

# Evidence-based Synthesis Program (ESP)

## Public Presentation of Health System or Facility Data about Quality and Safety: A Systematic Review

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# Evidence-based Synthesis Program (ESP)

## Acknowledgements

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# Evidence-based Synthesis Program (ESP)

## Disclosure

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# Evidence-based Synthesis Program (ESP)

## VA Evidence-based Synthesis (ESP) Program Overview

- **Sponsored by VA Office of R&D and QUERI.**
- **Established to provide timely and accurate syntheses/reviews of healthcare topics identified by VA clinicians, managers and policy-makers, as they work to improve the health and healthcare of Veterans.**
- **Builds on staff and expertise already in place at the Evidence-based Practice Centers (EPC) designated by AHRQ. Four of these EPCs are also ESP Centers:**
  - **Durham VA Medical Center; VA Greater Los Angeles Health Care System; Portland VA Medical Center; and Minneapolis VA Medical Center.**

# Evidence-based Synthesis Program (ESP)

- **Provides evidence syntheses on important clinical practice topics relevant to Veterans, and these reports help:**
  - develop clinical policies informed by evidence,
  - the implementation of effective services to improve patient outcomes and to support VA clinical practice guidelines and performance measures, and
  - guide the direction for future research to address gaps in clinical knowledge.
- **Broad topic nomination process – e.g. VACO, VISNs, field – facilitated by ESP Coordinating Center (Portland) through online process:**

<http://www.hsrd.research.va.gov/publications/esp/TopicNomination.cfm>

# Evidence-based Synthesis Program (ESP)

- **Steering Committee** representing research and operations (PCS, OQP, ONS, and VISN) provides oversight and guides program direction.
- **Technical Expert Panel (TEP)**
  - Recruited for each topic to provide content expertise.
  - Guides topic development; refines the key questions.
  - Reviews data/draft report.
- **External Peer Reviewers & Policy Partners**
  - Reviews and comments on draft report
- **Final reports posted on VA HSR&D website and disseminated widely through the VA.**

<http://www.hsrd.research.va.gov/publications/esp/reports.cfm>

# **Public Presentation of Health System or Facility Data about Quality and Safety: A Systematic Review**

Published October 2011

Full-length report available on ESP website:

<http://www.hsrd.research.va.gov/publications/esp/reports.cfm>

# Background

- The public presentation of quality and safety data is essential to the Department of Veterans Affairs (VA) commitment to transparency.
- By making data available VA hopes to engage veterans and families in care, promote informed choice, and stimulate performance improvement activities.
- The Department of Veterans Affairs (VA) “Open Government Plan” outlines the agency’s commitment to transparency, and defines transparency as both increasing access to public information and enabling better engagement and advocacy on behalf of Veterans.

# Prior Reviews

- This report is the third systematic review with a similar focus on the effects of public reporting on performance. (Marshal, 2000 and Fung, 2008)
- Fung et al. identified 45 articles evaluating the impact of public reporting on quality-- 10 studies focused on public reporting of health plan data, 27 focused on hospital data, and 11 focused on individual provider data.
- These categories were not mutually exclusive, but we include only those articles examining public reporting of health plans or hospitals in the present report.
- They categorized their data in two steps:
  - First, by the level of data: health plan, hospital, or individual providers.
  - Then by outcome: whether the public reporting targeted the selection pathway for improving performance, influenced quality improvement activity, affected clinical outcomes, or had unintended consequences (see Figure 2).

