Scores let patients compare their care

Medicare measures treatment for three severe conditions

By Liv Osby
HEALTH WRITER
losby@greenvillenews.com

COMPARE CARE

To see how your hospital fared, go to www.hospitalcompare.hhs.gov

Upstate hospitals scored at the national rate generally in mortality and readmission rates for heart attack, heart failure and pneumonia under a new measure of quality from Medicare.

Hospital Compare provides the information for some 4,700 acute-care hospitals nationwide, which are then scored as better than, no different than or worse than the national rate.

While mortality rates speak for themselves, one in five Medicare patients is readmitted to a hospital within a month of release, and readmissions can be an indicator of care, according to the Centers for Medicare and Medicaid Services.

Greenville Memorial Hospital's mortality rates were at the national average, while it came in better than the national rate for heart attack and heart failure readmissions, said Dr. Thomas Diller, vice president of clinical effectiveness and quality for Greenville Hospital System. Pneumonia readmissions also were at the national average.

Spartanburg Regional Healthcare System came in at the national rate for everything but pneumonia readmissions, on which it scored better than the national rate, said Sean Mahaney, director of quality and data management.

And AnMed Health scored at the national average for everything but pneumonia mortality, which it scored better on, said Leigh Miller, director of clinical outcomes.

Dr. Mary Jo Cagle, chief medical officer for Bon Secours St. Francis Health System, said the new rankings are a good step toward transparency. St. Francis-Downtown scored better than the national rate for heart failure readmission and at the national rate for everything else.

"The public has a right to know the level of care they can expect from their hospitals," she said.

But the system is not without its flaws, hospital officials say.

"If you're a patient in one of those three areas, it serves as a fair guide of what hospitals are doing," Diller said. "But the dilemma is that it's only looking at three diseases."

Moreover, he said, most hospitals scored at the national rate, making the value to consumers debatable.

"Maybe 100 hospitals in the country are better, 100 are worse, and 4,000 are average," he said. "There's a wide range of average."

Miller agreed, adding, "It does give you a heads up, though, if you're comparing, and the hospital you're going to is significantly worse."

Mahaney said some computer-savvy consumers will be able to sort through the numbers to

See RANK on page 4A

AREA HOSPITALS SCORED AT THE NATIONAL RATE

■ Hospitals were ranked as better than, no different than, or worse than the national rate.

	Mortality Rates			Readmission Rates		
Hospital	Heart failure	Heart attack	Pneumonia	Heart failure	Heart attack	Pneumonia
Greenville Memorial	Same as	Same as	Same as	Better	Better	Same as
St. Francis-Downtown	Same as	Same as	Same as	Better	Same as	Same as
AnMed Health	Same as	Same as	Better	Same as	Same as	Same as
Spartanburg Regional	Same as	Same as	Same as	Same as	Same as	Better
Palmetto Health Baptist Easley	Same as	Same as	Worse	Same as	Same as	Same as

Note: Hospitals are not ranked by system. For rankings on their other hospitals, go to www.hospitalcompare.gov
Source: Center for Medicare and Medicaid Services

find something meaningful.

Diller added that he'd like to see a seven-day readmission rate as well as a 30-day readmission rate because earlier readmissions are more likely related to hospital care rather than, for instance, not following discharge instructions.

Hospital Compare's greatest value is in spurring medical centers to improve the quality of care they deliver, Diller said.

Like most hospitals, Spartanburg Regional is involved in a variety of improvement programs, like one that collects daily information from patients remotely to route them to their doctor at the first sign of deterioration and prevent rehospitalization, Mahaney said. A weight gain, for instance, could be a sign of fluid build-up in heart failure patients.

"It's looking promising," he said. "The readmission rate for those patients is well below the numbers for the rest of the population."

The CMS measures, developed by Yale and Harvard universities' experts, are risk-adjusted for patients' previous health problems and reflect three years of data ending in June 2008. And that's another flaw, according to Dr. Scott Parker, medical director at Palmetto Health Baptist Easley.

The hospital scored at the national rate for everything but pneumonia mortality, which came in worse. The reason for that, Parker said, is that unlike other area hospitals, Baptist Easley had no hospice program until recently. And patients with pneumonia admitted only for "terminal comfort care" were grouped in with pneumonia patients who were treated.

"A lot of patients are admitted with the intention that that would be the outcome. It's a frequent cause of death in that population," he said. "We are actually the leader in the state in terms of appropriately taking care of patients with pneumonia for whom treatment is appropriate."

In the future, he said, those numbers won't be included. But because there's a one-year lag between reporting data to CMS and the time it appears on Hospital Compare, it could be a year before that score changes, something else that should be improved, he said.

CMS has been tracking outcomes since 2007. Prior to that, it collected only "process of care" measures that provided no information about the outcomes of that care.

Upstate hospitals put to the test



NATIONAL RATES

Readmissions

■ Patients returning to the hospital within 30 days.

19.9 percent
of heart attack patients

24.5 percent
of heart failure patients

18.2 percent
of pneumonia patients

Estimated mortality

Heart attack
16.6 percent

Heart failure
11.1 percent

Pneumonia
11.5 percent

Source: Center for Medicare and Medicaid Services