

A Rural Perspective On “Hospital Compare”

March 31st, 2005

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The Centers for Medicare & Medicaid Services (CMS) has announced that it is rolling out the new Hospital Compare web site at < <http://www.hospitalcompare.hhs.gov> > on April 1st. Unfortunately, this is no April Fool’s Day joke. Given the bits and pieces that have been shared by the Hospital Compare developers over the last few weeks, it is clear that this initiative, while well intended, is a deeply flawed first attempt.

The Rural Wisconsin Health Cooperative has long advocated for the need for rural providers to engage in the quality improvement and public reporting movement. We believe in the proposition that rural communities deserve and demand the same high quality as all Americans. As currently constructed, we do not believe that Hospital Compare fairly serves rural patients and communities.

Hospital Compare separates out into a secondary category over 1,000 hospitals, those that serve most of rural America. While hopefully unintended, the resulting presentation is easily misinterpreted as a statement that these hospitals are not “real” hospitals.

We had thought that the long embedded federal bias against hospitals serving rural communities had finally expired, but apparently not. A hospital does not need to do brain surgery or heart transplants to be a hospital; it needs to address the medical needs of its community in the most appropriate manner and that is what these hospitals do. They should be raised up, not put down.

The reported labeling of the two groups makes a bad situation worse; the first group is called a mainstream “acute care general hospitals” and the second as “small-rural-remote hospitals”—implicitly labeling them less than “acute general.” I doubt if many of the over fifty Wisconsin hospitals in the latter category would recognize themselves in that description. I suspect, some might fire back, why don’t we call the other hospitals “urban-bunched-together hospitals.”

While the operative word in Hospital Compare is “compare,” this separating out of hospitals serving rural communities significantly impairs the use of the site by rural consumers. This is not a surprise as the “consumer focus” group that led to this decision had few to no rural participants and was held in Maryland, a state with no hospitals like those put down into the separate group.

There are alternatives to this clumsy approach. Wisconsin’s CheckPoint <<http://www.wicheckpoint.org/>> is a good example of a public reporting site that is user friendly and deals with the same data, the same technical challenges without having to fall back on a discredited “separate but equal” organizing principle.

Hospitals serving rural communities are committed to work with Hospital Compare to help make it worthy of the name.