

# Public Reporting of Performance Measures in Health Care

by

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## Executive Summary

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## Executive Summary

Public demand for increased accountability of corporations to shareholders, and of governments and public institutions to the people they serve is making headlines in Canada and internationally.<sup>1,2,3,4,5</sup> Likewise, several recent federal and provincial inquiries have explored the future of our healthcare system, with each report emphasizing the need for increased accountability. While there are many different ways to strengthen accountability, one that each commission or task force report recommended was increased public reporting on health system performance.

Several factors likely contribute to this heightened interest in public performance reporting, including growing public expectations for accountability, provider and policy commitments to performance improvement, and enhanced underlying data systems. This paper highlights some examples of activity that is occurring at the local, provincial/territorial, national and international levels. It then looks at the logic behind public performance reporting and what is known about its effectiveness. It considers both reporting targeted directly to the public and reports to intermediary groups that are then made public.

In assessing the value of public reporting, it is important to recognize that different reports have different objectives. Some aim to inform consumer choice, others to ensure accountability and transparency of health care provision, and others still to motivate improvement in the quality and efficiency of service delivery. Some reporting initiatives aim to meet more than one of these objectives. Our review of the literature shows that a great many reports, particularly in the U.S., are aimed at influencing consumer choice of a clinician, hospital, or health insurance plan. While studies show that the public is increasingly aware of at least some reporting efforts and is making more use of on-line reports, there is limited evidence on how this information influences an individual's selection of a clinician, health care facility or health insurance plan. Where evidence exists, the impact on an individual's activities is often modest. Factors that may contribute to this finding include:

- Information may not be readily available to patients, or presented in a way that is comprehensible to them.
- Many patients outside of major metropolitan centres may, in practice, have relatively limited choices about where to seek specialized care. Even within large cities, other factors (such as a general practitioner's referral network, where a specialist has hospital privileges, or a health insurer's contractual arrangements with care providers) may play a large role in decisions about where to access care.
- In any case, selection of a clinician, facility or health plan is a complex decision. For many patients, qualitative factors such as past experience, proximity, and recommendations of family and friends are key influencing factors in the decision.

While reports aimed at supporting consumer choice have been prominent in the U.S., the majority of Canadian initiatives have been focused more directly on ensuring accountability and/or improving service delivery. There is evidence on the impact of reporting efforts with these objectives.

Romanow stated that healthcare organizations are expected to show transparency in the provision of care to the public, as well as to governments and stakeholders who seek information on the quality of care and services provided. Strengthening accountability may include goals such as increasing public knowledge about whether the system is being effectively managed, money is well spent, and efforts are being made to improve in areas where performance information has raised concerns. Accountability and transparency have undoubtedly been increased simply by making performance data available to the public.

Finally, some comparative reporting provides clinicians and health care organizations with information to identify and evaluate quality improvement projects. The public release of this information would be expected to increase the motivation for clinicians and health care organizations (or in some cases governments and regulatory bodies) to act. There is some evidence that clinicians and institutions have responded to performance reporting through initiatives to improve the quality of care.

Certain potential limitations/barriers could apply to any reporting initiative, regardless of its specific objective. For example:

- Performance reporting requires the use of robust data and sound analytic methodologies. Some early reporting initiatives were found wanting on these critical dimensions.
- There is a potential for over-emphasis on what is easily measured, at the expense of other parts of the system. At the extreme, it may cause some clinicians or hospitals to “game” the reporting system, although there is very limited evidence of this having taken place.
- Studies show that significant segments of the population have low literacy levels. This, when combined with the complexity of clinical and other performance information, makes it particularly challenging to present the data in a comprehensive, yet easy-to-understand manner.

Notwithstanding the potential limitations, public reporting of performance data is likely to be an enduring feature of Canada’s health care system. Canadians can build on the lessons learned from early performance reporting experience, both in Canada and elsewhere, to get the most from such reporting in the future. Some of the lessons learned include:

- Clear objectives aid design, implementation and evaluation.
- Identifying the target audience for the report will determine the type of data required for the decisions they are expected to make.
- Communication of the results will need to be tailored to the intended audiences. Public and provider audiences may have different needs, while both will require guidance on how the information should be interpreted and used.
- Performance indicators can’t capture all aspects of health care. Report developers might consider how public reporting fits with other accountability and quality improvement tools.
- The value of public reporting must be weighed in the context of alternative uses for the resources employed. Does the value of the data collected justify the cost?
- Participation in reporting initiatives can be mandatory or voluntary. There is something to be said for both.

Canadians have high expectations for strengthening the accountability of their health care system. If included as part of a suite of accountability tools, public reporting of performance measures will be a useful mechanism for meeting these expectations.

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<sup>1</sup> Commission of the Future of Health Care in Canada (Romanow, Report). (2002) *Building on Values – The Future of Health Care in Canada*. Ottawa: Health Canada.

<sup>2</sup> Kirby, ML (2002) *The Health of Canadians – The Federal Role Recommendations for Reform*. Ottawa: The Standing Senate Committee on Social Affairs, Science and Technology. Government of Canada.

<sup>3</sup> Saskatchewan Commission on Medicare (Fyke Report). (2001) *Caring for Medicare: Sustaining a Quality System*. Regina: Saskatchewan Health.

<sup>4</sup> Quebec. Commission d'étude sur les services de santé et les services sociaux (Clair report). (2001). *Emerging Solutions: Report and Recommendations*. Quebec: Ministry of Health and Social Services.

<sup>5</sup> Alberta (Mazankowski Report). (2001). *A Framework for Reform: Report of the Premier's Advisory Committee on Health*. Edmonton: Premier's Advisory Committee on Health.