1200 Old York Road, Abington, PA 19001-3788

September 16, 2004

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

Dear Mr. Volavka,

John J. Kelly, M.D., F.A.C.P. Chief of Staff (215) 481-2600

Catherine S. Klein, M.B.A. Administrative Director, Medical Staff Affairs (215) 481-4454

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Thank you for the opportunity to comment on the 2003 Hospital Performance Report. We have reviewed the medical records and would like to make the following observations related to the report.

After reviewing the medical records of patients who were readmitted for any reason after discharge for "abnormal heartbeat", we found no quality of care issues which would account for the higher than expected readmission rate reported.

Abington Memorial Hospital is a tertiary referral center for patients with complex arrhythmias and performs many Electrophysiology procedures including almost 600 implantable cardiac defibrillators, approximately 300 pacemaker procedures and numerous ablative procedures each year. Our concern is that the risk stratification methodology used to calculate expected readmission rates might have significant limitations in "diseases" such as "abnormal heartbeat."

Based upon the technical notes, the factors used to risk adjust for readmissions were MediQual predicted length of stay, the presence or absence of diabetes and age. When these adjustment variables are applied to a disease such as "abnormal heartbeat" specific limitations exist. For example, a young patient with a difficult to control refractory arrhythmia would have a low risk-adjusted expected readmission rate by using these criteria, yet commonly require readmission. Because of this limitation, hospitals who are "electrophysiology" referral centers (such as Abington) and regularly treat difficult to control arrhythmias will have a higher than expected readmission rate if they treat a significant number of otherwise healthy patients. In our chart review, we identified several patients who would fall into this category and could account for our higher than expected readmission rate.

We recognize and appreciate the role of the Council and understand the complexity involved in formulating this report. However, clear limitations related to the validity of the risk adjustment do exist and we feel that it is critical that the Council educate the public and Industry when publishing these data.

Sincerely,

CC:

John J. Kelly, MD, HeC

Richard L. Jones, Jr., President, CEO, Abington Memorial Hospital

Kevin M. Zakrzewski, M.D., Chair, Utilization Review

Gary R. Candia, Ph.D, Director of Professional Services