

Hospital Quality Database Called Good for Patients

BY JOYCE FRIEDEN

Associate Editor, Practice Trends

WASHINGTON — The new database on hospital quality from the Centers for Medicare and Medicaid Services may herald a new era in patient assertiveness in terms of health care preferences, several experts said at a briefing sponsored by the Alliance for Health Reform.

“We’re beginning a change in how doctor-patient relations are established and [considering] how paternalistic they have been, I think we’ll see major changes in the future where they become less that way,” said Elliot Sussman, M.D., president and CEO of Lehigh Valley Hospital and Health Network in Allentown, Pa. “When people come into a community, they’ll look at measures like this and say, ‘Which are the kinds of places I want to be cared for at, and who are doctors on staff at those places?’”

Such changes already have begun, he said. “We’ve seen experiences where people change their doctor relationship because ‘I really like Dr. Jones, but he’s not on the staff of what seems to be the best hospital. Either he does that or I’m going to find myself a new physician.’”

CMS launched its “Hospital Compare” database on April 1. Available online at www.hospitalcompare.hhs.gov, the database looks at performance on 17 measures

related to three conditions: heart attacks, heart failure, and pneumonia. Users can search by hospital name or location.

Gerald M. Shea, assistant to the president for government affairs at the AFL-CIO, said the feeling of partnership that comes from empowering consumers should spill over to the physician side of the equation.

“I could make the argument that there are very serious limits to how much consumers can drive change in the health decision making process,” he said. “An equal-

ly fruitful strategy would be trying to change the preparation and education of physicians, so they come to this suggesting that a partnership would be a good idea.”

Physicians also have much to gain, said Margaret E. O’Kane, president of the National Committee for Quality Assurance.

“Physicians have been working in an information vacuum —both doctors involved in performing particular procedures in the hospital, and the primary care physicians who are making referrals,” she said.

One panelist warned empowerment does have its limits. Charles N. “Chip” Kahn, who is the president of the Federation of American Hospitals, said as databases begin adding more measures, “it will be more and more difficult for the average consumer . . . to figure things out.”

In the end, he said, databases like this “are more about using accountability to improve care than they are about consumers making more decisions.” ■

INDEX OF ADVERTISERS

Conceptus Incorporated	
Essure	7
CYNOSURE	
Corporate	36
CYTYC Corporation	
ThinPrep	25
Da Capo	
Corporate	21
Duramed Pharmaceuticals Inc. (a subsidiary of Barr Pharmaceuticals)	
Seasonale	13-14
Cenestin	34a-34b
ETHICON, Inc.	
Gynecare TVT	33-34
GlaxoSmithKline	
Boniva	9-10
Oscal	37
LifebankUSA	
Corporate	5
LifeMap Genetics	
Corporate	20
Merck & Co., Inc.	
Fosamax Plus D	41
NDT Laboratories, Inc.	
ULTRA SCREEN	19
OraSure Technologies, Inc.	
Histofreezer	15
Presutti Laboratories	
Tindamax	24
Sanofi Aventis	
Actonel	3-4
Sepracor Inc.	
Lunesta	27-30
Ther-Rx Corporation	
Clindesse	10a-10b
Wyeth Consumer Healthcare	
Caltrate	31
Wyeth Pharmaceuticals Inc.	
PREMPRO	16-18
PREMARIN Tabs	22a-22d
PREMARIN Vaginal Cream	43-44

Available

FOSAMAX PLUS D™
(alendronate sodium/cholecalciferol) tablets

FOSAMAX PLUS D is a trademark of Merck & Co., Inc.
MERCK ©2005 Merck & Co., Inc. All rights reserved. 20503906(1)-FOS