

KTI 5. PUBLIC RELEASE OF PERFORMANCE DATA

WHAT IS THE PUBLIC RELEASE OF PERFORMANCE DATA?

PUBLIC RELEASE OF PERFORMANCE DATA DESCRIPTION:

- Performance data on quality of care provided by healthcare professionals is released to the public.
- Information can be released in various forms:
 - Written
 - Electronic
- Accessibility of the information can also be altered:
 - Public
 - Health care insurance companies (where applicable)
- The measurements may appear in:
 - Consumer reports
 - Provider profiles
 - Report cards.

PUBLIC RELEASE OF PERFORMANCE DATA GOAL(S):

- Change health care consumer behaviour according to information provided by released data (utilization of care and health insurance plan purchases).
- Improve health care providers' quality of care.

CURRENT FINDINGS FROM THE EVIDENCE:

- No consistent evidence to support consumer behaviour change or improvement in care when performance data is publically released.
- The intervention's impact on the behaviour of healthcare professionals or organizations is lacking.

SYSTEMATIC REVIEW OF THE EVIDENCE FOR THE PUBLIC RELEASE OF PERFORMANCE DATA

Source: Ketelaar NA, Faber MJ, Flottorp S, Rygh LH, Deane KH, Eccles MP. Public release of performance data in changing the behaviour of healthcare consumers, professionals or organisations. The Cochrane Library. 2011 Nov 9.

EVIDENCE FROM THE SYSTEMATIC REVIEW

Description of Publically Release Performance Data	Descriptions of materials provided containing performance information: <ul style="list-style-type: none">• Consumer Assessment of Healthcare Providers and System report that measured and reported the overall rating of the health plan, overall healthcare and the personal doctor.• Report Cards that reported patient outcomes for coronary artery bypass grafting, acute myocardial infarction, or post discectomy complications at hospitals.• Report about hospital performance of 12 process-of-care indicators for acute myocardial infarction and 6 indicators
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	<p>for congestive heart failure for internal validation checks.</p> <p>Methods of information delivery:</p> <ul style="list-style-type: none"> • Mailed to healthcare consumers requiring health insurance. • Publically released as a press conference and on the Internet.
Setting	<p><u>Healthcare settings:</u> hospitals</p> <p><u>Healthcare topic:</u> General</p> <p><u>Study location:</u> USA (n=3), Canada (n=1)</p>
Intervention Deliverer	Hospital, health insurance company
Intervention Recipient	Health care consumers, providers, health plan insurers (Medicare, Medicaid etc.)
Quality of the systematic review	Low risk of bias (Assessment tool: ROBIS)
Quality of studies included in systematic review	Low quality (GRADE)
OUTCOMES FROM SYSTEMATIC REVIEW	
Comparisons:	1. Public release of performance data vs. no release
Patient clinical outcomes:	<p>Public release of performance data vs. no release:</p> <ul style="list-style-type: none"> • 2 studies found no impact on choice of health plan in Medicaid populations. • 1 study found a small effect on the public release of mortality and complication data on patient volumes for coronary artery bypass grafting surgery, and lumbar discectomy; however, these effects did not persist for more than two months after each release. • Same previous study had no effects on patient volumes for acute myocardial infarction outcomes. <p>Indirect release of performance data for patients with acute myocardial infarction and congestive heart failure (1 study):</p> <ul style="list-style-type: none"> • No effects on composite process-of-care indicators for either condition. • Some improvements in individual process-of-care indicators for both patient populations. • Small positive effect on 30 day AMI mortality rates, and more quality improvement activities were initiated.

OPERATIONALIZATION OF PUBLIC RELEASE OF PERFORMANCE DATA:

No information provided in the review.

STUDY EXAMPLE OF PUBLIC RELEASE OF PERFORMANCE DATA FROM THE SYSTEMATIC REVIEW:

Source: Tu JV, Donovan LR, Lee DS, Wang JT, Austin PC, Alter DA, Ko DT. Effectiveness of public report cards for improving the quality of cardiac care: the EFFECT study: a randomized trial. *Jama*. 2009 Dec 2;302(21):2330-7.

STUDY INFORMATION	
Goals of Intervention	To stimulate hospitals to undertake quality improvement activities that improves health care processes and patient outcomes by publically releasing data on cardiac quality indicators. .
Description of Intervention	<p>Two reports were included in this study for both the intervention and control.</p> <ol style="list-style-type: none"> 1. A publically released report that included data on the participating hospitals' combined performance for cardiac quality indicators. 2. A report containing feedback of a publicly released report card on their baseline performance for a set of national process-of-care quality indicators for acute myocardial infarction and congestive heart failure care. <p>Hospitals were randomized to receive either early (Jan 2004) or delayed (Sept 2005) feedback of a publicly released report card on their baseline performance.</p> <ul style="list-style-type: none"> • The intervention group that received their feedback report 4 months before the releasing the report to the public. <p>The indicators in the reports were developed and endorsed by the Canadian Cardiovascular Outcomes Research Team and the Canadian Cardiovascular Society and used a modified Delphi expert consensus panel process.</p> <p>The indicator definitions were consistent between the baseline and follow-up phases of the study with the exception that angiotensin II receptor blockers were considered an equivalent substitute for angiotensin converting enzyme inhibitors in the follow-up data collection.</p> <p>Data on hospital-specific outcome indicators were not publicly released.</p>
Setting	Hospital
Intervention Deliverer	Canadian Cardiovascular Outcomes Research Team
Intervention Recipient	CEOs and clinical contacts were provided copies of the hospital report card data for review and dissemination within their hospitals; data was released to the public.
Quality of the Study	Low quality
STUDY OUTCOMES	
Comparison	1. Release of hospitals performance data and given early feedback on baseline performance vs. delayed feedback given on baseline performance after release of performance data.
Health Care Provider Process	Co-primary outcome measures of the study were the mean performance of the hospitals on: (1) a composite EFFECT AMI quality indicator (defined as the percentage of opportunities for applying each

Outcomes	<p>of 12 AMI indicators that were actually fulfilled) and (2) a composite EFFECT CHF quality indicator defined in a similar manner (based on 6 CHF process-of-care indicators)</p> <ul style="list-style-type: none">– There was no significant improvement in the composite AMI or CHF process-of-care indicator– 1/12 individual process of care AMI indicators, and 1/6 of the individual process of CHF indicators, improved significantly more in the early feedback group compared to the delayed feedback group– <i>Note: In 2009, there was extensive media coverage when hospitals in the early feedback group received their baseline performance data. A survey among hospitals in the delayed feedback group confirmed that these control hospitals were affected by the release of performance data in the early feedback group.</i>
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