Thus, the methodology presented by Dunn et al. reflects the difficulty of applying quasi-experimental research designs to the question of the cost of care in teaching hospitals. Further research is needed to disentangle the patient illness severity and physician work-scheduling issues from the true costs of resident-assisted care. — STEVEN D. HILLSON, MD, EUGENE C. RICH, MD, *University of Minnesota, St. Paul–Remsey Medical Center, St. Paul, MN 55101-2595*

### References

1. Dunn PM, Parker DF, Levinson W, Mullooly JP. The effect of resident involvement on community hospital charges. J Gen Intern Med. 1989;4:115-20.

*In reply:* — We agree with Drs. Hillson and Rich that our analysis has not explained all possible factors influencing the cost of resident-assisted care of patients. Even though we used the best available measures to control for case-mix and severity of illness, much of the variance in hospital charges remained unexplained. Our findings are similar to those of other rigorous investigations. We described other factors, not accounted for in the analysis, potentially responsible for the differences in hospital charges between resident-assisted and attending physician care.

The MEDISGRPS system for assessing severity of illness is not perfect as indicated by our example of a patient with acute leukemia. Overall, however, the measured illness severity accounted for 10% of the total 41% variance for log total hospital charges explained by the analysis. Other severity of illness measures have similar adjusted $R^2$ values, indicating that although these measures are not perfect, they are presently the best methods available.

An increase in charges for resident-assisted care could be explained by a relatively greater number of patients admitted on off-hours to the resident service, but this would account for only a small portion of the 52% higher mean total hospital charges and 175% increase in mean length of stay compared with attending service patients.

The authors have punctuated the major conclusions of our study. Further improvements in the "quasi-experimental" design of studies evaluating hospital charge differences are necessary to determine the true costs of resident-assisted care. — PATRICK M. DUNN, MD, WENDY LEVINSON, MD, *Department of Medicine, Good Samaritan Hospital, Portland, OR 97210*

## ERRATUM

An error appeared in the article "Screening for Hemochromatosis?" in the January issue (1989;4:61–3). The error is in the last sentence of the second paragraph on page 62 which reads "applied to the above described screening program, this represents one death and 12 serious complications. . . ." This should read "one death and 20 serious complications. . . ."