

Hospital Quality Data Are ‘Disappointing’

BY ALICIA AULT

Hospitals are barely meeting quality and efficiency standards, according to findings from a survey issued by the Leapfrog Group, an organization made up of some of America's largest employers.

When it came to efficiency (offering the highest quality at the lowest cost) only 24% of hospitals met the group's standard for coronary artery bypass surgery, only 21% for coronary angioplasty, and 14% for acute myocardial infarction and pneumonia, reported the group.

“The big word is going to have to be ‘disappointing,’” said Leapfrog Group CEO Leah Binder in a briefing on the 2008 results. For high-risk procedures in particular, the results “do not give me comfort that any hospital in this country can adequately care for my family,” she said, adding that, although there have been improvements over the past few years, the “numbers simply aren't adequate for the most expensive health care system in the world and what should be the best health care system in the world.”

Since 2000, the Leapfrog Group has asked hospitals to voluntarily complete a quality survey. The data are used to guide benefits design and purchasing decisions, said Ms. Binder.

Leapfrog data are also used by hundreds of employers who are not part of the group, and it is publicly available, down to the individual hospital, on Leapfrog's Web site (www.leapfrog-group.org), she said.

In 2008, 1,282 hospitals in 44 states completed the survey. Leapfrog has created the quality standards, but they are based partly on existing validated measures and were rooted in the seminal 1999 Institute of Medicine report on quality that estimated that 45,000-98,000 U.S. patients were dying each year because of preventable medical errors, according to Ms. Binder.

For instance, Leapfrog says that having an intensivist can reduce mortality by 40% in the ICU and 30% overall. And yet, only 31% of surveyed hospitals met the Leapfrog standards for ICU staffing in 2008. That is progress, as only 10% met the standard in 2002, said Barbara Rudolph, director of the Leapfrog survey. Leapfrog also queried facilities on whether they met volume and risk-adjusted mortality standards and were adhering to national, evidence-based guidelines for certain high-risk procedures. Only 5% met aortic abdominal aneurysm repair standards, and only 7% met standards for aortic valve replacement. Some 32% met the standard for high-risk deliveries. At the high end, 43%

hit the mark for coronary artery bypass surgery. Ms. Rudolph said she believed that the CABG numbers were improving because there has been so much public reporting of these data, through Medicare and various state efforts.

Never-events—such as wrong-site surgery—have also been in the limelight recently. Medicare has said it will not pay for these events. Leapfrog's standard goes somewhat further: Hospitals must agree to apologize to the patient and/or family for the event, to report the event to a patient safety organization, to study the event to determine why it happened, and to not charge for care related to the event. In 2008, 65% of facilities agreed to the standard, up from 53% in the previous year.

Like Medicare, Leapfrog has also been looking at hospital-acquired conditions such as pressure ulcers and injuries that occur during an admission. The group found that 25%-30% of hospitals met the

standards, but that there was wide variation among facilities.

Hospitals did especially poorly when it came to meeting the computerized order-entry system standard (that is, entering at least 75% of medication orders and using Leapfrog's evaluation tool to assess the system). Such systems can prevent up to 3 million serious errors, said Ms. Rudolph. But only 7% of hospitals were meeting that standard. There was improvement in all categories, she said, adding that some hospitals that are coming up with very innovative solutions.

Leapfrog Group was founded in November 2000 by the Business Roundtable. It is supported by its members, which include major employers such as the General Electric Co., employer purchasing coalitions, and pension plans. The Robert Wood Johnson Foundation, the Commonwealth Fund, and the Agency for Healthcare Research and Quality also provide support. ■

FYI

AMA Opens ePrescribing Center

The American Medical Association has launched its online ePrescribing Learning Center to provide physicians with the tools that they need to make informed decisions about the use of electronic prescribing. For more information and to access the learning center, contact the AMA at www.ama-assn.org/go/eprescribing.

Report Issued on Pain Drug Misuse

The proportion of adults aged 18-25 years who currently use pain relievers for nonmedical reasons rose from 4.1% in 2002 to 4.6% in 2007, but such use declined among teens aged 12-17, from 3.2% to 2.7%, according to a report from the Substance Abuse and Mental Health Services Administration. The full report is available online at <http://oas.samhsa.gov/2k9/painRelievers/non-medicalTrends.cfm>.

AMA Issues Contracts Guide

The American Medical Association and the American Association of Preferred Provider Organizations have partnered to develop the “Provider Contracting Toolkit” to help physicians, preferred provider networks, and payers better understand contractual agreements. The guide can be accessed online at www.ama-assn.org or www.aappo.org.

Communicating With Older Patients

The National Institute on Aging has released a new booklet about communicating with elderly patients. “Talking with Your Older Patient: A Clinician's Handbook” offers practical techniques for diagnosing, promoting treatment adherence, and making effective use of a clinician's time. To download the booklet, visit www.nia.nih.gov/health/information/publications/clinicianhb.

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