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U.S. to Delete Data on Life-Threatening Mistakes From Website

By Charles R. Babcock - 2013-05-02T04:01:00Z

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Two years ago, over objections from the hospital industry, the U.S. announced it would add data about “potentially life-threatening” mistakes made in hospitals to a website people can search to check on safety performance.

Now the Centers for Medicare and Medicaid Services is planning to strip the site of the eight hospital-acquired conditions, which include infections and mismatched blood transfusions, while it comes up with a different set. The agency said it's taking the step because some of the eight are redundant and because an advisory panel created by the 2010 Affordable Care Act recommended regulators use other gauges.



Staff in a trauma unit in Chicago, Illinois. Photographer: Scott Olson/Getty Images

The decision to pull the measures is a retreat from a commitment to transparency, according to organizations representing employers that help pay for health insurance.

“We have a right to know if hospitals are making errors that are catastrophic to patients,” said Leah Binder, president of the Washington-based Leapfrog Group, whose members include General Motors Co. and Verizon Communications Inc. “What they’re saying basically is hospital claims of

unfairness have more weight than consumers’ right to know.”

The initial proposal CMS has made for new safety-assessment data suggests the [Hospital Compare](#) website won't be as comprehensive as it is now, Binder said.

Bill Kramer, executive director for national health policy at the Pacific Business Group on Health, said removing the data “would be a significant step backwards.” The coalition, including Wal-Mart Stores Inc. and Walt Disney Co., was among 33 business, labor and consumer organizations that argued against taking the hospital-acquired conditions, or HACs, off the site.

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Error Rates

The debate over public reporting of hospital errors underscores the challenges regulators face in balancing patient and provider interests in an economy that spends \$2.7 trillion a year on medical care, about one-third of it at hospitals.

The statistics were first posted in October 2011. CMS officials have said they'll be removed during the website's annual update in July, according to Binder and the American Hospital Association. Binder estimated it could be two years before data from the new HACs appear on Hospital Compare.

Patrick Conway, CMS's chief medical officer and top quality-control official, declined to be interviewed and didn't respond to written questions about the HACs' removal, the new measures and when they might appear on the site.

The hospital industry argued against adding the statistics to Hospital Compare from the beginning, contending the data, culled from Medicare billing records, aren't precise enough and can paint inaccurate pictures.

'Real Picture'

"Our members have long been in favor of transparency," said Nancy Foster, vice president for quality and patient safety policy at the Washington-based American Hospital Association. "The only thing we have insisted upon is that the measures be accurate and fair, that they represent a real picture of what's going on in an individual hospital if you're going to put it up on a public website."

Baltimore-based CMS, which oversees the government health insurance programs that pay almost half of all U.S. medical bills, revealed it would be stripping Hospital Compare of the HACs in an Aug. 31 regulation.

CMS said it was doing so in part because two of them, both involving catheter infections, are already mentioned in other sections on the site and that three more are included in composite scores in another category.

New List

In addition, the Measure Applications Partnership or MAP, the group created by the health-care overhaul law, recommended that CMS instead use hospital-acquired conditions endorsed by the [National Quality Forum](#). MAP is part of the nonprofit, which advises the U.S. government and hospitals on best practices.

The health-care law requires CMS to cut Medicare payments starting in October 2015 to hospitals that score in the 25 percent of worst-offenders on a list of hospital-acquired conditions, which the law leaves to regulators to define.

CMS proposed on April 26 that the measures include versions of two currently on the site -- bed sores and objects left inside surgical patients' bodies -- and others that cover accidental cuts and tears, collapsed lungs, blood clots after surgery and other post-operative complications.

Two now on Hospital Compare that aren't among those proposed by CMS are transfusions

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of the wrong type of blood and air embolisms, which are air bubbles that become trapped in the bloodstream. Both are known in the medical community as never- events, because they should never happen.

The agency will accept comments from the public on the suggested new HACs until June 25.

‘Great Concern’

Binder said it “should be a great concern to every American” that blood transfusion and air embolism aren’t among the proposals. “We deserve to know where they happen.”

Foster at the American Hospital Association said she couldn’t comment yet on the specific CMS proposals. While the trade group is concerned some might not be reliable indicators, she said, AHA experts are still studying them.

The website’s current HAC data are for the period from July 1, 2009, to June 30, 2011. Hospitals are scored on incidents per 1,000 discharges, and compared to a national ranking.

Regulators have emphasized curbing infections and injuries since the Institute of Medicine reported in 1999 that as many as 98,000 Americans die annually from preventable hospital mishaps. While some states track them, Hospital Compare is the only national compilation.

‘Done Right’

“It’s better to have measures that might not meet the highest level of statistical reliability than to ask your next- door neighbor,” said Dolores Mitchell, executive director of the health-care program for Massachusetts state employees, who said she was the only member of the MAP panel that opposed removing the HACs.

In Los Angeles, the Ronald Reagan UCLA Medical Center has a Hospital Compare score of .079 per 1,000 discharges for air embolisms, compared to a national average of .003.

After a transplant patient died in 2010 because an air bubble blocked a vein, UCLA conducted a root cause analysis and identified and put into place several changes in procedure, said Tom Rosenthal, who is chief medical officer of the UCLA Hospital System. “We have done everything we can do to reduce patient harm, and we’ve had no cases since.”






Opposition to the HACs on the website doesn’t mean the industry is “trying to cover up our dirty linen,” Rosenthal said. “The public does have a right to know what’s going on at UCLA and every other hospital in the country. But it should be done right.”

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