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Public reporting on the quality of healthcare providers:
international experience and prospects

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LSE Health and Social Care Formal Seminar Series,
Wednesday, 09th May 2012**



Overview

- What do we mean by public reporting?
 - The pathways of change
 - Public reporting in Europe / the US
 - Hospitals
 - Physician practices
 - Effectiveness
 - Considerations for implementation
-



Definition of public reporting

Performance-related information about non-anonymous providers disclosed to the general public by applying a comparative approach

it is not

- unsystematic feedback and open comments by single healthcare users in the mass media, e.g. qype, google
- data with paid access
- anonymous reporting, e.g. information bundled at the regional or national level

Public reporting is a

- strategy to promote transparency and informed choice of provider
- to stimulate quality improvement
- to hold providers accountable for the care they deliver



Pathways for improvement through public reporting

Improvement through selection

Comparative information enables the user

- Patient empowerment
- Informed choice, i.e. selecting providers according to quality criteria

=> Consumers 'vote with their feet', i.e. they select good performers and discard bad ones

'Exit' option, i.e. choice of provider required

Improvement through change

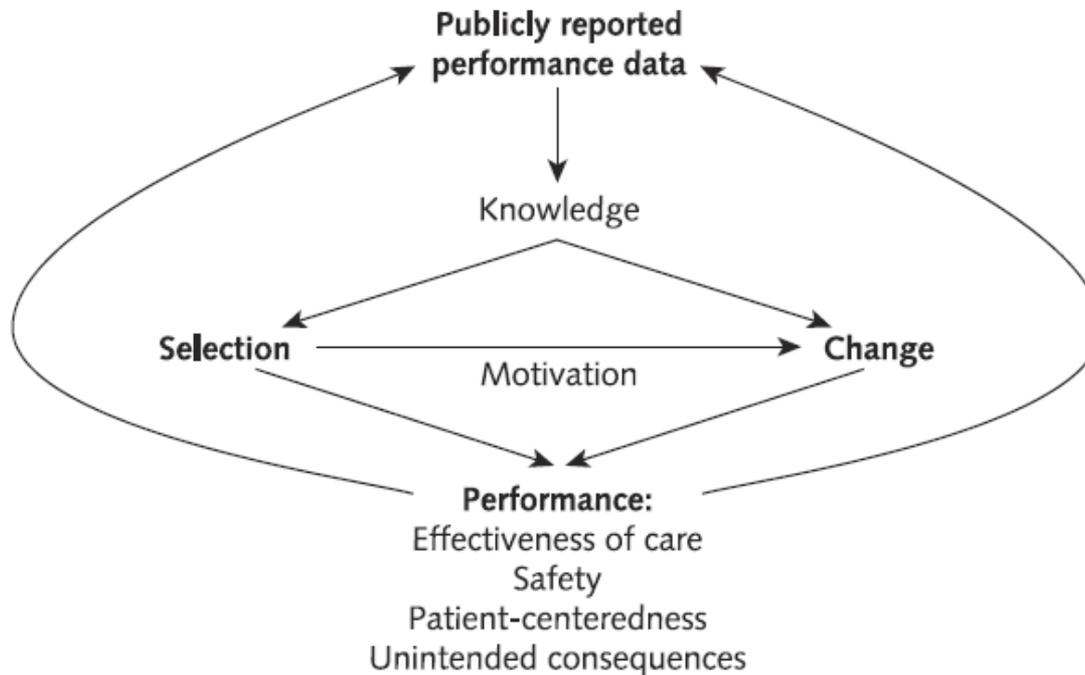
Comparative information enables the provider

- Comparison with peers
- Identification of the 'expected' level of quality and of areas of under-performance
- Avoidance of reputational damage
- Stimulus for quality improvement

'Voice' is complementary/alternative to 'exit'



Pathways for improvement



- Linked through provider's self-awareness, reputation, market share
- Intrinsic motivation and appeals to professionalism vs. reputational damage => role for public reporting



Public reporting strategies in Europe and the US

Information provided by the major reporting systems

Denmark Sundhed.dk

General information for citizens and health professionals,
Quality information on therapists (no GPs/specialists) and hospitals, development
of indicators for selected conditions in The National Indicator Project

The logo for Sundhed.dk, featuring the text "sundhed.dk" in white lowercase letters on a red rectangular background.

