



# Evaluating the Impact of a Public Performance Report on Hospitals and on Consumers

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# Assumptions About How Public Reports Can Affect Quality Improvement



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- 1 consumers can drive improvements through informed choice [market share]
- 2 concerns about public image can motivate improvements [reputation]
- 3 the feedback about own performance might be sufficient to motivate improvements [feedback]



# What is the Consumer Role?

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- Pathway 1: [market share]
  - Use comparative Performance information to make a hospital choice
- Pathway 2: [reputation]
  - Observe that there are differences
  - Be able to identify high and low performing hospitals
  - Remember them
  - Talk to others about the high and low performers
- Pathway 3: [feedback]
  - No role for consumers

# Evaluation of the QualityCounts Hospital Report



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- The Alliance produced and disseminated a report on 24 hospitals in S. Central WI
- Report rated hospitals on complications and deaths
- administrative data-- risk adjusted
- Public report widely disseminated
  - Employees of The Alliance member companies
  - Inserted in Newspaper
  - Newspaper stories
  - Community groups/ library/Website

What the symbols mean:

⊕ Fewer mistakes, complications and deaths than expected

○ Average number of mistakes, complications and deaths

⊖ More mistakes, complications and deaths than expected

Regional Hospitals	Surgery	Non-Surgery	Hip/Knee	Cardiac	Maternity
Hospital A	⊕	⊕	⊕	⊕	○
Hospital B	⊕	⊕	⊕	○	○
Hospital C	⊕	⊕	⊕	○	⊖
Hospital D	⊕	⊖	⊕	⊖	*
Community Hospitals	Surgery	Non-Surgery	Hip/Knee	Cardiac	Maternity
Hospital F	⊕	⊕	⊕	○	⊕
Hospital G	⊕	⊕	⊕	⊕	○
Hospital H	⊕	⊕	⊕	○	○
Hospital I	⊕	⊕	⊕	○	○
Hospital J	⊕	⊕	⊕	○	○
Hospital K	⊕	⊕	⊕	○	○
Hospital L	⊕	⊕	⊕	⊕	⊖
Hospital M	⊕	⊕	○	○	*
Hospital N	⊕	⊕	⊕	○	⊖
Hospital O	⊕	⊕	⊕	⊖	○
Hospital P	○	⊕	⊕	○	*
Hospital Q	⊕	○	○	○	*

# Impact of report on Hospitals: Experimental Design

115 Eligible Hospitals  
in Wisconsin

24 Alliance service  
area (Hospitals In  
Public Report)

91 Non-Alliance  
Hospitals

Random Assignment

46 No  
Report  
Hospitals

45 Private  
Report  
Hospitals\*

\* Three hospitals were lost to closure and two hospitals were ineligible due to overlapping administrative structures