# Publicly Reported Performance Data

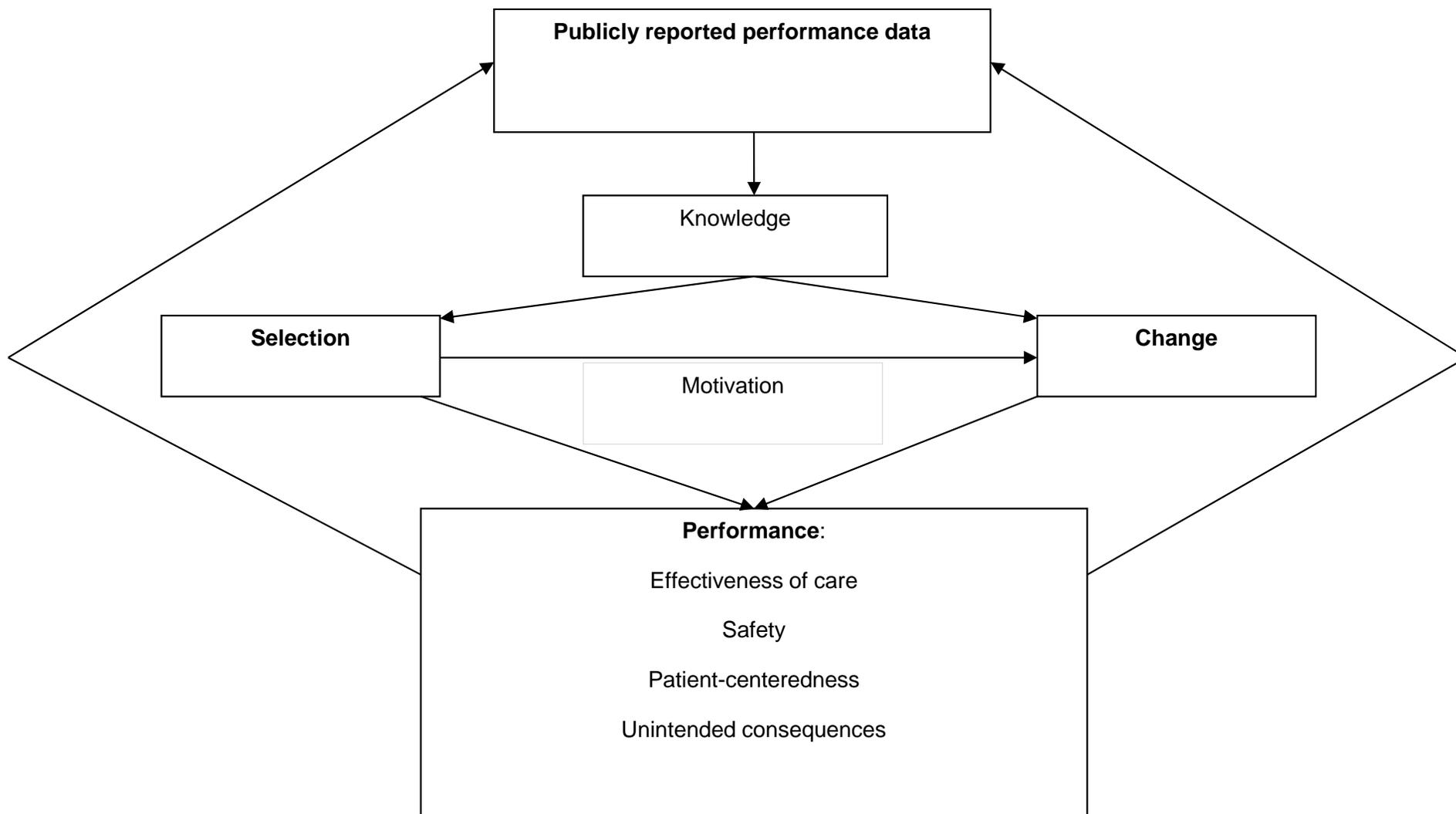


Figure 2. Two pathways for improving performance through release of publicly reported performance data<sup>3</sup>

# Objectives

- To update a systematic review of the evidence that making performance data publically available leads to improvements in quality of care and safety
  - (Fung et al, published 2008, searched literature through 2006)
- To summarize current research about patients' and families' use of performance data and how the presentation and distribution of these data could be designed to maximize their use by veterans and family members.

# The Key Questions

- **Key Question #1.** What is known about the most effective way of displaying quality and safety information, comparative data about health system structure, services, and performance so that it is understandable?
- **Key Question #2.** How do patients prefer to receive or access this information?
- **Key Question #3.** What is the evidence that patients or their families use publicly reported quality and safety information to make informed health care decisions?
- **Key Question #4.** What is the evidence that public reporting of quality and safety information leads to improved quality or safety?

# Search Strategy

- We searched Web of Science through 2010 for articles citing seminal articles.
- We limited the search to peer-reviewed articles published in English.
- Additional citations were identified from reference mining and content experts.
- We also conducted a web search by entering the terms “public reporting of quality information healthcare” into Google and taking the top 30 hits.

# Study Selection

- Two reviewers assessed for relevance the abstracts of citations identified from literature searches. Full-text articles of potentially relevant abstracts were retrieved for further review.
- Specific exclusion criteria were as follows:
  - We excluded
    - Studies regarding quality and safety information about nursing homes, physicians or other individual providers Because VA is only anticipating public reporting for facilities
    - Studies that did not address a key question
    - Non-systematic reviews, commentaries or news reports, or other articles with no original data that provided only background information

# Data Synthesis

- We constructed evidence tables showing study objective, subject of public reporting, whether the article discusses public reporting of hospital or health plan data, location, sample, study design, key findings and ratings of the quality of studies, organized by key question.
- We analyzed studies to compare their characteristics, methods, and findings. We compiled a summary of findings for each key question based on qualitative synthesis of the findings.

