



FOR IMMEDIATE RELEASE

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**Vital New Quality Data on Hospital Readmission Rates Available on
Hospital Compare Website**

WASHINGTON (July 9, 2009) – Today, released for the first time on *Hospital Compare* (www.hospitalcompare.hhs.gov) are hospital readmission rates for Medicare patients with heart attack, heart failure and pneumonia. This vital new quality information for health care consumers, clinicians and hospitals expands information offered by CMS and supported by the Hospital Quality Alliance (HQA) – a broad working group of hospital groups, consumer representatives, physician and nursing organizations, employers and payers, oversight organizations and government agencies dedicated to improving health care quality and making useful and understandable information about hospital quality available to the public.

The new data provide to the public and hospitals information on how often a Medicare patient with one of the three conditions returns to a hospital within 30 days of being discharged. The readmission rates are being added to information already available on how often hospitals take the right steps to provide care for these patients, as well as updated information on mortality rates.

The issue of hospital readmissions has been cited by the policymakers and the Administration as a potential opportunity for improving health care quality and reducing unnecessary health care spending. Until now, hospitals have had only information on those patients who return to their own hospital, but not about patients who were readmitted to a different hospital. The

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information on *Hospital Compare* shows how often a Medicare patient with one of these conditions returns to the same hospital or a different hospital within 30 days following their initial stay.

Hospitals are placed in one of three categories based on their readmission rate in relation to a national readmission rate – “no different than the U.S. national rate,” “better than the U.S. national rate” or “worse than the U.S. national rate” – to provide results that are clear and understandable to patients and consumers. Each hospital’s readmission rates for the specific condition also can be compared to its state’s average. Additionally, each rate is shown as a single number, along with a confidence interval that indicates the range of certainty in which the hospital’s true performance falls.

The methodology used to calculate the readmission rates uses Medicare billing records from July 2005 to June 2008. The information being made available today on *Hospital Compare* represents an important starting point from which providers can learn and take additional steps in their efforts to reduce readmissions.

Hospitals, other health care providers and community organizations can work together to understand the readmission rate information and investigate factors that may contribute to hospital readmissions, such as the availability of primary and hospice care in the community or transportation challenges patients might face in getting to follow-up appointments.

The new update joins a growing collection of clinical care information on the *Hospital Compare* Web site – the product of the collaboration of public and private sector organizations known as HQA. HQA members work together to improve the quality of care provided by the nation’s hospitals by measuring and publicly reporting information about hospital care. A key goal of the HQA is to collect and report data on a robust set of standardized and easy-to-understand hospital

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quality measures. The HQA is continuing its efforts to identify the most meaningful information to include on the *Hospital Compare* Web site in the future to help inform patient and clinical decision making.

The HQA will continue to put forward National Quality Forum-endorsed measures that will expand the range of information that assess the care provided to patients suffering from common conditions that are the primary causes of hospitalization. More than 4,000 hospitals – including virtually all acute-care hospitals – have voluntarily submitted quality information to share with the public through the Web site

What members of the Hospital Quality Alliance are saying about the new information:

John Rother, executive vice president for policy, AARP:

“AARP believes that publishing comparative information on hospital performance is a powerful tool to stimulate and encourage quality improvement. AARP is pleased that with each new enhancement, the *Hospital Compare* website becomes more useful to patients and their clinicians by offering information that can inform their decisions about care in the hospital and help them identify high performing facilities.”

Gerry Shea, assistant to the president for government affairs, AFL-CIO:

“Hospital quality measures are an essential building block for health care reform that controls costs while improving quality. Today's posting on Hospital Compare of critically important measures about hospital readmissions and mortality rates is a robust addition to the information consumers, hospitals and clinicians have at their disposal for improving quality and making health care decisions. In addition, this data provides insights into the concerns that have been raised about the strain on Medicare finances stemming from readmissions. Finally, the availability of this data on Hospital Compare is a good example of the effectiveness of collaboration between federal agencies and a broad range of health care stakeholders.”

Rich Umbdenstock, president and CEO, American Hospital Association:

“America’s hospitals have long been committed to improving patient care and welcome the opportunity to use all of the information on the Hospital Compare Web site to gain new insights into how to strengthen quality. In particular, the new information on readmission rates gives hospitals a broad look at how their patients receive care both inside a hospital and after they have been discharged. With the new information now in hand, hospitals will seek to understand why patients are readmitted and how some of those readmissions can be prevented through appropriate changes in care delivery.”

Rita Munley Gallagher, PhD, RN, senior policy fellow, American Nurses Association:

“Registered nurses are instrumental in ensuring coordination of care for patients. Among the myriad of responsibilities that they have, nurses work closely with patients and their families during transitions in care which significantly reduces the potential for unplanned readmissions.”

Joanne Conroy, M.D., chief health care officer, Association of American Medical Colleges:

“The Association of American Medical Colleges and its member teaching hospitals are pleased that Hospital Compare is continuing to expand its measures of hospital quality – which now include readmission rates for patients with certain conditions and more accurate data on patient mortality. We encourage hospitals and their patients to use all of the data available on the Web site to engage in important conversations about health care quality and about the improvements each hospital is making in clinical care delivery.”

Deborah Ness, co-chair, Consumer-Purchaser Disclosure Project and president, National Partnership for Women & Families:

“All consumers, and particularly those with multiple and/or chronic conditions, want better information about where they can go to receive care that is coordinated and patient-centered, and where they will receive the best health outcomes,” said National Partnership for Women & Families President Debra L. Ness, who Co-chairs the Consumer-Purchaser Disclosure Project. “By offering access to national and state data on hospital readmission rates, Hospital Compare is providing consumers with a powerful new tool that can help them make these critically important and often difficult decisions. Particularly in light of the focus on overuse in the health care reform debate, we applaud the new inclusion of readmission measures and support HQA and CMS’ work to expand Hospital Compare’s breadth and depth.”

Chip Kahn, president, Federation of American Hospitals

“The release of publicly reported readmissions, mortality and patient experience of care measures is good for consumers and patients; it offers an opportunity for hospitals to assess themselves and to use objective and comparable information to further improve the quality of care and service to their communities.”

About Hospital Compare

The Hospital Quality Alliance, a landmark public-private partnership of hospitals, government agencies, quality experts, purchasers, consumer groups and other health care organizations. The HQA believes that the availability and use of clinical quality, patient experience, equity, efficiency, and pricing information will spur positive changes in health care delivery. A cornerstone of our collaboration is Hospital Compare (www.HospitalCompare.hhs.gov) which publicly reports hospital performance in a consistent, unified manner to ensure the availability of credible information about the care delivered in the nation's hospitals.

Members of the HQA include:

AARP

AFL-CIO

Agency for Healthcare Research and Quality

America's Health Insurance Plans

American Hospital Association
American Medical Association
American Nurses Association
Association of American Medical Colleges
Blue Cross and Blue Shield Association
Centers for Medicare & Medicaid Services
Consumer-Purchaser Disclosure Project
Federation of American Hospitals
The Joint Commission
National Association of Children's Hospitals and Related Institutions
National Association of Public Hospitals and Health Systems
National Business Coalition on Health
National Quality Forum
Society for Critical Care Medicine
U. S. Chamber of Commerce
Wisconsin Collaborative for Healthcare Quality

For more information about the HQA and its partners, please visit
www.hospitalqualityalliance.org.

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