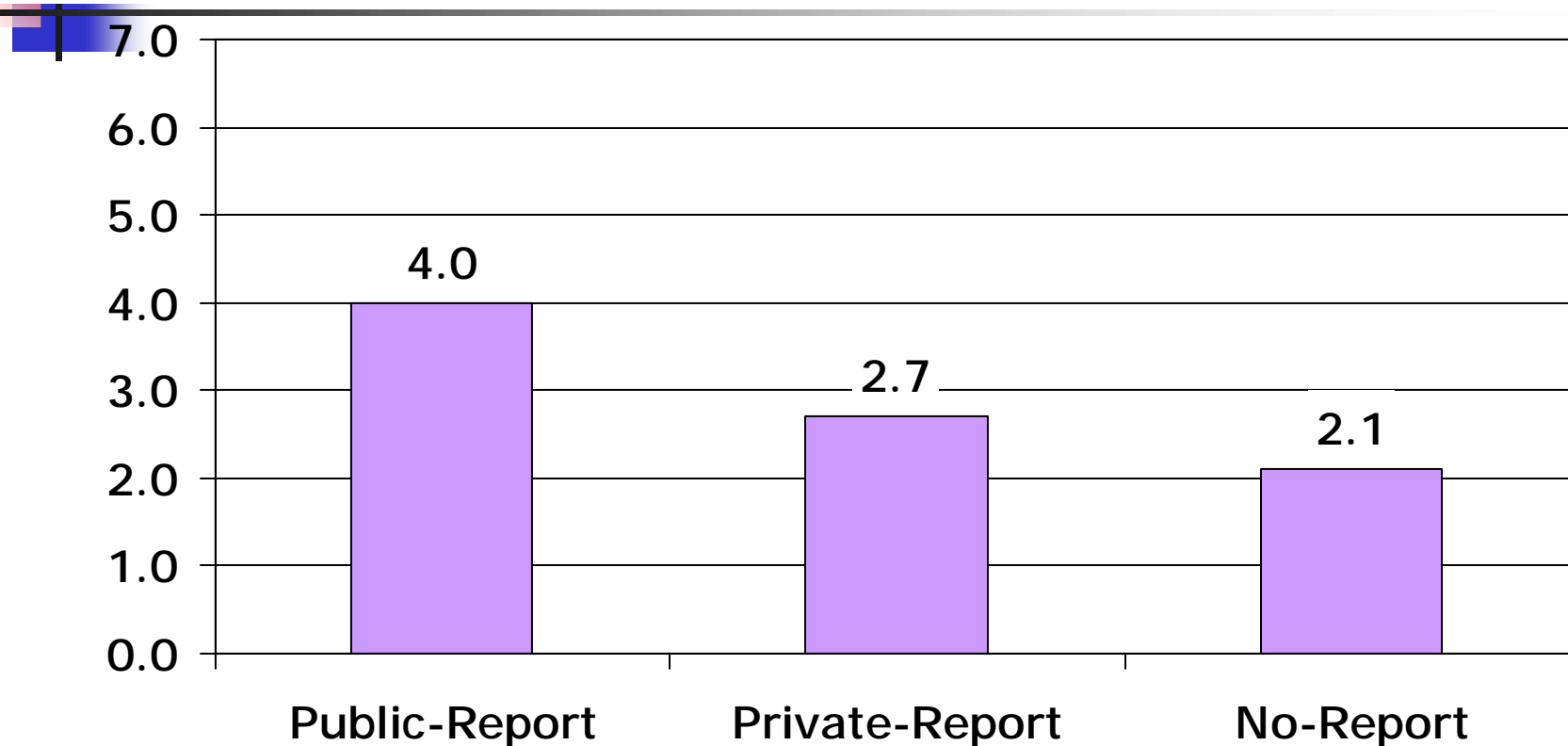


# Research Questions:

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- Does Making Performance Public Increase:
  - QI efforts within areas reported upon? Are QI efforts greatest among those with lower performance scores?
  - To what degree do 'private reports' stimulate QI activities?
  - Actual improvements in care?

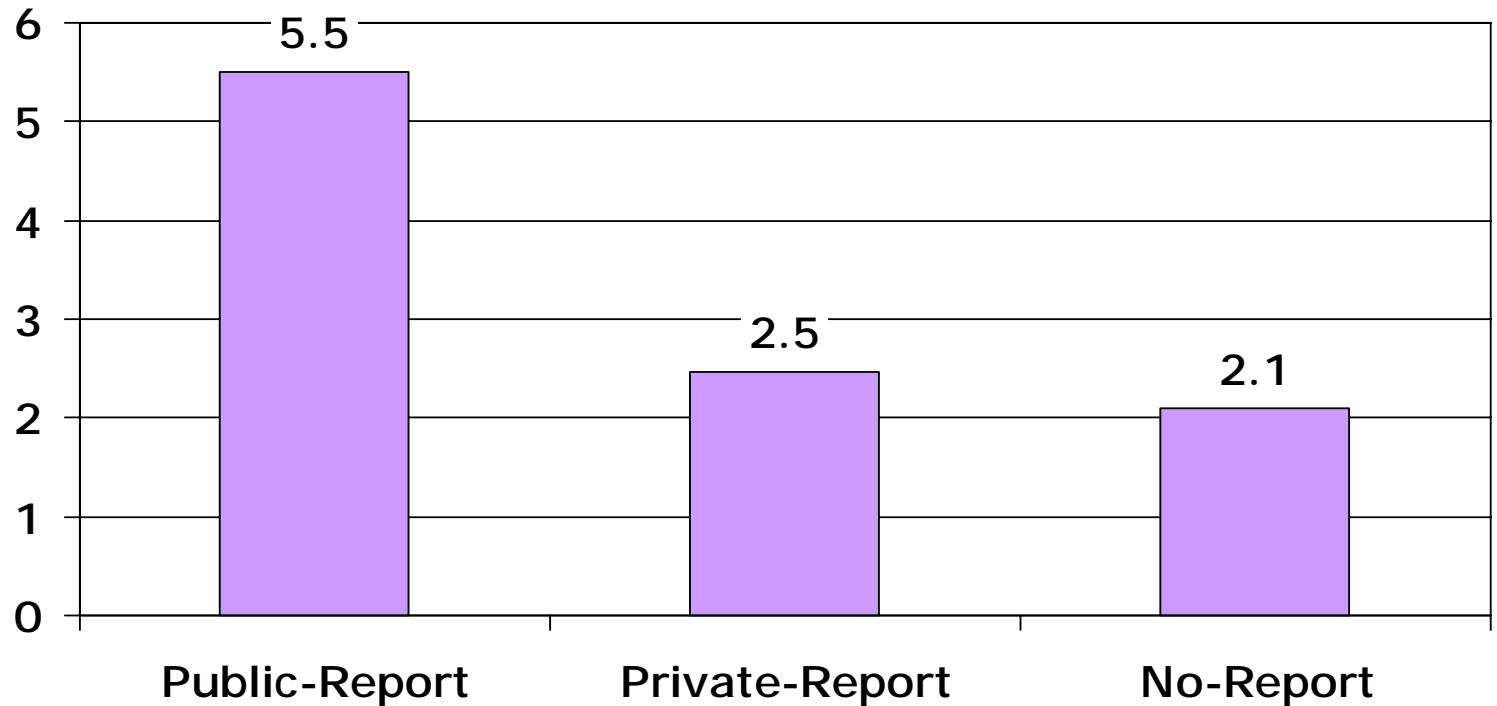
Average number of quality improvement activities to reduce obstetrical complications: **Public report group has more QUALITY IMPROVEMENT** ( $p < .01$ ,  $n = 93$ )



