

## The Effects of Reporting Provider Performance Data to the Public

Unlike information on quality of services and products (e.g., Zagat Restaurant Survey or America's Best Colleges), U.S. consumers have limited access to information on healthcare providers, even though studies suggest consumer interest in comparative information. The public release of performance data has been proposed as a mechanism for improving quality of care by providing more transparency and greater accountability of healthcare providers. This article provides a systematic review of 45 peer-reviewed articles on publicly reported (non-VA) performance data that were published between 1/86 and 3/06 (27 since 1999).

Investigators had two main goals:

- Synthesize the evidence for using publicly reported performance data to stimulate quality improvement activity, affect selection of providers, and improve clinical outcomes; and
- Assess the evidence for unintended consequences.

Investigators found:

- Publicly releasing performance data stimulates quality improvement activity at the hospital level; however, the impact of public reporting on effectiveness and patient safety remains uncertain due to a lack of evidence. For example, the effects of major reporting systems, such as HealthGrades and HealthScope, on effectiveness, patient safety, and patient-centeredness have not been published in peer-reviewed literature. Also absent are studies that compare the different reporting systems.
- Studies show an inconsistent association between public reporting and patient selection of health plans, hospitals, and individual providers.
- Several studies reported on the potential for unintended consequences; for example, surgeons stating a reluctance to care for high-risk patients after the New York State Cardiac Surgery Reporting System (NYS CSRS) data were released. The NYS CSRS data reported risk-adjusted mortality rates associated with coronary artery bypass graft (CABG) surgery in New York hospitals. However, other studies report no decrease in the rate of surgery for high-risk patients, so direct evidence of unintended consequences is rare.

Please feel free to forward this information to others!

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This review had limitations:

- It did not include the “gray” or trade literature, e.g., National Committee for Quality Assurance report that describes improvements in quality associated with public reporting.
- Improvements in report card design and implementation (i.e., web-based) may limit the generalizability of older studies to current public reporting systems.

*important HSR&D findings and information to policy makers, managers, clinicians, and researchers working to improve the health and care of veterans.*

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Fung C, Yee-Wei L, Mattke S, Damberg C, and Shekelle P. [Systematic Review: The Evidence that Releasing Performance Data to the Public Improves Quality of Care](#). *Annals of Internal Medicine* January 2008;148(2): 111-123.