# Quality Assessment

- We assessed study designs and study importance in the literature according to criteria developed by Fung and colleagues, and used AMSTAR grading criteria for systematic reviews.

# Fung Criteria

## **Study design ratings:**

- 4 stars indicate a randomized trial or experimental trial;
- 3 stars indicate a controlled trial, pre-post trial with control (controlled before-after trial);
- 2 stars indicate a pre-post without control, observational cohort study without multivariable adjustment, cross-sectional study without multivariable adjustment, analysis of time trends without control, or well-designed qualitative study; and
- 1 star indicates a case series, other qualitative study, or survey (descriptive) study.

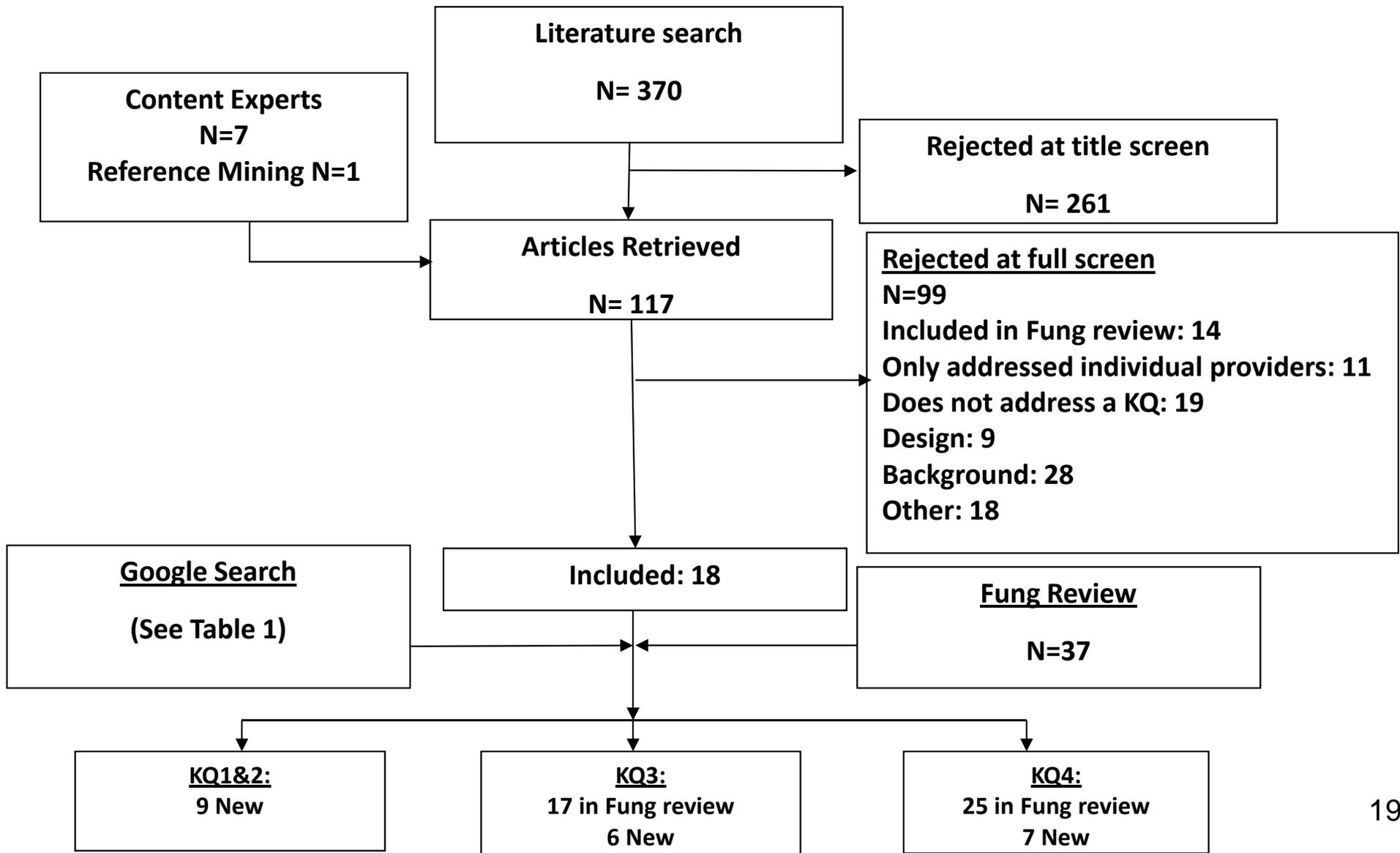
## **Global ratings:**

- 3 indicates great weight in the stratum's body of evidence;
- 2 indicates moderate weight; and
- 1 indicates little weight.