England NHS Choices

General health information and information for patients how to navigate
the healthcare system
Quality information on GPs, hospitals, consultants, dentists

The logo for NHS Choices, featuring the text "NHS" in white on a blue background and "choices" in orange on a white background.

Germany Weisse Liste ('White List')

General health information by Institute for Quality and Efficiency in Health Care
Quality information on hospitals, physicians, nursing homes, and dentists (new)
Patient Experience Questionnaire

The logo for Weisse Liste, featuring three blue dots on the left and the text "weisse Liste" in blue on the right.

The Netherlands KiesBeter ('Chose better')

General health information, patient information on the healthcare system
Quality information on hospitals, homecare, disability and nursing home
care, maternity care, physiotherapy, medical care centres

The logo for KiesBeter.nl, featuring four red arrows pointing towards the center and the text "kiesBeter.nl" in black, with the tagline "wijst u de weg in de zorg" below it.

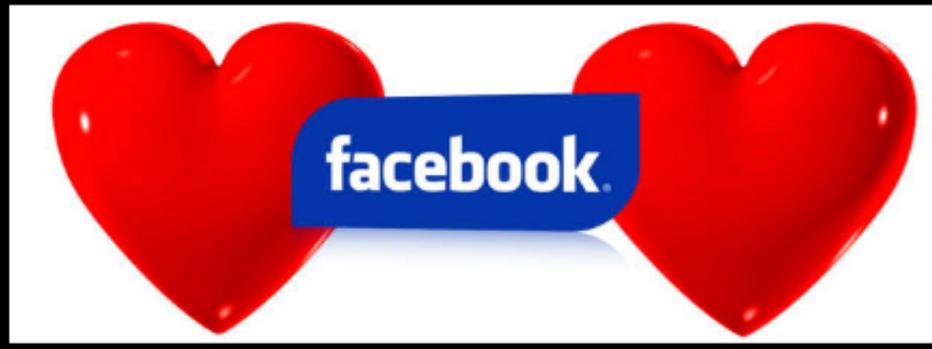
United States Medicare.gov

General health information, information about the Medicare programme
Quality information at Hospital Compare, Nursing Home Compare,
dialysis facility, home health, physicians (address only)

The logo for Medicare.gov, featuring the text "Medicare.gov" in white on a blue background, with the tagline "The Official U.S. Government Site for Medicare" below it.

Welcome to the NHS Choices homepage - learn more about it and leave feedback

Customise this page



Facebook organ donor register

Organ donors save lives. You can register as a donor in a few minutes on Facebook and share the news on your timeline

Be a Facebook organ donor



Health A-Z

Edit

Conditions and treatments

- Hip replacement
- Breast cancer
- Self-harm
- Diabetes
- Norovirus



Browse all conditions

Health encyclopaedia

Check symptoms using NHS Direct

Symptom checkers

A-Z of medicines

Medicines information

Health services near you

- GP GPs
- H Hospitals
- D Dentists

postcode, town or practice name

- Remember postcode
- Only show practices accepting new patients

Find GP practices

Find everything from A&E, pharmacies and maternity services to long-term illness support

More services

You and the NHS

Services, costs and rights

- NHS dental charges explained
- Healthcare abroad and the EHIC card
- NHS Constitution - your rights to choice
- How to complain about the NHS
- Prescription prepayment certificate (PPC)

Live Well

Edit

Healthy living

Hundreds of articles full of information on keeping you and your family healthy





Regulatory frameworks for public reporting

- Framework regulation in quality assurance in all European public health insurance programmes, also in the US
- **Mandatory** public reporting in specific sectors and/or on single indicators, e.g. in the Netherlands and Germany
- Sickness funds in Germany obliged to make information understandable and comparable
- **Pay for reporting** in the public US-Medicare programme
- Incentive for public reporting through GPs' participation in **pay for performance** in the UK (voluntary, almost 100% participate)
- **Voluntary** reporting in the Scandinavian countries, often initiated by government institutions



Dimensions of quality according to Donabedian

Dimensions of Quality

- Structure: Attributes of the care settings.