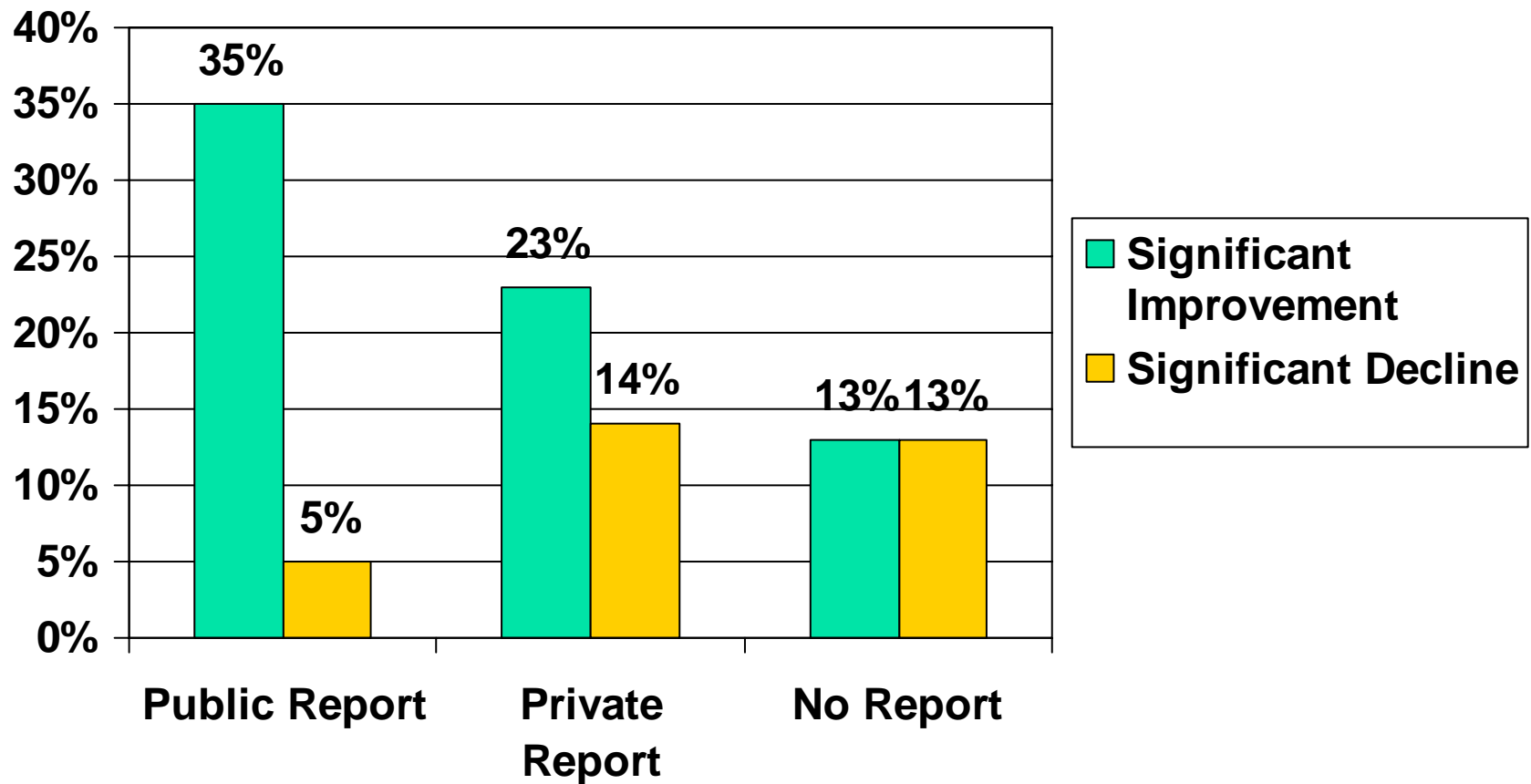
Best practices around c-sections  
Best practices around v-bacs  
Reducing 3rd or 4th degree laceration

Reducing hemorrhage  
Reducing pre-natal complications  
Reducing post-surgical complications  
Other

