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CMS ANNOUNCES SIGNIFICANT INCREASE IN NUMBERS OF HOSPITALS VOLUNTARILY REPORTING HOSPITAL QUALITY DATA

About one out of three U.S. hospitals paid by Medicare and Medicaid are now voluntarily reporting at least one quality measure from a set of 10 quality measures, the Centers for Medicare and Medicaid Services (CMS) announced today.

The new information demonstrates growing interest in Medicare's effort to promote public reporting of quality measures that can both help hospitals improve the quality of care that they provide and allow patients and their families to make more informed decisions about their hospital care.

"The hospitals already reporting quality data deserve credit for stepping up to the plate and joining our effort to improve the quality of health care across the country," Health and Human Services Secretary Tommy G. Thompson said. "Now that Congress has provided a financial incentive to do so as part of the new Medicare law, we expect many more hospitals to voluntarily send in their quality data this year. These measures will help hospitals striving to improve and will provide a valuable resource for consumers making care decisions."

The increased participation reflects continued progress in Medicare's hospital quality initiative, which Secretary Thompson launched in December 2002. As part of that effort, CMS and the Agency for Healthcare Research and Quality (AHRQ) recently completed a comment period for the standardized hospital patient experience survey, known as HCAHPS, and are moving forward to further test, refine and finalize this important instrument.

To date 1,407 hospitals are sharing at least one of the clinical quality measures – more than three times the number that shared the same data in October 2003, when CMS began publishing this information. A total of 492 hospitals are sharing quality data in each of the initiative's three clinical categories – heart failure, heart attack and pneumonia. This quality information is available at www.cms.hhs.gov/quality/hospital.

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Participation is expected to increase significantly this year, as the newly enacted Medicare Prescription Drug, Improvement and Modernization Act of 2003 increases payments to hospitals that publicly report this quality information to CMS. Hospitals that report quality data this year would receive enhanced payments in fiscal year 2005. The new law's requirements will effectively supersede this phase of the voluntary reporting effort.

The reporting of the 10 measures was part of the first phase of the National Voluntary Hospital Reporting Initiative. This initiative has been a collaboration among CMS, AHRQ, the American Hospital Association, the Federation of American Hospitals, the Association of American Medical Colleges, AFL-CIO, the Consumer-Purchaser Disclosure Project, the National Quality Forum, the American Medical Association and others.

The collaborators will now turn their attention to new phases of the initiative, including the HCAHPS survey and collection and reporting of additional clinical measures. CMS recently completed a 60-day comment period on HCAHPS and received more than 500 responses. These comments and other continuing input will help refine and finalize a standardized HCAHPS instrument and implementation strategy.

“We are excited about the increased participation in hospital public reporting,” said Acting CMS Administrator Dennis Smith. “We are all committed to the reporting of a robust set of useful quality information for consumers and professionals, and we look forward to the next public reporting milestones.”

“AHRQ will be working closely with CMS as its science partner to refine and finalize HCAHPS, a standardized, rigorously tested instrument to obtain patient perspectives on the hospital care they receive and to develop reports that are clear and useful to consumers,” said AHRQ Director Carolyn M. Clancy, M.D.

The 10 measures in three disease areas that make up the ‘starter set’ are:

- Heart attack (Acute Myocardial Infarction)
 - Was aspirin given to the patient upon arrival at the hospital?
 - Was aspirin prescribed when the patient was discharged?
 - Was a beta-blocker given to the patient upon arrival at the hospital?
 - Was a beta-blocker prescribed when the patient was discharged?
 - Was an ACE Inhibitor given to the patient with heart failure?
- Heart failure
 - Did the patient get an assessment of his or her heart function?
 - Was an ACE Inhibitor given to the patient?
- Pneumonia
 - Was an antibiotic given to the patient in a timely way?
 - Had a patient received a Pneumococcal vaccination?
 - Was the patient's oxygen level assessed?

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