



WYOMING VALLEY
HEALTH CARE SYSTEM

Medical Affairs
May 6, 2005

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

**Re: Pennsylvania Health Care Cost Containment (PHC4) Report
on Total Hip and Knee Replacements**

Dear Mr. Volavka:

PHC4 is to be congratulated on the final publication of the Total Hip and Knee Replacement Project. This project, when designed and implemented properly, has the potential for sharing quality data and providing motivation for improvement of quality throughout our commonwealth. Unfortunately, the initial attempt does not reach this potential.

The data used is four years old (gathered July 1, 2001 through June 30, 2002) due to the chaotic initial process of data collection surrounding a flawed plan to gather information from multiple provider sites. The attempted solution to the chaos and subsequent redesign of the study insisted on using the original data even though more recent data was available. In addition, following the lengthy period for redesign and prior to publication an opportunity could have been given to providers to again reassess the data for inaccuracies in coding.

The decision to consider complications of Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE) as equivalent complications seems unusual. I would suggest if you wish to measure provider performance and quality of care you consider including the percent of patients who received evidence based DVT prophylaxis. DVT prophylaxis is an achievable measure of quality. In addition, it is well known that the prevalence of DVT post knee replacement surgery in multiple well-validated literature studies is 30% when all patients are carefully examined. This report revealed only a 1.3% expected rate, clearly illustrating the uselessness of this statistic. Therefore, if a provider conscientiously examines a patient to exclude DVT his/her rate of DVT as defined by PHC4 will result in a higher than expected complication rate and a negative public report on his/her quality of care even though he is conscientiously practicing excellent quality care.

PHC4 reports have previously contributed to improvement in health care quality and public education on selective healthcare issues. I am confident that PHC4 will in the future develop the Report on Total Hip and Knee Replacements into an important documentary analysis that will serve as a basis for continual process improvement in the quality of these procedures.

Sincerely,



Thomas M. Campbell, D.O.
Vice President Medical Affairs

TMC:nr