- refer to the settings in which care occurs, including material resources (facilities, equipment); human resources (availability /qualification); administration structure

- Process: Use of resources.

- refer to the interaction between patient and provider, e.g. intervention rates /referral rates; treatment according to guidelines

- Outcome: Effects of care.

- denote the effects of care on the health status of patients and populations, such as morbidity or mortality; includes patient satisfaction/experience and satisfaction of staff.



Publicly reported indicators on hospital care quality

		Indicators						Feedback option
		Structure	Process	Outcomes			Composite Indices	
				Clinical quality	Patient Satisfaction	Patient Experience		
DEN	Sundhedskvalitet.dk	✓	✓	✓	✓	✓	✓	
	National Indicator Project, sundhed.dk	✓	✓	✓				
ENG	NHS Choices – Hospitals	✓	✓	✓		✓	✓	✓
	Dr. Foster	✓	✓	✓		✓ ^a		
FIN	Palveluvaaka.fi	✓	✓			✓		✓
GER	Weisse Liste/AOK-Gesundheitsnavigator	✓	✓	✓		✓ ^b		
	Dt. Krankenhaus Verzeichnis	✓	✓	✓				
	Qualitätskliniken.de	✓	✓	✓	✓	✓	✓	
NLD	Zichtbare Zorg	✓	✓	✓		✓		
	KiesBeter	✓	✓	✓		✓	✓	
NOR	Fritt sykehusvalg	✓	✓	✓	✓	✓	✓	
SWE	öppna jämförelser	✓	✓	✓	✓	✓		
USA	Hospital Compare and HCAHPS	✓	✓	✓		✓		
	Veterans Administration		✓	✓				

a= feature is separate from the website b= not yet fully in operation



Publicly reported indicators on physician practices

		General information (i.e. size, language spoken, amenities)	Information about doctor(s)		Patient ratings: satisfaction /experience		Clinical indicators	Feedback option
			Specialisation	Qualification	General	Specific		
AUT	Docfinder.at	✓			✓	✓		✓
DEN	Sundheid.dk	✓	✓					
ENG	NHS Choices – GPs	✓			✓	✓	✓	✓
GER	Weisse Liste	✓	✓	✓	✓	✓		
NLD	Independer.nl	✓		✓	✓	✓		
UK	QOF	✓					✓	



Public reporting hospitals vs. physician practices

■ Hospital care

- Public sponsorship very common, data frequently complete
- Partial as well as comprehensive approaches to quality reporting

■ Physician practices

- Private non-profit or profit-oriented sponsors => advertisement
- Number and diversity of quality indicators restricted
- Patient perspective as the sole outcome indicator; self-selection versus systematic surveys
- Difficulty of reporting health outcomes (risk-adjustment) at the physician practice level => QOF 'intermediate outcomes'



