

Office of External Affairs

MEDICARE FACT SHEET

FOR IMMEDIATE RELEASE
June 1, 2006

CONTACT: CMS Media Affairs
(202) 690-6145

Helping Patients Get the Best Care for Their Needs

Empowering Consumers Through Access to Health Care Information

The Centers for Medicare & Medicaid Services (CMS) is working to provide meaningful healthcare quality, patient experience, and pricing information that consumers can easily access and use to guide their healthcare decisions. The goal is to enable patients, their caregivers, and their healthcare providers to compare clinical quality, the experiences of previous patients, and the prices of care among the available providers.

Through quality “alliances,” CMS is working with health care providers, consumers, payers, and purchasers to overcome the technical challenges of providing solid information to health care consumers. These private-public collaborations include the Ambulatory Care Quality Alliance (AQA), the Hospital Quality Alliance (HQA), the Pharmacy Quality Alliance (PQA), the Kidney Care Quality Alliance (KQA) and the Cancer Care Quality Alliance (CQA). The alliances develop and implement measures of quality and are working to collect healthcare cost information with the intent of improving the quality of U.S. healthcare, reduce unnecessary costs and avoidable medical complications and errors.

Consistent with the Administration’s commitment to providing usable healthcare information, a number of tools are already available to Medicare beneficiaries. Supported by the public-private quality alliances, consumers can access “Compare” websites through www.medicare.gov where they can evaluate important aspects of their health care options for care at a hospital, nursing home, home health agency, and dialysis facility, as well as compare their costs and coverage when choosing a prescription drug plan. These sites are very popular and have had more than 44 million visitors in the past year (May 27, 2005 through May 27, 2006). The Part D plan finder website was very popular with partners and beneficiaries during the prescription drug benefit enrollment period when up to 50,000 people used the website at peak times, and more than 3.5 million enrollments occurred on line.

Much more work is in progress to provide complete access to comparative quality and pricing information. CMS is pursuing a number of initiatives with an aggressive timeline to achieve greater availability of healthcare information. These initiatives include:

- Making Medicare pricing information available online;
- Collaborating with private and public partners to provide comprehensive and effective measures of quality and cost; and

-- More --

- Supporting pilot programs to model the most effective ways to empower patients with personalized information on quality and pricing of services.

Providing Pricing Information Online

Many private insurers, employers, provider groups, commercial vendors have been making price and cost information available to consumers on the Internet. Some states and independent associations provide such information as well. Medicare has already provided unprecedented information about drug prices in the Medicare drug benefit, and is now adding to these efforts in other areas.

Next steps:

- CMS will post Medicare payment information for common elective procedures and other common admissions for all hospitals by county, beginning June 1
- CMS will post geographically-based Medicare payment information for common elective procedures for ambulatory surgery centers this summer
- CMS will post geographically-based Medicare payment information for common hospital outpatient and physician services this fall.

Collaborating with Partners to Develop Effective Measures on Quality and Cost

With stronger efforts from the private and public sector to make more information on price and quality available, and with stronger public-private collaborations to improve these measures, the information available to consumers is expanding rapidly. CMS and the Agency for Healthcare Research and Quality (AHRQ) are supporting these collaborative efforts to provide more comprehensive information on quality and costs, including more complete measures of health outcomes, satisfaction, and volume of services that matter to consumers, and more comprehensive measures of costs for entire episodes of care, not just payments for particular services and admissions.

- The HQA will be adding outcomes measures, measures of patient experience, and additional surgical infection measures to its measure set this year; HQA is also working to develop measures of efficiency and coordination of care across settings
- The AQA has produced a “starter” set of measures for common conditions that are treated on an ambulatory basis, such as coronary artery disease, heart failure, diabetes, asthma, and depression, as well as preventive measures, such as use of cancer screening and immunizations; AQA is working to produce a broader array of physician quality measures, as well as measures of efficiency and coordination of care, and is supporting Pilot projects to help consumers get the maximum benefit from quality and cost information
- The PQA Workgroup on Quality Metrics has defined criteria for selecting measures of performance in pharmacy-related care, and will soon begin adopting measures related to promoting the effective use of medications
- The NHQI has resulted in measures of the quality of care provided to nursing home residents, now available on CMS’ Nursing Home Compare website, including rate of patients who are physically restrained or who have important complications like pressure sores; NHQI is readying for the launch of its next phase, which will include additional quality measures and quality improvement initiatives

- The kidney care community is in the process of forming the KQA and will hold their kick-off meeting this summer
- The CQA is evaluating measures for adoption that have been sent to the National Quality Forum, including adjuvant therapy for breast and colon cancer; a consortium of oncology practices is also considering practice-level process metrics related to informed consent, chemotherapy administration, and use of hospice

Implementing Pilot Projects to Empower Patients and Improve Care

To help patients use these enhanced measures of quality and cost, and to further improve them, CMS and AHRQ are supporting the work of the AQA with health care providers and other stakeholders to implement collaborative Pilot Projects. The Pilot Projects will combine public and private health care data to measure cost and quality of care information at the physician and hospital levels. Quality, cost, pricing, and patient experience information will be reported to consumers and purchasers of health care in a meaningful and transparent way. The Project will also provide a national template for performance measures and a payment structure that aligns payment and performance.

Next steps:

- The six AQA Pilot sites will initiate collection and aggregation of administrative data in November 2006
- Feedback reports to Pilot site physicians and hospitals will begin in February 2007 and will be issued every six months
- Reports of quality cost and patient experience will be available for the Pilot site communities in April 2007 and will be every six months
- Best practices in public reporting from the Pilot sites will be identified and widely disseminated by November 2007

###