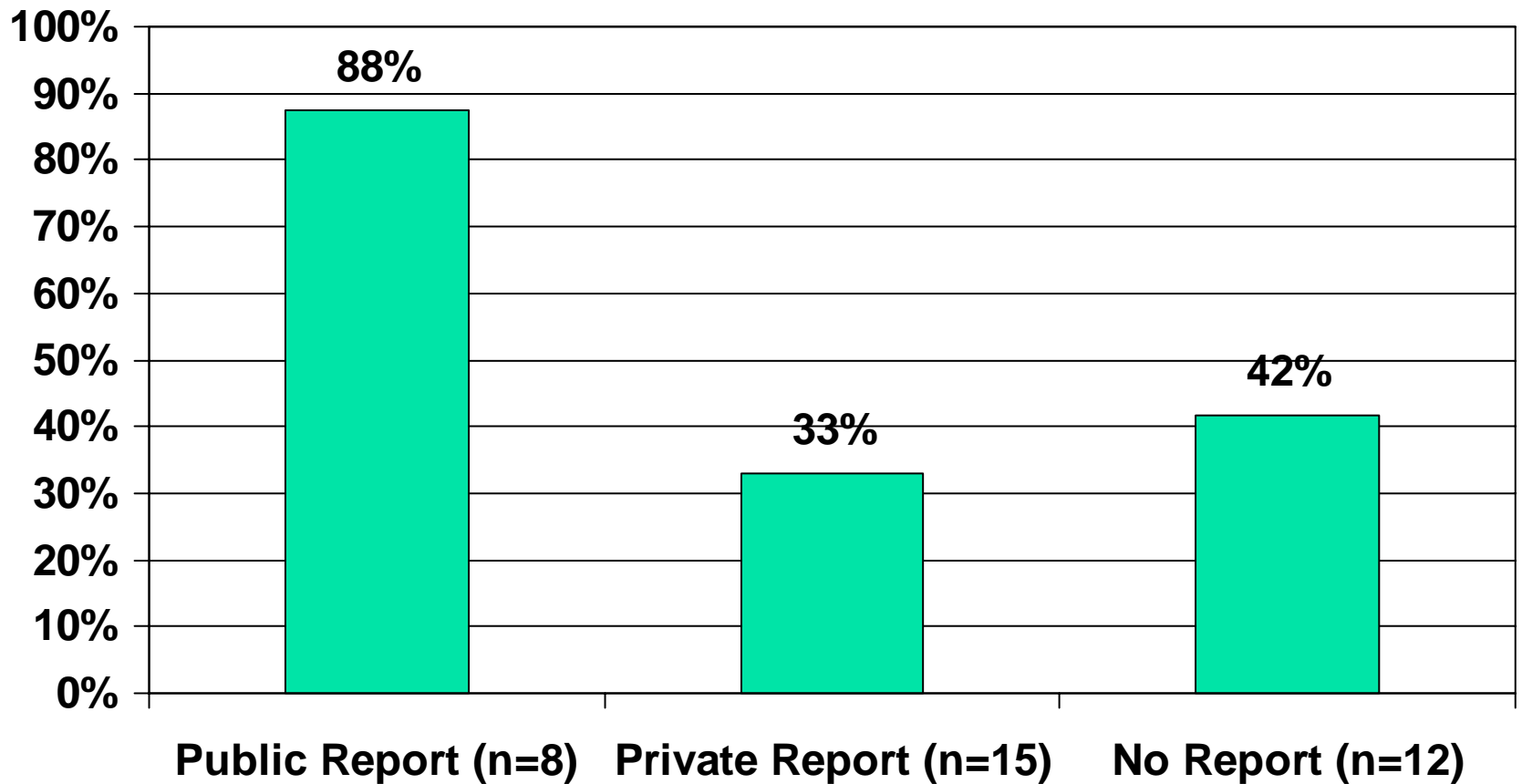
# Hospitals with poor OB scores: # of QI activities by experimental condition ( $p = .001, n = 34$ )