Effectiveness of public reporting

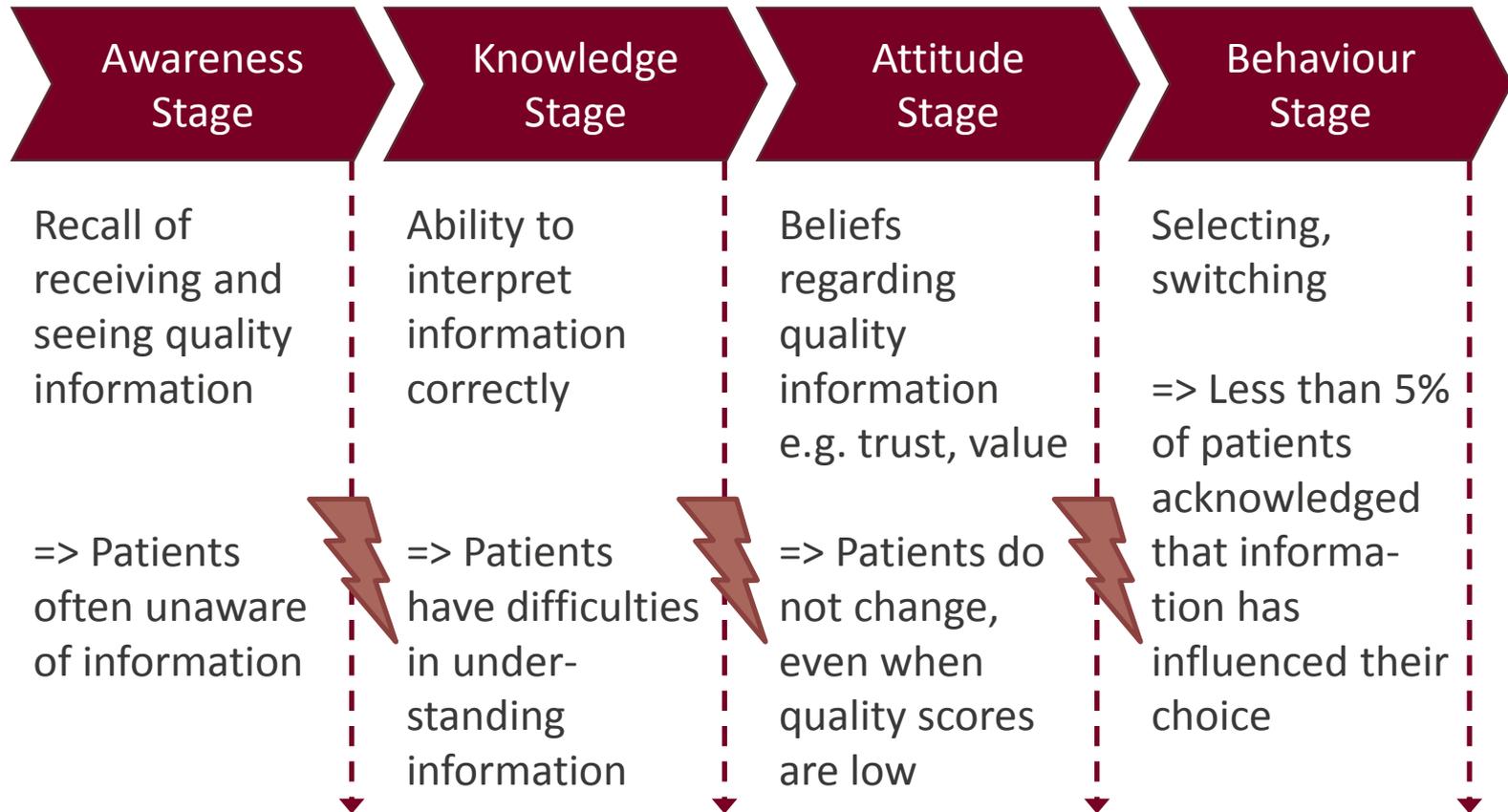
- Few evaluations from European countries, mainly from the US
- Difficult to isolate as it coincides with other quality measures, e.g. improved documentation

Selection pathway

- Low utilization rates of information, the referring physician and family & friends are the most important source
- New York State Cardiac Surgery Reporting System (NY CSRS) as an early example
- Information easy accessible (newspaper) and not complex or difficult to understand (mortality/volumes), but no effect on market share (Chassin 2002)
- Selection pathway might not be working particular well



Consumer choice model



Need to better understand consumers' choice behaviour.



