improved compared to your September 2004 initial results. Unfortunately, there are ongoing complications being reported that are not, in my opinion, strictly defined and uniformly diagnosed, which creates a misleading presentation of the information. This information being reviewed by the public can have misleading conclusions. I believe patients who review these statistics should understand shortcomings in patient selection and data analysis for the presentation of these results and I would encourage them to speak with their respective orthopaedic surgeon regarding these statistics. I believe most conscientious and actively involved physicians will be well aware of their statistics that could give the patients more accurate representation of complications that are truly attributable to the index arthroplasty procedure. I know I am very familiar with my patient data, my outcome data as well as complication rate and feel comfortable discussing that with my patients.

If you wish to further discuss these issues, please feel free to contact me.

Sincerely,

Craig W. Fultz, M.D.