

November 29, 1999

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

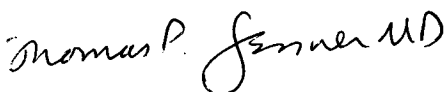
Dear Mr. Volavka:

Latrobe Area Hospital would like to issue the following comments related to DRGs' 121-123 in the *1998 Hospital Performance Report*. Your data suggests that Latrobe Hospital has a significantly increased risk-adjusted mortality rate for DRGs' 121-123. We would like to comment on the methodology used for calculation.

Latrobe is a non-urban community hospital and our Acute Myocardial Infarction (AMI) patients are routinely transferred to tertiary care facilities. In 1998, fifty-two percent of patients treated for Acute Myocardial Infarction at Latrobe were transferred after a determination was made that the patient could benefit from advanced cardiac interventions such as angioplasty or CABG procedures that we do not offer here. A large portion of the 48% of AMI patients who remained at Latrobe were those patients with a designated "no code" status or multiple co-morbid conditions who were not eligible for these interventions. By eliminating the AMI patients who are transferred, our data mainly includes a population that is less amenable to aggressive treatment and, therefore, the mortality data will usually appear higher than expected.

Our concern is that, in excluding the patients that were transferred, you are not providing the public with a true reflection of the outcomes of AMI patients presenting to Latrobe. A more meaningful analysis would be to compare the mortality rates of like facilities, i.e. those that do not do advanced cardiac procedures along with a separate comparative analysis of those that do.

Sincerely,



Thomas P. Gessner, M.D.
Medical Director