# Percent of hospitals with significant Improvements or Declines in OB Performance in the Post-Report Period:

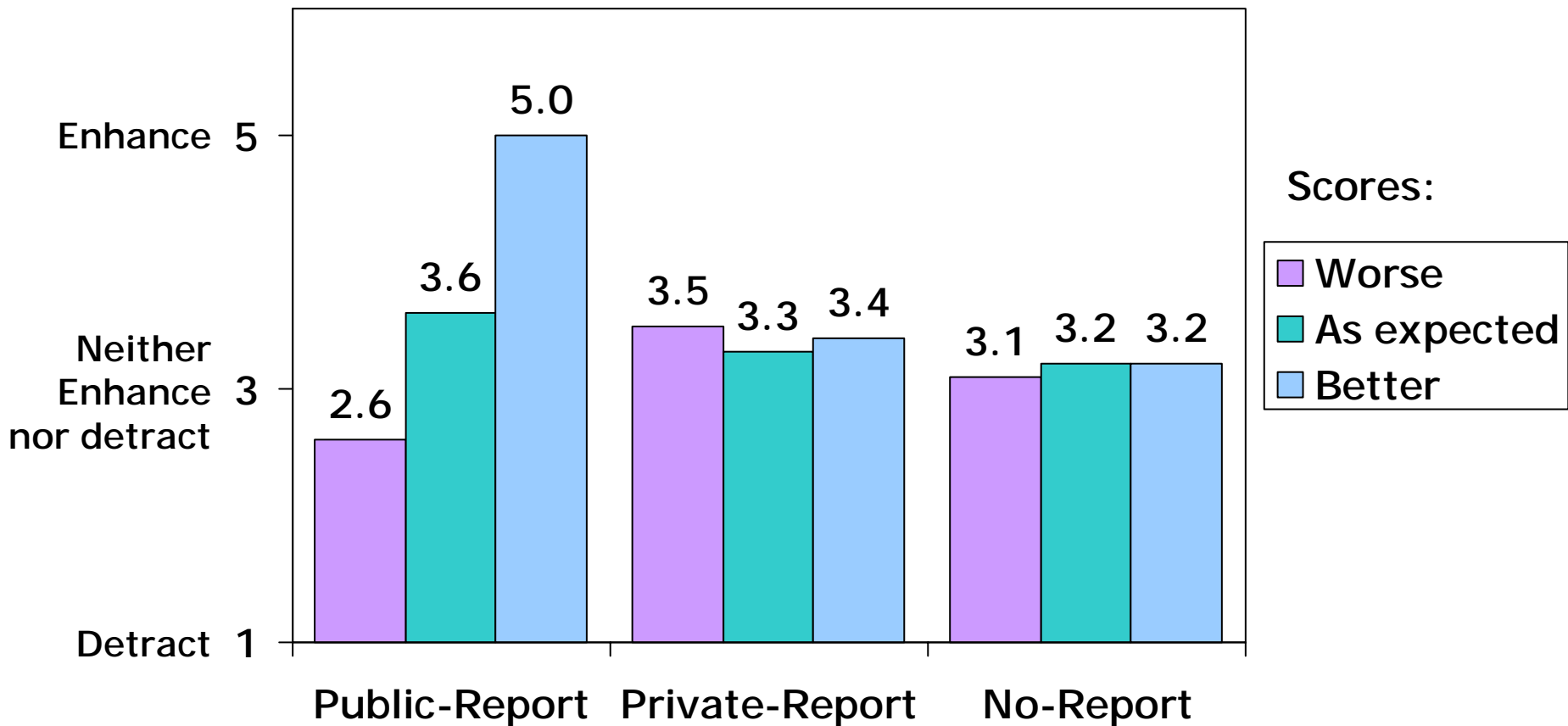


# Percentage of hospitals who had poor scores at baseline and who improved their scores in the post-report period



# Belief: Likelihood that the report would affect their hospital's public image

(N = 79)



Main effects,  $p < .05$ , interaction effects,  $p < .05$



The stimulus for QI appeared to be concern that the public report would affect their hospital reputation

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- The findings indicate that it is all about reputation.



# Did the QualityCounts report affect hospital reputations?

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In the short term?

In the long term?

Did consumers come away with:

- An overall impression that there are better and worse options?
- Are impressions about which hospitals are better remembered?
- Did they discuss the report with others?

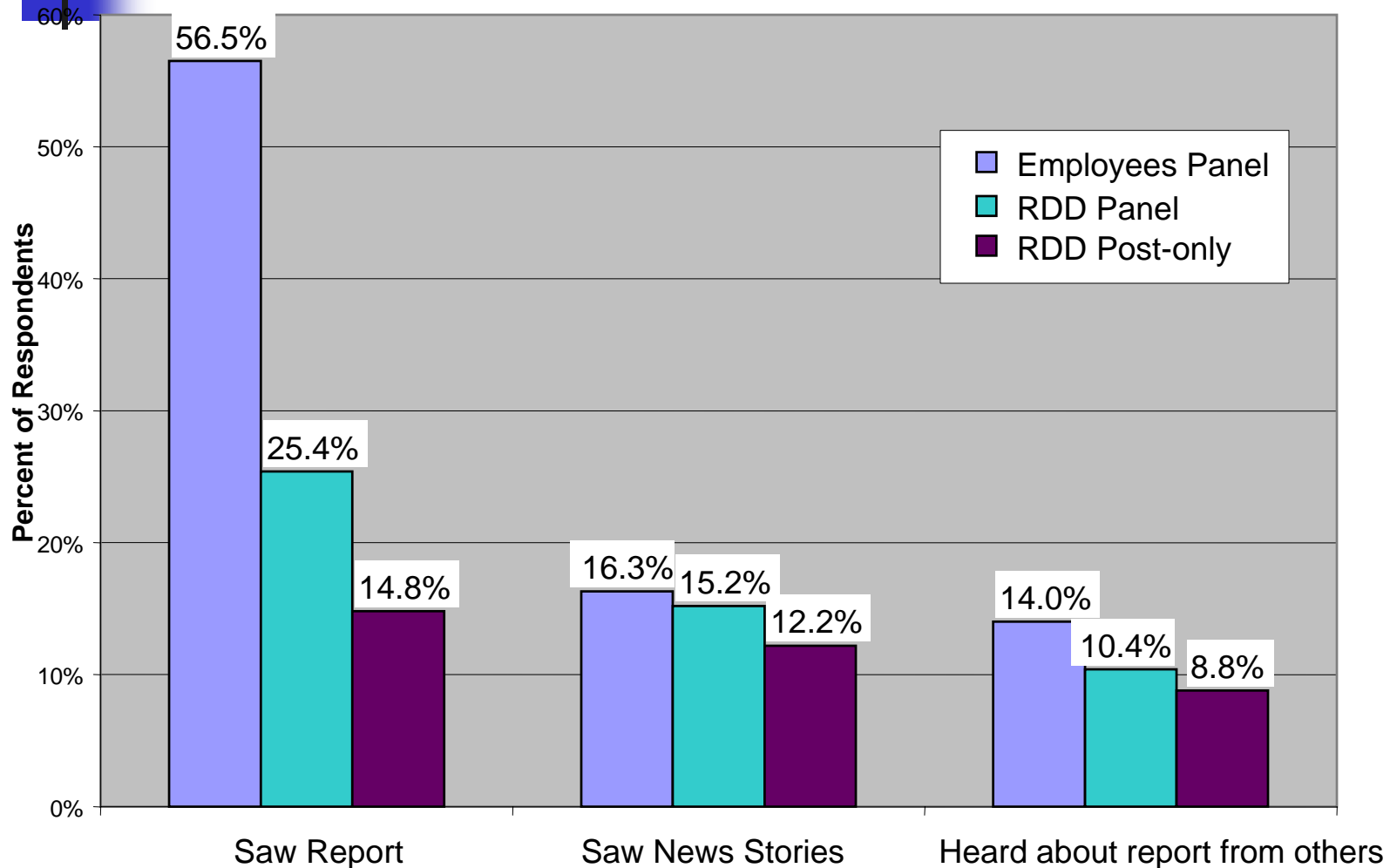
# Evaluation of the impact of the report on consumers



