



Office of External Affairs

MEDICARE NEWS

FOR IMMEDIATE RELEASE
November 15, 2004

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CMS SEEKS PUBLIC COMMENT ON STANDARDIZED QUALITY MEASURES Measures Recommended For Ambulatory Care and Patient Perspectives on Hospital Care

Medicare is taking another important step to improve the quality of healthcare by identifying and requesting public comment on standard information to be used to publicly report both on how well a physician treats certain illnesses and patient perspectives on the quality of care received during a hospital stay.

“We are one step closer to bringing more useful information about the quality of care patients receive from their physicians and hospitals to help them make informed decisions about their care,” said Health and Human Services Secretary Tommy G. Thompson. “Having ‘apples-to-apples’ comparisons will also help us address the strengths and weaknesses of health care providers so they can improve the quality of the care patients get.”

As part of Medicare’s comprehensive quality improvement efforts, the Centers for Medicare & Medicaid Services (CMS) has submitted standardized measures, called ambulatory care measures, to the National Quality Forum (NQF) for review and comment. The measures will be used to pay physicians to monitor, report on and improve the care provided to Medicare beneficiaries. The NQF is a non-profit organization that provides endorsement of consensus-based national standards for measurement and public reporting of healthcare performance data.

An additional set of survey questions to measure patient perspectives on the care they receive when they are hospitalized was also submitted to NQF for their consensus-based endorsement process. CMS will also publish a *Federal Register* notice asking for public comment and input about the survey questions.

“We have already begun to see improvements in the quality of care available in the nation’s nursing homes and home health agencies since that information has first been measured and publicly reported,” said CMS Administrator Mark B. McClellan, M.D., Ph.D. “We’re continuing to work closely with the experts to help us make sure we are asking the right questions to improve the already high quality of care available in the nation’s hospitals and to begin to focus new attention on the quality of care available in doctors’ offices.”

As part of the Hospital Quality Initiative, CMS intends to publicly report a broad set of hospital clinical measures along with measures of hospital patient perspectives on care. CMS has been working closely with HHS' Agency for Healthcare Research and Quality (AHRQ) to develop a standardized survey tool to assess patient perspectives, called HCAHPS. AHRQ conducted a very careful, multi-step process to develop HCAHPS that included consumer testing, stakeholder and public input, a pilot test in three states, additional small-scale field tests, and extensive psychometric analysis. CMS anticipates that hospitals will begin data collection using HCAHPS in 2005.

The questions selected for consensus review look at key areas including overall ratings of the hospital, communication with doctors, communication with nurses, responsiveness of hospital staff, pain control, communication about medicines, cleanliness and quiet of the hospital environment, and discharge information. The recommended questions are meant to complement, not replace, information hospitals currently collect to support improvements they use to support their own improvements in customer service and care.

Public reporting of data to improve quality of care began in 2003 under the auspices of the National Hospital Quality Alliance, a public-private effort on quality reporting that supported the development of Medicare's Hospital Quality Initiative. The Hospital Quality Alliance is a joint effort of the American Hospital Association, the Federation of American Hospitals, the American Association of Medical Colleges, the Joint Commission on Accreditation of Healthcare Organizations, National Quality Forum, the American Nurses Association, the American Medical Association, the AFL-CIO, AARP, the Consumer-Purchaser Disclosure Project, the National Association of Children's Hospitals and Related Organizations, CMS and AHRQ. Later this month, CMS will post updated quality information reported by nearly 4,000 hospitals on ten hospital measures at www.cms.hhs.gov.

Beginning early in 2005, the hospital quality data will be available on the CMS website for consumers www.medicare.gov or by calling 1-800-MEDICARE (800-633-4227). CMS currently publishes quality information on www.medicare.gov for Medicare and Medicaid-certified nursing homes, Medicare-certified home health agencies, dialysis facilities and Medicare Advantage plans. The agency's overall quality initiative also focuses on improving the quality of care in home health agencies, nursing homes and hospitals using hands-on training and resources from Medicare's Quality Improvement Organizations.

The proposed ambulatory care measures – those that look at the quality of care available in doctors' offices – are part of an effort with the American Medical Association's Physician Consortium for Performance Improvement and the National Committee for Quality Assurance. The goal is to measure the improvement of care for such clinical conditions as coronary artery disease and heart failure, diabetes, high blood pressure, osteoarthritis, asthma, behavioral health, prenatal care and preventive care. CMS anticipates that the approved measures will be incorporated into ongoing quality improvement efforts and demonstrations that will be underway in early 2005.

“By collecting this information, we will be able to use these ambulatory care measures to pay providers for improving the quality of care,” said Dr. McClellan.

The revised HCAHPS measures can be found at www.cms.hhs.gov/quality/hospital and the proposed ambulatory care measures will be posted at www.cms.hhs.gov later this week.