

Administration
M.C. 01-50
100 North Academy Avenue
Danville, PA 17822
570 271 6340 Tel

Joseph E. Bisordi, M.D.
Associate Chief Medical Officer



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October 14, 2003

Marc P. Volavka, Executive Director
PHC4
225 Market Street, Suite 400
Harrisburg, PA 17101

Dear Mr. Volavka,

Geisinger Medical Center (GMC) supports careful analysis of the clinical outcome of the care it provides. The efforts of PHC4 are an important part of that overall picture. GMC does believe that the results regarding abdominal aortic aneurysm repair require some additional information in order to interpret this information accurately.

As a tertiary referral center, Geisinger Medical Center is one of the busiest sites for complex vascular surgery in Pennsylvania. Geisinger is the vascular surgery leader in Central and Northeastern Pennsylvania. Many patients referred to Geisinger's vascular specialists have been turned down for surgery at other hospitals. According to last year's PHC4 data, only one hospital in Philadelphia and one in Pittsburgh performed more aneurysm repair operations than Geisinger Medical Center.

Over the last several years, PHC4 data for vascular surgery procedures including carotid surgery (DRG005), major vascular reconstruction (DRG 478), and circulation operations (DRG 120) show our patients experience excellent overall outcomes.

Analysis of this year's PHC4 mortality report for abdominal aortic aneurysm (AAA) repair at Geisinger reveals the effect of referral of a high number of complex cases. Typically an aneurysm greater than 5 cm in size needs repair due to an excessive risk of rupture. Repair requires clamping of the aorta during surgery. When this clamping is performed at an unusually high aortic level due to the aneurysm's size and location (for example, above the arteries supplying the kidney or intestine) the risk of complications and death increases significantly. It is just such high-risk patients that are routinely referred to Geisinger Medical Center Vascular Surgeons. The PHC4 data analysis does not account for or adjust for this high-risk population. For example, 88% of the AAA deaths reported at Geisinger Medical Center occurred in patients with complex aortic anatomy. These patients, with an average age of 78 years and an average aneurysm of 7 cm, had aneurysms requiring aortic clamping above the arteries to the kidneys or intestine. It is well known that outcomes are poorer in this kind of patient than in the more usual patient who's AAA is restricted to the portion of the aorta below the renal arteries.

We believe that these higher risk patients should be excluded from comparison with routine AAA PHC4 analysis. Our higher proportion of such patients clearly accounts for the higher than expected mortality reported by PHC4 for Geisinger Medical Center.

Sincerely,


Joseph E. Bisordi, M.D.
Associate Chief Medical Officer