

Evaluating quality indicators: The US experience

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Qualitätsmanagement

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- ▶ quality indicators
- ▶ public reporting
- ▶ pay for performance
- ▶ hospital care

Schlüsselwörter

- ▶ Qualitätsindikatoren
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Policymakers and practitioners are increasingly interested in the use of quality indicators to measure performance of healthcare providers in public reporting and pay for performance (P4P) schemes but the available evidence is limited. This presentation summarizes the US experience with the use of quality indicators with an emphasis on hospital care.

Public reporting: Few evaluations of public reporting programs can be found in the peer-reviewed literature and most focus on cardiac procedures. No evaluations exist for well-known governmental (e.g., www.hospitalcompare.hhs.gov) or commercial (e.g., Healthgrades) reporting programs. The existing publications and systematic reviews have found mixed or limited effects. Public reporting appears to stimulate quality improvement activities in hospitals, but has limited impact on patients' selection of hospitals. There is an inconsistent association between public reporting and improved effectiveness and scant evidence on the impact of public reporting on patient safety and patient-centeredness.

Pay for performance: Only 3 hospital P4P programs have been formally evaluated, even though about 40 programs exist in the US. Many evaluations lack an appropriate comparison strategy so that their results have to be viewed with caution. Monetary rewards to hospitals seem associated with a modest improvement (2–4 percentage points) in care processes, but there is no consistent evidence for better outcomes or reduced cost.

Conclusions: Overall, while the use of quality indicators has increased dramatically, there are only few publications that evaluate their effect, many studies have methodologic flaws and many evaluate data from the same programs. There is a paucity of evidence on the impact of quality indicators on quality of care and efficiency. Concerns about gaming and unintended consequences have been raised. More evidence is needed to decide on the proper role of public reporting and P4P based on quality indicators.

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