CMS Hospital Database to Drive Accountability

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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?' "

In fact, such changes as these have already begun to occur, Dr. Sussman pointed out.

"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,' " Dr. Sussman said.

CMS launched its "Hospital Compare" database earlier this year at www.hospitalcompare.hhs.gov. The database looks at hospital performance on 17 different measures related to the treatment of three conditions: heart attacks, heart failure, and pneumonia.

Users are able to search the hospital comparison database by hospital name or geographic location.

Gerald M. Shea, assistant to the president for government affairs at the AFL-CIO, said that the feeling of partnership that comes from empowering consumers should spill over onto 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 equally 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," Mr. Shea added.

In fact, physicians also have much to gain from being able to access hospital quality data, said Margaret E. O'Kane, president of the National Committee for Quality Assurance.

In the end, databases like this 'are more about using accountability to improve care than they are about consumers making more decisions.'

"Physicians have been working in an information vacuum as well—both doctors involved in performing particular procedures in the hospital, and the primary care physicians who are making referrals to specialists," Ms. O'Kane said.

"We can't underestimate the impact that transparency has on changing everything. I feel very optimistic this will lead to a lot of positive changes," she said.

One panelist warned that empowerment does have its limits. Charles N. "Chip" Kahn, president of the Federation of American Hospitals, said that as databases such as Hospital Compare begin adding more measures, "it will be more and more difficult for the average consumer … to figure things out other than, 'This is either an okay place or a dreadful place' and you obviously want to stay away from dreadful places."

In the end, Mr. Kahn said that, databases such as this one "are more about using accountability to improve care than they are about consumers making more decisions."

Ms. O'Kane said she was confident that "intermediaries" would rise up to help consumers interpret the database information. And she also had a prediction.

"What we've seen so far is not hospitals that are excellent at everything or terrible at everything, but hospitals that are excellent at one thing and maybe not so great at others," she said.

"As process engineering becomes more core to the hospitals, you'll see hospitals that will break out and be excellent across the board," she added. ■