

SAINT VINCENT HEALTH CENTER

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May 4, 2005

Marc P. Volavka
Pennsylvania Cost Care Containment Council
225 Market Street, Suite 400
Harrisburg, PA 17101

Dear Mr. Volavka:

We understand the mandate of PHC4 to report on outcomes of important care areas in Pennsylvania. Total joint replacements are an important area of care in this state.

We do have some concerns about the upcoming report. First, the age of the report is very dated. Some patients in this analysis were discharged in July 2002, nearly three years ago. There has been considerable change in practice since that time, so this information is no longer relevant.

Second, the report attempts to adjust for differences in patient severity, but does so poorly. We believe there are significant differences in the risks of patients, and are concerned that the current methodology is not adequately adjusting for this. The three year outcomes being reported by PHC4 have measure of "goodness of fit" (the c statistic) that averages 0.60 on a scale from 0.5 to 1.0. This is a very low rate, especially considering the CABG outcomes average c-statistic is 0.70. This tells us that the PHC4 model does a very poor job of adjusting for risk, and therefore differences in outcomes could easily be due to incomplete risk adjustment, not truly poor outcomes.

Third, the measures of outcome are not really homogenous. In particular, some patients are readmitted within 30 days for reasons that are completely unrelated to their total joint. We asked PHC4 to exclude certain such patients from their analysis, but they did not. To make our point numerically, if out of nearly 30,000 total joint patients in the state, we had the only patient readmitted for a certain reason, then it seems likely that this is not really a complication of surgery, but rather a completely unrelated admission. In particular, we had patients admitted shortly after a total joint for malignant lymphoma (ICD9 code of 202.82), thoracic aortic dissection (441.01), and rectal prolapse (569.1). All of these readmissions were completely unrelated to their total joint care, and were the only such readmission in the state. Dropping these three patients would move us into our "expected" range, and hence Saint Vincent and would not appear to be statistically significant.

Last, we had one patient listed as a Joint/Device problem who was clearly not. This patient was admitted for care of a superficial femoral vein clot, and this no impact on the joint or device. This case should have been excluded by PHC4, but was not.

In summary, we are concerned about the dated nature of this report. And, we feel that some of the outcomes (readmits and joint/device problems) are a jumble of patients, with no clear linkage to quality of patient care. This lack of homogeneity is also reflective in extremely poor risk adjustment models.

Sincerely,

SAINT VINCENT HEALTH CENTER

A handwritten signature in black ink, appearing to read 'Robert Lupo', with a long horizontal flourish extending to the right.

Robert Lupo, MD
Chief, Division of Neuro/Ortho Surgery