

April 6, 2001

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

Dear Mr. Volavka,

Thank you for providing us with the opportunity to comment on the 1999 report on Cesarean-Section Deliveries compiled by the Pennsylvania Health Care Cost Containment Council.

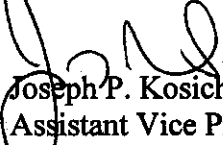
This report found that Temple University Hospital's outcomes were favorable in all clinical categories measured by the Council (C-section rates, VBAC rates, High-Risk C-section rates, and Low-Risk C-Section rates).

As an inner city University Teaching Center, Temple serves a population with a disproportionate percentage of high-risk, high-acuity indigent patients. However, these essential patient factors were not taken into account in the Council's risk stratification methodology. Additionally, we are concerned that the terminology used in the report "high risk for C-Section" versus "high risk pregnancy" is confusing and can be easily misunderstood.

We believe that in order for the Council to meet its mandate of producing comparative data on the quality of health care in Pennsylvania its systems and reporting methodology must take into account a broader range of both clinical and socio-economic factors. Doing so is the only way to accurately compare University Teaching Centers like Temple, whose patient's severity of illness and acuity are statistical outliers, to an across-the-spectrum average.

We stand ready to work with the Council in exploring approaches to meet this goal.

Sincerely,

  
Joseph P. Kosich  
Assistant Vice President  
Health Information Management