

Is Hospitalization in Your Future? Be an Informed Consumer of Health Care! **By Gregg Davis**

Ever wondered if that hospital room will be quiet, or if the bathroom will be clean, or if your pain will be managed up to your expectations? These and many other measures are available, by hospital, for consumers expecting a hospitalization.

Consumer-driven health care is built on the principal that consumers, when properly informed, can make sound health care decisions for themselves and their families as they work with their health care provider. Being an informed consumer also instills a feeling of confidence as one enters the health care system.

One resource available to consumers is the Hospital Compare Web site hosted by the Centers for Medicare and Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (DHHS), and the Hospital Quality Alliance (HQA), an organization that represents consumers, hospitals, providers, employers, and accrediting organizations. The hospital quality measures reported on this Web site show recommended treatments for some of the most common and costly conditions treated in the hospital setting. These measures provide a good snapshot of the quality of care provided by Montana's hospitals.¹ Hospital Compare should be used by any consumer expecting to become a patient in one of Montana's 46 reporting hospitals. See <http://www.hospitalcompare.hhs.gov> for more information.

There are four main components to the Hospital Compare Web site. **Process of Care** measures show how often, in percentage terms, hospitals give recommended treatments medically shown to give the best results for heart attack care, heart failure care, care relating to pneumonia, surgical care, and asthma care for children. In all, 28 measures are provided in easily-understood terms. Users can compare up to three hospitals at a time. Hospitals voluntarily submit data for Medicare patients, patients enrolled in Medicare health plans, and non-Medicare patients.

Hospital Outcome of Care Measures report 30-day risk-adjusted death (mortality) and readmission rates for those admitted to the hospital for heart attack, heart failure, and pneumonia. Unlike the Process of Care measures, data are only reported for Medicare patients (those 65 and older), and excludes Medicare Advantage, and non-Medicare patient populations. Death rates and readmission rates indicate whether a hospital is preventing complications after hospitalization to insure patients make a smooth transition to home or alternative setting.

The third component of Hospital Compare is the **Survey of Patients' Hospital Experiences**. Users of this service can assess the patient perspective on ten important measures of hospital care received.

¹ The goal for all measures should be 100 percent.

A fourth component of Hospital Care is information on **Medicare payment and volume** by diagnoses Medicare Severity-Diagnosis Related Group (MS-DRG). Patients are assigned to a MS-DRG based on diagnosis, surgical procedure, age and other information. Only acute care hospitals are included in this group. Montana's 47 critical access hospitals are not included since they receive special remuneration from Medicare.² This information is more technical than the other three components and should probably be reviewed with your health care provider.

² Critical Access Hospitals (CAH) have 25 or fewer beds, provide 24 hour emergency access, are limited to average lengths of stay of 96 hours or less, and are generally located in rural areas. Acute Care Hospitals, on the other hand, provide inpatient medical care and other services for surgery, acute medical conditions or injuries, and usually for a short-term illness or injury.