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- **Surveyed Prior to distribution of report:**
  - Alliance Member Employees
  - Community members (RDD sample)
- **Surveyed after the distribution of report:**
  - Employee panel (N= 93)
  - RDD panel (N= 67)
  - RDD post only (N= 469)
- **Surveyed 2 years later:**
  - New RDD sample (N= 729)

# Percentage of Respondents Who Saw the Report, Saw News Stories about the Report, or Heard about the Report from Others.



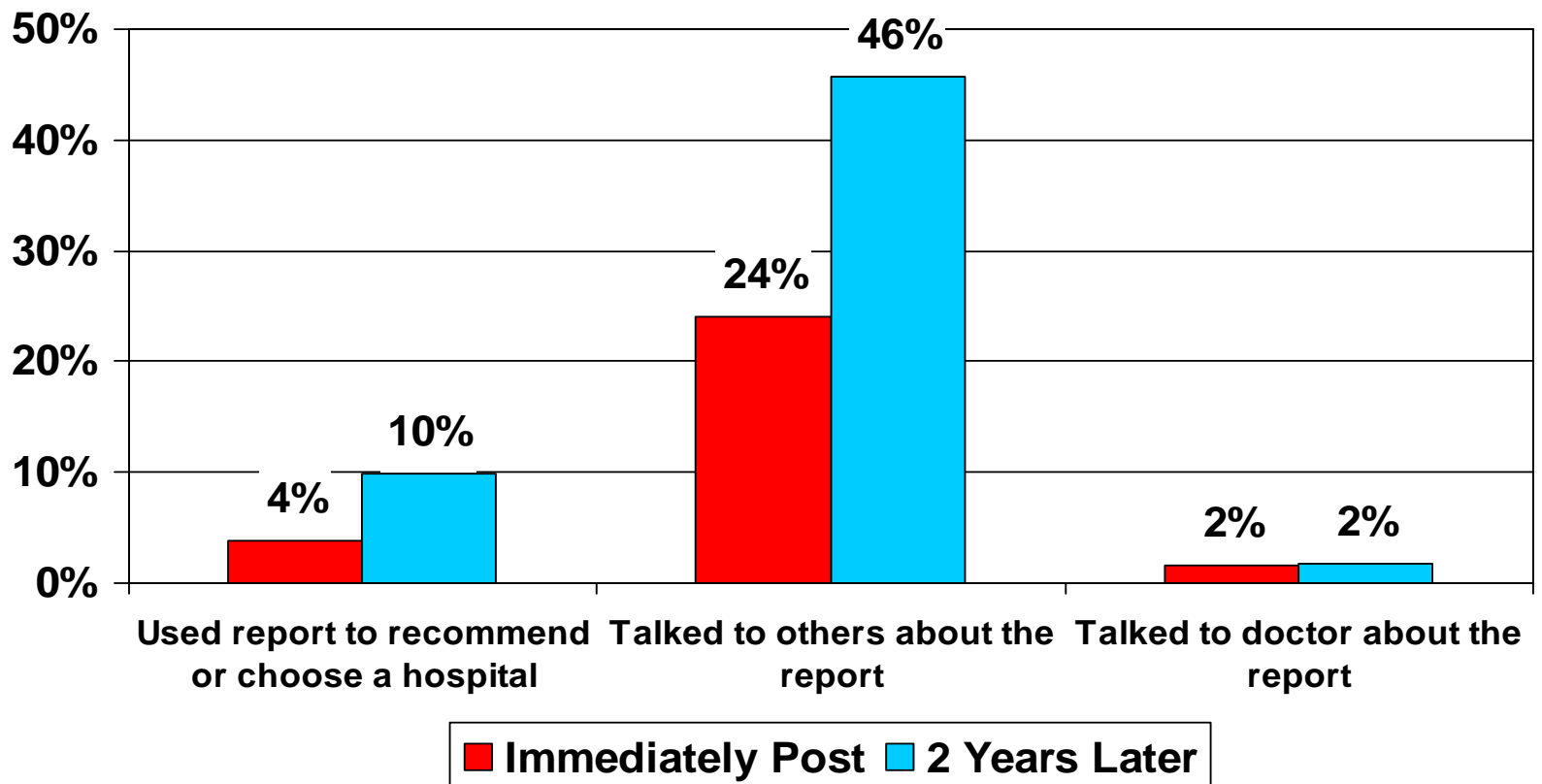


# Exposure to the Performance Report

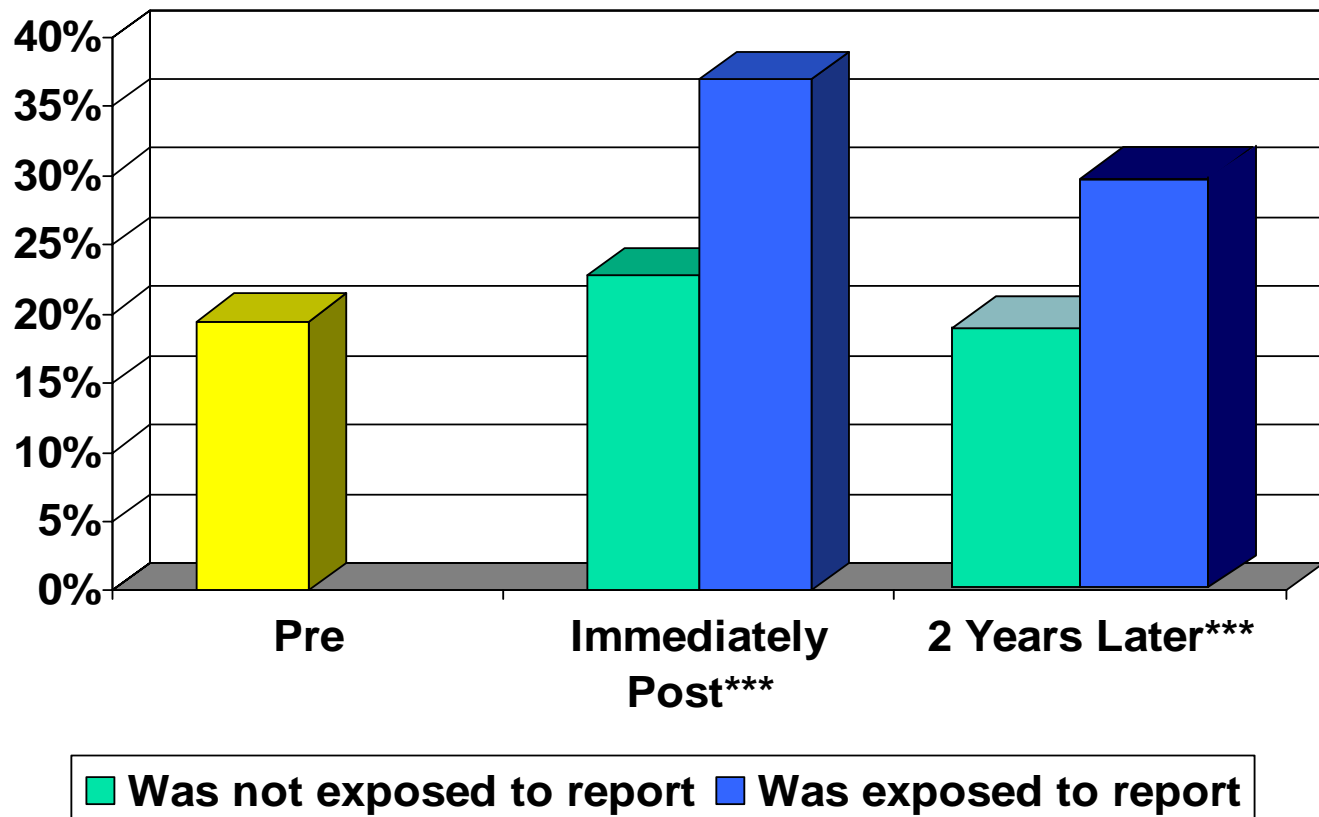
	<b>Remember Seeing Report</b>	<b>Exposed to Report in some way*</b>
<b>Post (RDD only) (n=465)</b>	<b>15%</b>	<b>24%</b>
<b>2 years later (n=729)</b>	<b>6%</b>	<b>14%</b>

