

Hospital Compare Web Site Gives Patients a Voice

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ARLINGTON, VA. — Now that the Centers for Medicare and Medicaid has added patient satisfaction data to its Hospital Compare Web site, patients will have more to consider when they are deciding which hospital to use for an elective procedure.

The Web site already included hospital-specific information on clinical measures such as antibiotic prophylaxis before surgery and aspirin upon admission for a heart attack. New patient satisfaction data include items such as nurse communication and hospital room cleanliness.

"This is like Travelocity for health care," said Health and Human Services Secretary Mike Leavitt. "When people have information and they have choice, they make



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MR. LEAVITT

good choices." Mr. Leavitt spoke at the annual meeting of the Association of Health Care Journalists.

The patient satisfaction data come from the Consumer Assessment of Healthcare Providers and Systems, a survey administered by 2,500 hospitals to patients discharged between October 2006 and June 2007. The survey included 27 questions about patients' hospital experience, including communication with doctors and nurses, responsiveness of hospital staff, cleanliness and quietness of the hospital environment, and pain management.

The database also will include the volume of certain elective procedures provided at the hospital as well as what Medicare pays for those procedures.

The Centers for Medicare and Medicaid Services (CMS) deputy administrator Herb Kuhn said the information will be valuable even if patients already have selected a hospital for an elective procedure. "There are three reasons people pick a hospital," he said in an interview after Mr. Leavitt spoke. "They heard it was good, it's where their physician spends a lot of his time, or it's convenient to them. We want to add another dimension here for people to understand: Okay, if that's where you're going, what do you know about this place?"

The database also will be a good motivator for hospital improvement, Mr. Leavitt said. "Every health care provider wants to provide high-quality [care]," he said. "Wherever in health care there's robust information about quality and cost, the cost goes down and the quality goes up."

Mr. Leavitt stressed that CMS was not posting the data in order to punish hospitals that aren't performing as well as others. "This is not about eliminating anyone; it's about improving everyone," he said. "The minute a provider sees that they are at lower quality than the marketplace requires,

they improve. Why? Because the market will begin to discriminate against them in a forceful and powerful way if they don't."

As for whether those hospitals that don't improve might eventually face consequences, "I hope so," Mr. Leavitt said, noting that his tenure as HHS secretary would likely be over by the time that came to pass. "This is about transparency and accountability. Without consumers and regulators and others having a means of measurement, we continue to reward

mediocre—and in some cases, poor—performance. While this is not about eliminating those who are not performing well, we should certainly not assume that those who are poor performers will not be eliminated, either by the marketplace or by those who oversee quality."

But it's not only hospitals and patients who can use the new data, according to Gerald Shea, assistant to the president for governmental affairs at the AFL-CIO. "This is important for physicians and other clin-

icians," he said. "Hospitalization doesn't always happen as a planned event; physicians and patients would be well served to make this a regular part of their interaction. Annual checkups, semiannual checkups, regular consultation, regular consultations, [or] just occasional visits—there should be communication programmed into those kinds of interactions between patients and clinicians so people get a feel for what kind of data [are] available when they have to make a choice on hospitals." ■

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