Home // Klinikliste

<< zurück

Gefundene Kliniken: 6

Ihre Suchkriterien:

Krankheitsbild: Morbus Crohn

Körpermodell: Mann

Ort: 20259 Hamburg Eimsbüttel

Umkreis: 5 km

Wenn Sie möchten, können Sie hier Ihre Suche noch verfeinern:

Wir haben mehrere Kliniken gefunden, die auf Ihre Suchkriterien zutreffen. Sie können Ihr Suchergebnis u.a. durch Auswahl eines **Fachgebietes** weiter eingrenzen.

Suche verfeinern

Individuelle Einstellung:

Mit 20 Gewichtungspunkten können Sie festlegen, wie stark die Qualitätsdimensionen Ihr Suchergebnis beeinflussen sollen. Bitte verteilen Sie die Punkte, indem Sie sie mit einem Mausklick aktivieren und in dem gewünschten Dimensionsfeld ablegen.

1 Medizinische Qualität ●●●●●●●●

1 Patientensicherheit ●●●●●●

1 Patientenzufriedenheit ●●●●●

1 Einweiserzufriedenheit ●●

zur Expertenempfehlung

Klinikliste aktualisieren

+ zu "Meine Kliniken" hinzufügen
 hinzugefügt

Patienten Entfernung
Anzahl ▲▼ in km ▲▼

Mitgliedskliniken

Hinweis: Die medizinische Qualitätsbewertung erfolgte unter Berücksichtigung aller Leistungen einer Klinik.

+ 	 Asklepios Klinik Altona 22763 Hamburg	35	4
+ 	 Universitätsklinikum Hamburg-Eppendorf 20246 Hamburg	80	2
+ 	 Asklepios Klinik St. Georg 20099 Hamburg	4	4

Nicht-Mitglieder

+ 	Altonaer Kinderkrankenhaus 22763 Hamburg	12	4
+ 	Israelitisches Krankenhaus in Hamburg 22297 Hamburg	83	4
+ 	AGAPLESION DIAKONIEKLINIKUM HAMBURG 20259 Hamburg	55	1

nur Mitgliedskliniken



Klinikliste als PDF speichern 



Effectiveness of public reporting

Behaviour change pathway

- Providers have been most responsive to the publication of data
- Evidence pointing towards improvements in health outcomes, review studies e.g. Fund et al. 2008; Marshall et al. 2000
- E.g. Hannan et al. (1994) found a fall of risk-adjusted mortality in the NY CSRS of about 40% between 1989 and 1992
- Second pathway, threat of reputational damage, seems to be the more important driver for change
- However: incentive for gaming, e.g. poor performance in areas where quality of care is not measured, ambiguity in reported data, fabrication



Implementation of public reporting

■ Accessibility

- Most information is available on the Internet
- Adapt to users needs, e.g. through interactive features
- Access to the WWW varies across European countries
- People with lower levels of education and elderly less likely to use the Internet

■ Indicators

- Quality of data: e.g. valid, reliable, sensitive to change, consistent
- Comprehensive, e.g. coverage; mix of clinical indicators and patients' view
- Indicator needs to be fully under provider control

■ Consumer needs

- Bounded rationality vs. consumers' desire for more information (maximum \neq optimal)
- Composite indices, aggregates at different levels
- Tailoring to individual needs (search sequences, weighting options)



Implementation of public reporting

- Involve stakeholders: patients/ patient organisations and staff at all levels of organisation.
- Ensure that both clinical outcomes and patient satisfaction is measured.
- Search for options to aggregate to keep the number of indicators small (composite indices).
- Make use of independent benchmarks and averages.
- Take a longer term perspective and keep the system under constant review.
- Educate the users! Highlight the importance of continuous learning over one-off judgements about performance.
- Trust the users! Users have different preferences and they are able to weight trade-offs.
- Improve accessibility of information.



Many thanks for your attention!

