Quality Gap Between Hospitals

Growing, Medicare Data Show

BY JANE ANDERSON

Contributing Writer

but a typical patient has, on average, a

69% lower chance of dying at a five-star

rated hospital than at a one-star rated in-

stitution, according to an analysis by

verall mortality for Medicare pa-

tients at U.S. hospitals has de-

clined by nearly 8% since 2003,



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Revised June 2005



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HealthGrades, an independent health care ratings organization.

This "quality chasm" has grown by nearly 5% since last year's study, said Dr. Samantha Collier, vice president of medical affairs at HealthGrades and author of the report, "The Ninth Annual Health-Grades Hospital Quality in America Study.

According to the study, more than 300,000 lives of Medicare patients could have been saved during the 3 years studied if all hospitals performed at the level of hospitals rated with five stars.

The data showed that half of these potentially preventable deaths were associated with just four diagnoses: heart failure (33,543 potentially preventable deaths), sepsis (38,560), community-acquired pneumonia (37,593), and respiratory failure (40.093).

The study examined mortality rates for 18 diagnoses and procedures. For example, typical patients having coronary artery bypass surgery (CABG) have a 73% lower risk of death, on average, at a fivestar rated hospital than a one-star rated hospital.

If all Medicare CABG patients from 2003 to 2005 went to five-star hospitals, 5,308 lives could have been saved, the report said.

For stroke patients, mortality is 51% lower if they are admitted to a five-star rated hospital than to a one-star hospital, and Continued on following page

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Continued from previous page

27,458 lives could have been saved if all stroke patients went to five-star hospitals.

Dr. Collier urged physicians to read the report in order to find out where their hospitals stand in the ratings, and to work toward quality improvement in all areas of hospital care, not just in the care they provide.

"Physicians are important stakeholders, but they're not the only ones," said Dr. Collier, who noted that patients can have a greater risk of death at lower-rated hospitals, even if their physician is toprated.

"Physicians can collaborate with hospitals to understand some of the ways they can improve care," she said. "There are physicians who are interested in quality improvement, and hospitals are waking up and starting to pay for that work."

The HealthGrades study analyzed 40.6 million Medicare hospitalization records, from the years 2003 through 2005, to rate the quality of care at each of the nation's more than 5,000 nonfederal hospitals.

This year's report says that mortality rates among Medicare patients continue to decline, but that the gap between the toprated and bottom-rated hospitals continues to grow.

"The good news is, things seem to be improving," Dr. Collier said. "The best are getting better, and the others are too, but at slower rate.'

Compared with last year's study, the disparity in mortality between the lowestand highest-rated hospitals has increased by 5%. That same typical patient would have, on average, an approximately 49% lower chance of dying in a five-star rated hospital than in an average U.S. hospital; that represents an increase of about 7% in the disparity, compared with last year's study.

HealthGrades, based in Golden, Colo., posts the ratings free of charge at its consumer Web site, www.healthgrades.com, as a way of helping consumers compare the quality of local hospitals.

Dr. Collier suggested that physicians at the very least know how their hospitals rate in the rankings: "If you don't know how your hospital performed in some of these key areas, you need to know that."

Increasingly, patients want to know how their providers rank-and it's critical for physicians to understand statistics such as the HealthGrades report and to be able to discuss them with their patients.

"Patients are getting savvy," she said. "A lot of physicians know there's a lot of variation, but they think it's not in their hospital and not in their practice. If the doctor dismisses it, especially in a patronizing way, the patient will find another doctor."

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Namenda	11-14	Caduet	26-29
Lexapro	30a-30b	Detrol	36-38
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