# Peer Review

- Draft reviewed by seven technical experts, as well as by clinical leadership.
- Reviewer comments were addressed and our responses were incorporated in the final report.

# Literature Flow



# Results: Key Questions 1 and 2

- We identified reports commissioned by AHRQ and the Robert Wood Johnson Foundation regarding how to best produce and disseminate public reports.
- Their conclusions about the design of public reports were:
  - To make the information more relevant to what consumers understand and care about, public reports should give an overall definition of quality, define the elements of quality and use them as the reporting categories, and include information about the sponsor and methods.
  - To make it easy for consumers to understand and use the comparative information reports should summarize, interpret, highlight meaning, narrow options and help bring the information together for a choice by using summary measures and meaningful symbols.
  - Finally, testing reports with consumers during development will help identify areas of misunderstanding and assess users' perceptions of the report's value.

# Results: Key Question 3

- Conclusions are mixed
  - Most studies found the use of publicly available data to be modest at best.
  - Although consumers may show interest in public reports, in most cases interest does not seem to translate into actual use.
  - The studies that do show use of publicly available data suggest that consumers may avoid low performers, but higher performers may not reap comparable positive benefits of public reporting.

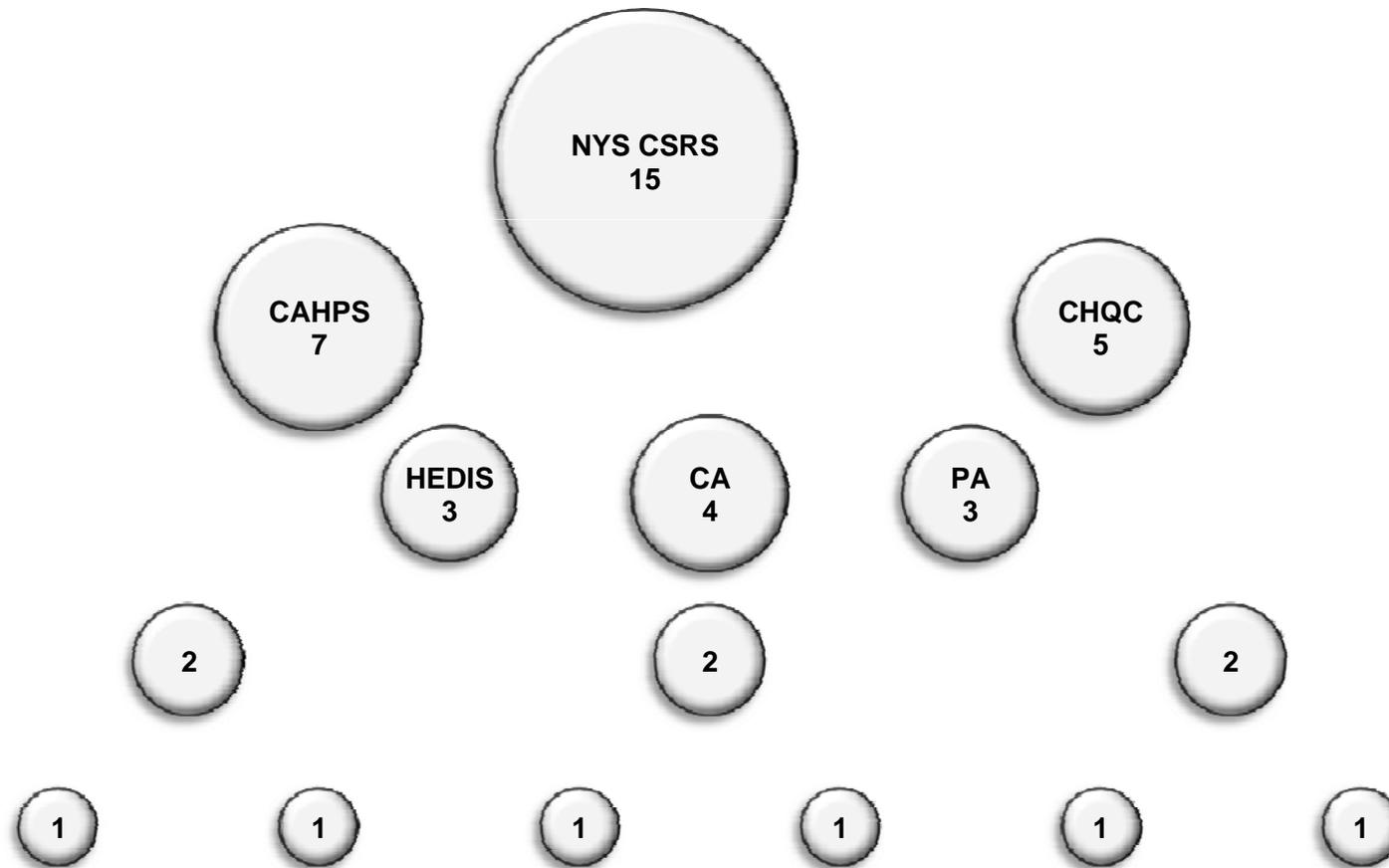
# Results: Key Question 4

- We identified relatively few new studies within our scope that have appeared in the peer reviewed literature during the five years since the search was conducted for Fung et al.
- Five new studies identified address a variety of outcomes (patient or consumer experience, obtaining performance targets, rates of caesarean and mortality) and four of the five are national studies.
  - All five conclude that public reporting has a positive impact on quality or safety outcomes; however, the effects were small.
  - Two studies were time series studies in a single country, where all providers were subject to public reporting and the change, each could have been due to other changes that impacted all providers.
- This small and varied amount of additional evidence is not sufficient to change the conclusion of the Fung et al. review that “the effect of public reporting on effectiveness, safety, and patient-centeredness remains uncertain.” However, the CHOP assessment from 2005 provides some encouragement that this may be changing.

# Limitations

- Principal limitation: the review is the limited number of public reporting systems that have been subjected to critical, published evaluations.
  - Possibility of publication bias: additional evaluations may have been conducted but the results are not easily available in the published, peer-viewed literature or available at all.
