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Report Rates Hospitals on Their Heart Treatment
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By GARDINER HARRIS

WASHINGTON, June 21 — The federal government has gingerly stepped back into rating the care delivered by the nation's hospitals, releasing for the first time in nearly two decades a list of hospitals where heart patients are most likely to die.

Officials at the 41 hospitals on the list, which represent about 1 percent of hospitals nationally, said either that they were shocked by the numbers or refused to comment at all.

"We were stunned when this issue was raised with us," said Dr. Brian D'Arcy, chief medical officer of the Catholic Health System of Western New York. Kenmore Mercy Hospital near Buffalo, which is part of that system, was on the list.

"We believe it's a statistical anomaly related to hospice-type patients," Dr. D'Arcy said.

The hospital reviewed the care it provided to each patient who died during the government's review period, he said, and decided that the care was appropriate.

Although federal officials had released the data to hospitals weeks ago, some hospital officials seemed caught off guard by the government announcement. Dr. Robert Schott, a cardiologist who is director of medical affairs for the Sutter Medical Center in Sacramento, said he became aware of the federal designation only on Thursday.

"We take the data very seriously, and I don't know why we're outside of the normal range," Dr. Schott said.

The report, based on a study of about 5,000 hospitals, also identified 52 where patients died far less often than the national average. Among those hospitals is NewYork-Presbyterian Hospital.

"I think we just try very hard," said Dr. Herbert Pardes, NewYork-Presbyterian's president and chief executive.

The report was released by the Department of Health and Human Services after a yearlong study. It is part of a broad push by federal health-care officials to begin demanding accountability from hospitals for the quality of the care they provide.

For the Bush administration, the push is an essential part of keeping much of the American health-care system in private hands and giving consumers information about how they perform.

Health care often seems to operate by a unique set of economic rules that result in huge inefficiencies. One reason for this is that patients have little ability to choose doctors or hospitals based upon an accurate assessment of the quality and price of the care provided. A recent survey of Pennsylvania hospitals, for instance, found that high costs do not correlate with high-quality care.

"This is a glimpse into the future," said Michael O. Leavitt, the secretary of Health and Human Services. "For most of its history, Medicare has been paying for services but not for results."

After a request for such data more than two decades ago from The New York Times, the government published hospital mortality statistics in the 1980s. But the data were widely criticized as unfair, because government officials did little to adjust for the relative health of the patients being counted. Time and again, the hospitals found with the worst scores were those that treated the poorest and sickest patients.

As a result of such criticism, the Clinton administration stopped releasing the statistics.

But business groups have been increasingly pushing the government to provide data to allow them to demand better care. So the Bush administration gathered some top health researchers to come up with a way to provide fairer numbers.

Dr. Harlan Krumholz, a professor of medicine at Yale University, said he and others had joined the effort by the Centers for Medicare and Medicaid Services "to prove to C.M.S. that they couldn't do this."

But the more they studied the issue, the more the researchers decided that they could use sophisticated statistical analysis to adjust for the relative health and medical histories of patients admitted to every hospital, Dr. Krumholz said.

Richard Umbdenstock, president of the American Hospital Association, said hospital trade associations had joined the effort "because we believe that patients should have the information they need to make choices."

Peter V. Lee, chief executive of the Pacific Business Group on Health, said the hospital associations regarded the effort warily and noted that consumers would learn little about most hospitals from the report.

A list of the hospitals can be found at www.hospitalcompare.hhs.gov.

"Without showing true differentiation among most hospitals, we aren't serving consumers, purchasers or even the hospitals themselves," Mr. Lee said.

At a news conference, government officials acknowledged that the report was far from perfect. Mr. Leavitt said the government had hoped to come out with a report that he likened to a Formula One race car.

"But what we're really developing today is a go-cart," he said. "It will get nothing but better as time goes on."

The rankings measured hospitals only on how well they handled patients suffering from heart attacks or heart failure. Next year, the government will add pneumonia. And officials said they would probably begin to show increasing differentiation among the vast majority of hospitals now ranked as average.

Dr. Steven Nissen, chairman of the department of cardiovascular medicine at the Cleveland Clinic, said hospitals at the bottom of the government's rankings "need to look at their systems, processes and education and find out how to get better."

"If that's what comes out of all this," Dr. Nissen said, "that's a huge benefit."

But Dr. Michael A. Weber, a professor of medicine in the cardiology division at the State University of New York Downstate College of Medicine, said the rankings might needlessly scare some patients.

"I'm a bit concerned that people might not go to the appropriate hospital and to one farther away and arrive too late to be adequately helped," Dr. Weber said.