\* Saw, read about, or heard about the performance report

# How the Hospital Report was Used: Immediately after release and 2 years later

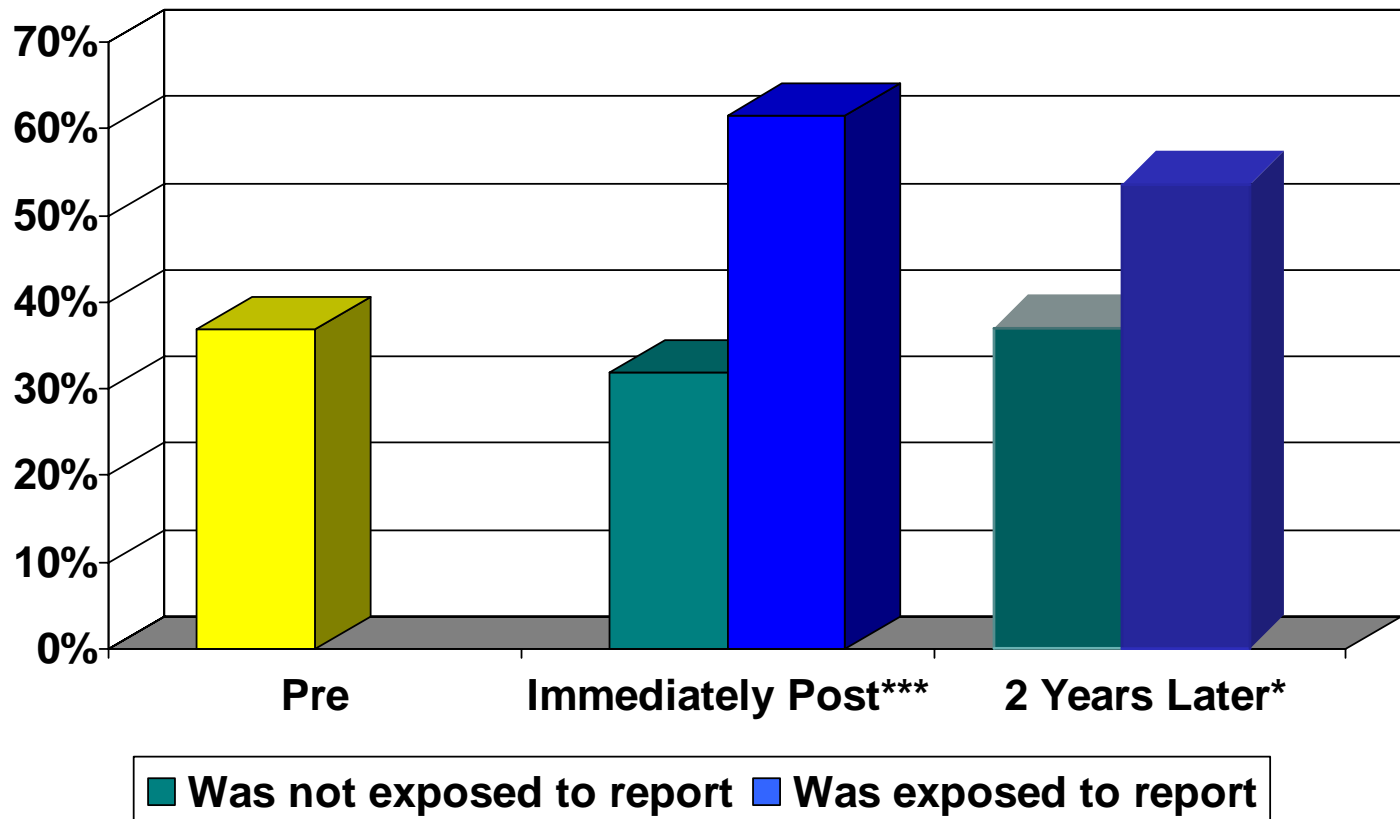


# Correctly Identified Highly Rated Hospitals



\*\*\*  $p < .001$

# Correctly Identified Low Rated Hospitals



\*  $p < .05$ , \*\*\*  $p < .001$

# Factors Related to Identifying a highly rated Hospital (Beta Weights)

	Post	Year 2
Gender	.00	.07
Exposure to report	.19***	.13***
Age /Length of time in the area	.11**	.04
Importance of reputation	-.02	.05
Importance of family recommendation	.03	.00

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$



# Reports can influence consumers

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- Evidence for an impact on consumer perceptions of hospital quality– with diminishing but observable long-term effects
- People talked about the report and influenced the views of others
  - Some indication that social networks plays a role in the recommendation of higher rated hospitals



## Implication: Public Reporting Does Work

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- It does stimulate quality improvement -  
-- primarily through a concern for reputation
- Feedback, and market share were not found to be viable pathways in this study