- Other potentially relevant evaluations and studies probably exist, but cannot be identified and synthesized based on an examination of databases that are easily searchable. For example, entering “public reporting of quality information” into Google produces over 19,000,000 hits, a number that is impractical to review.
  - Even using limited search terms produces tens of thousands of hits. We did incorporate a limited Google search, but did not identify any new studies in the top 30 hits.

# Reporting Systems Represented



NYS CSRS=New York State Cardiac Surgery Reporting System; CAHPS=Consumer Assessment of Health Plans; CHQC= Cleveland Health Quality Choice program; HEDIS= Healthcare Effectiveness Data and Information Set; CA= Public reporting systems in California, including the California Hospital Outcomes Project (CHOP); PA=Pennsylvania public reporting system.  
**Two mentions:** Federal Employee Health Benefit guide; QualityCounts; public reporting from the UK, including the National Health Service (NHS).  
**One mention:** Health Care Financing Administration (HCFA); Buyers Health Care Action Group (BHCA); I nstitute for Clinical Evaluative Sciences (ICES) Ontario; Missouri Department of Health's obstetrics consumer report; Dutch national survey of consumer experience measures (based on CAHPS); national caesarean rates in South Korean hospitals

# Conclusions

- Even with these limitations....
- The evidence is consistent that most consumers do not know about or make little use of publicly available performance data when selecting health services providers.
- Attention to design, presentation and dissemination may more fully engage consumers.
- In addition, public reporting furthers the VA's goal of transparency.

# Bill Clinton



# Recommendations for Future Research

- As VA pursues its transparency goals and continues to expand the quality and safety information made available to Veterans and other stakeholders, there is an opportunity to increase the impact of public reporting on the wellbeing of veterans and to contribute to the knowledge related to public reporting and quality improvement in health care.
- Examples of specific questions that could be answered by appropriate research include:
  - What health care decisions do veterans and their families face, and what kinds of information needs do they have? How do they want to receive or access data about quality?
  - Are veterans aware of the VA's public reporting website? How often have they accessed the website? Do they understand the information being presented?
  - How well is VA's public reporting meeting Veteran needs?

# Additional Resources

- **AHRQ 'Talking Quality' website**
  - Quality Initiatives that include Public Reporting
    - <https://www.talkingquality.ahrq.gov/default.aspx>
- **AHRQ EPC Review**
  - Public Reporting 1 of 8 topics in 2<sup>nd</sup> series of reviews: "Closing the Quality Gap"
  - Individual report: next few weeks
  - Series overview in June
  - <http://effectivehealthcare.ahrq.gov/>

# Evidence-based Synthesis Program (ESP)

## Questions?

**If you have further questions,  
feel free to contact:**

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The full report and cyberseminar presentation is available on the ESP website:

<http://www.hsrd.research.va.gov/publications/esp/>