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CMS Hospital Compare Website Seeks To Help Consumers Evaluate Hospital Quality & Make More Informed Healthcare Choices

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Employers, health plans and other patient empowerment advocates should review and communicate to employees and others within the patient community newly expanded health care quality outcome data recently included on the [Hospital Compare Website](#), a Centers for Medicare & Medicaid Services (CMS) internet resource providing various hospital quality data on more than 4000 U.S. hospitals.

By sharing data through Hospital Compare, CMS joins the efforts of many employers, health plans and others in seeking to empower consumers with hospital and other quality data. The initiative is one of many government and private efforts to promote quality and reduce costs by tapping the power of health care consumers.

According to CMS, Hospital Compare now provides "better" data on the previously posted mortality rates for individual hospitals, as well as new data on 30-day readmissions for heart attack, heart failure, and pneumonia. Previously, Hospital Compare had provided only mortality rates for these three conditions.

The Hospital Compare Website will show a hospital's mortality or readmissions rate is "Better than," "No different from," or "Worse than" the U.S. national rate. This data information includes each hospital's risk-standardized mortality rate (RSMR), an estimate of the rate's certainty (also known as the interval estimate), and the number of eligible cases for each hospital. By posting hospital RSMRs, interval estimates, and the number of eligible cases, CMS is giving consumers and communities additional insight into the performance of their local hospitals in hopes that this will prompt all hospitals to work toward achieving the level of the top-performing hospitals in the country.

Reducing the rate of hospital readmissions to improve quality and achieve savings are key components of President Obama's health care reform agenda. Administration officials indicate that hospital readmissions are reducing the quality of health care while increasing hospital costs. CMS officials hope posting of this expanded health care outcome data will help consumers make more informed health care choices.

According to CMS data, on average 1 in 5 Medicare beneficiaries who are discharged from a hospital today will re-enter the hospital within a month. Hospital Compare data shows that for patients admitted to a hospital for heart attack treatment, 19.9% of them will return to the hospital within 30 days, 24.5% of patients admitted for heart failure will return to the hospital within 30 days, and 18.2% of patients admitted for pneumonia will return to the hospital within 30 days. Both the mortality and the readmissions measures have been endorsed by the National Quality Forum (NQF) and are supported by the Hospital Quality Alliance (HQA). CMS says both sets of measures are risk-adjusted and take into account previous health problems to "level the playing field" among hospitals and to help ensure accuracy in performance reporting.

“Providing readmission rates by hospital will give consumers even better information with which to compare local providers,” said Charlene Frizzera, CMS Acting Administrator. “Readmission rates will help consumers identify those providers in the community who are furnishing high-value healthcare with the best results.”

CMS has been tracking selected hospital outcomes data since 2007, when Hospital Compare debuted 30-day mortality rates for heart attack and heart failure. Thirty-day mortality rates for pneumonia were added to the Website in 2008. Hospital Compare also includes 10 measures that capture patient satisfaction with hospital care, 25 process of care measures, and two children’s asthma care measures. The site also features information about the number of selected elective hospital procedures provided to patients and what Medicare pays for those services.

According to CMS, public reporting of these and other measures is intended to empower patients and their families with information they need to engage their local hospitals and physicians in active discussions about quality of care. CMS officials assert that all hospitals, regardless of their readmission and mortality rates, should use the data available in these free, detailed reports to find ways to continually improve the care they deliver.”

This year, CMS has changed the way it calculates the mortality data to provide even better information to consumers. In 2007 and 2008, Medicare used only one year of claims data to compute mortality, while the rates added to the Website today encompass three full years of claims data (from July 1, 2005 – June 30, 2008). Although this means that consumers cannot compare data from last year’s rate with this year’s rate, CMS officials believe the expanded data set should provide a clearer picture of how well hospitals are performing.

Using the three-year data method, CMS estimates that the national 30-day mortality rate for patients originally admitted for heart attack care is 16.6%. For heart failure patients, the national 30-day mortality rate is 11.1%, and for pneumonia patients the national rate is 11.5%.

According to CMS, Hospital Compare readmissions and mortality measures are risk-adjusted measures and were developed by a team of clinical and statistical experts from Yale and Harvard Universities under the direction of CMS and are endorsed by the NQF. The model CMS uses to assess hospital readmissions and mortality rates is based on claims data and has been validated by models based on clinical data. It takes into account medical care received during the year prior to each patient’s hospital admission, as well as the number of admissions at each hospital. The model uses this information to adjust for differences in each hospital’s patient mix, so that hospitals that care for older, sicker patients are on a “level playing field” with those whose patients would be expected to be at less risk of dying within 30 days of admission.

Curran Tomko Tarski LLP Attorneys Can Help

The author of this article, Curran Tomko Tarski LLP Health Care Practice Chair Cynthia Marcotte Stamer, has extensive experience advising and assisting health care providers and payers establish, administer health care quality assurance and other programs. Former Chair of the American Bar Association Health Law Section Managed Care & Insurance Interest Group, Ms. Stamer advises and represents health care payers and providers with a diverse array of quality assurance and other legal and operational risk management initiatives and writes and speaks extensively on these issues. Her many publications and presentations on managed care and other health plan and health care quality matters include “Practical Solutions for Achieving Clinical Quality & Financial Efficiency in an Evolving Health Care Arena,” “Building Your Patient Empowerment Toolkit,” “Selected Thoughts About Medical Judgment-Based Coverage Decisions Under ERISA-Covered Health Plans After Davila” and numerous other quality improvement and patient empowerment workshops for employee and patient groups, health plans, health care providers, medical societies, government officials, community organizations others. You can get more information about her experience [here](#).

If you need assistance with these or other compliance concerns, wish to inquire about arranging for compliance audit or training, or need legal representation on other matters please contact Cynthia Marcotte Stamer, at cstamer@ctllegal.com, 214.270.2402 or another Curran Tomko Tarski LLP attorney.

Other Helpful Resources & Other Information

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