



**Abington Memorial Hospital**

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February 7, 2006

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

RE: PHC4 "Guide to Coronary Artery Bypass Graft Surgery, 2004"

Dear Mr. Volavka:

We are in receipt of the Pennsylvania Cost Containment Council's ("PHC4") 2004 CABG Report and wish to offer the following comments to explain information that we believe to be misleading in this report. While we generally commend PHC4 for its role in providing important and useful information to healthcare consumers, we must also express our concern about the misleading impression that can be created when the full factual picture is not presented.

We refer specifically to the misleading "30-day Post surgical Mortality Analysis" for V. Paul Addonizio, M.D. at Abington Memorial Hospital, which indicates a rating of "significantly higher than expected" mortality. We strongly believe that this analysis, by virtue of its failure to consider important facts of specific cases, unfairly stigmatizes a physician who consistently renders cardiac surgery to the most compromised patients.

As an initial matter, Dr. Addonizio frequently operates on high-risk, complex patients whom other surgeons decline. Some of these patients have an expected mortality much higher than that reflected on the scale used by PHC4. By way of example, one of Dr. Addonizio's patients was taken to the operating room emergently in ventricular fibrillation. Such a case carries an expected mortality at least 25 times higher than more routine coronary procedures, regardless of the pre-morbid conditions; however, PHC4's analysis fails to take this into consideration.

Another of Dr. Addonizio's patients underwent a "Johnson" procedure that involves opening the entire left anterior descending artery, performing an endarterectomy, and reconstructing the vessel with vein. This is an operation that is performed only when no alternative exists, and there are no accepted codes reflecting the extreme high risk of such a procedure.

PHC4's analysis of Dr. Addonizio's post-surgical outcomes is further skewed by its failure to consider that in at least one case, the patient's cause of death was from

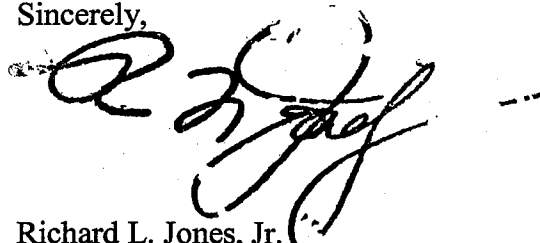
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causes entirely unrelated to the surgery. That patient had been discharged to her nursing home following successful surgery. When she arrived at our emergency room, transferred from the nursing home, several weeks later, she showed no cardiac ischemia, but instead suffered from a variety of other ailments, with a blood glucose level of approximately 20mg/dl. The inclusion of this patient – who so clearly succumbed to conditions unrelated to cardiac surgery – in Dr. Addonizio's database seems arbitrary at best.

In summary, had an appropriate mortality index been attributed to Dr. Addonizio's most severely ill patients – and had PHC4's analysis been designed to account for deaths unrelated to cardiac surgery – Dr. Addonizio's actual mortality index would not have placed him in the "higher than expected" category. Both of these factors must be taken into account so that this report may be read with the proper perspective.

Abington Memorial Hospital is proud to have a surgeon of Dr. Addonizio's skill in such a vital area and offers this letter as a statement of continued support of this talented and dedicated surgeon.

Sincerely,

A handwritten signature in black ink, appearing to read "R. L. Jones, Jr.", written in a cursive style. The signature is positioned to the right of the word "Sincerely," and above the typed name.

Richard L. Jones, Jr.  
President and Chief Executive Officer