



Medical Directors

P.O. Box 2244
Mailstop U29A
Blue Bell, PA 19422
Fax: 215-775-6595

June 14, 2001

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

Dear Mr. Volavka:

Aetna U. S. Healthcare sincerely appreciates the opportunity to review *Measuring the Quality of Pennsylvania's Commercial HMOs: A Managed Care Performance Report*. We applaud the efforts of the Pennsylvania Health Care Cost Containment Council to analyze objective health care data to measure clinical performance and to make this information available to the public. Aetna U. S. Healthcare shares the goal of improving the quality of health care delivered to our members through providing physicians and hospitals with objective measures of performance. U.S. Quality Algorithms (USQA) is the performance and outcomes measurement and improvement subsidiary of Aetna U.S. Healthcare and has been a leader in using data to develop patient safety and quality improvement programs.

It is difficult to comment on the results of Section 1: Treatment Measures without a comprehensive understanding of the specific analysis performed. While we are confident that the PHC4 analysis was unbiased and applied valid statistical testing, without knowing the actual outcomes measured, such as the nature of the cases satisfying the inclusion criteria for the study in the ENT infection example, we are unable to ascertain whether a statistically higher than expected hospitalization rate is indicative of missed opportunities to prevent hospitalization through primary care intervention or might indicate better access to necessary procedures, such as myringotomy tube placement or functional sinus surgery, which is likely to improve health. Similarly, it is difficult to speculate whether a higher than expected procedure rate in the Breast Cancer Procedures study reflects more appropriate clinical investigation of suspicious findings identified on screening studies or inappropriate utilization. One might even postulate that a higher than expected rate of mastectomy results from better access to advanced genetic testing to evaluate hereditary risks for cancer with prophylactic procedures then performed when determined to be appropriate for an individual woman. In a similar manner, a higher Neck and Back Procedures rate may indicate better access to appropriate surgical care or might indicate inappropriate utilization. While administrative data allows for an elegant objective analysis, its limitations must be appreciated. As I am sure you would agree, the "gold standard" measures for performance would reflect the appropriateness of the services delivered.

Again, Aetna U. S. Healthcare appreciates the opportunity to review this report and commends PHC4 for its demonstrated leadership in the analysis and reporting of health care data to improve medical care in Pennsylvania.

Sincerely,

Donald Liss, MD
Senior Medical Director