

# *The Surreptitious Perils of Report Cards for Healthcare Providers*

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PERSPECTIVE



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**Is Zero the Ideal Death Rate?**

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# National Healthcare Provider Report Cards

- [www.healthgrades.com](http://www.healthgrades.com)
- <http://hprc.ncqa.org> (NCQA)
- [www.talkingquality.gov](http://www.talkingquality.gov) (AHRQ)
- [www.jcaho.org](http://www.jcaho.org)
- [www.checkbook.org](http://www.checkbook.org)
- [www.usnews.com](http://www.usnews.com)
- [www.healthscope.org](http://www.healthscope.org)
- [www.qualityforum.org](http://www.qualityforum.org)
- [www.leapfroggroup.org](http://www.leapfroggroup.org)

# Potential Benefits of Report Cards

- Identification of good and poor processes of care
- Enhance ‘consumerism’ among patients and caregivers
- Create accountability among providers
- Increase competition between providers based on quality measures
- Improved regulatory processes
- Providing objective feedback to providers for internal quality control
- Encourages mandatory data collection

# Potential Risks of Report Cards

- Decreased access to care among vulnerable populations
- ‘Cream-skimming’ – providers actively selecting ideal patients to enhance performance standards
- Providers target ‘artificial outcomes’ that are measured in report cards that may not be concordant with other important outcomes
- Self-reported information or subjective coding which be misleading
- Costs associated with data collection and reporting
- Misleading identification of either high or low quality of care due to exogenous factors (e.g. unmeasured patient characteristics or environmental factors)
- Inappropriate dissemination of information
- Failure to reach patients or to have information reach only select individuals

# The Standardized Testing Analogy

- Standardized exams have evoked similar arguments
  - ‘teaching to the test’ – obstructs normal learning processes
  - ‘students don’t test well’ – inaccurate reflection of quality
- If these concerns are valid then **TEST** is no good
  - Is a “fair” test possible?
  - Do test results obscure individual characteristics?
  - Bottom line may be how the test used

# RAND Highlights on Report Cards

- **What Have We Learned About How People and Organizations Use Report Cards?**
  - *“We discovered that evaluation of report cards has not kept pace with their development...”*
- **Do Report Cards Change Behavior?**
  - *“..Report Cards Seem to Have Little Influence Among Consumers and Physicians...”*
  - *“Health Provider Organizations Have Responded Favorably...”* (relative to outcome)

# Evaluation Criteria for Report Cards

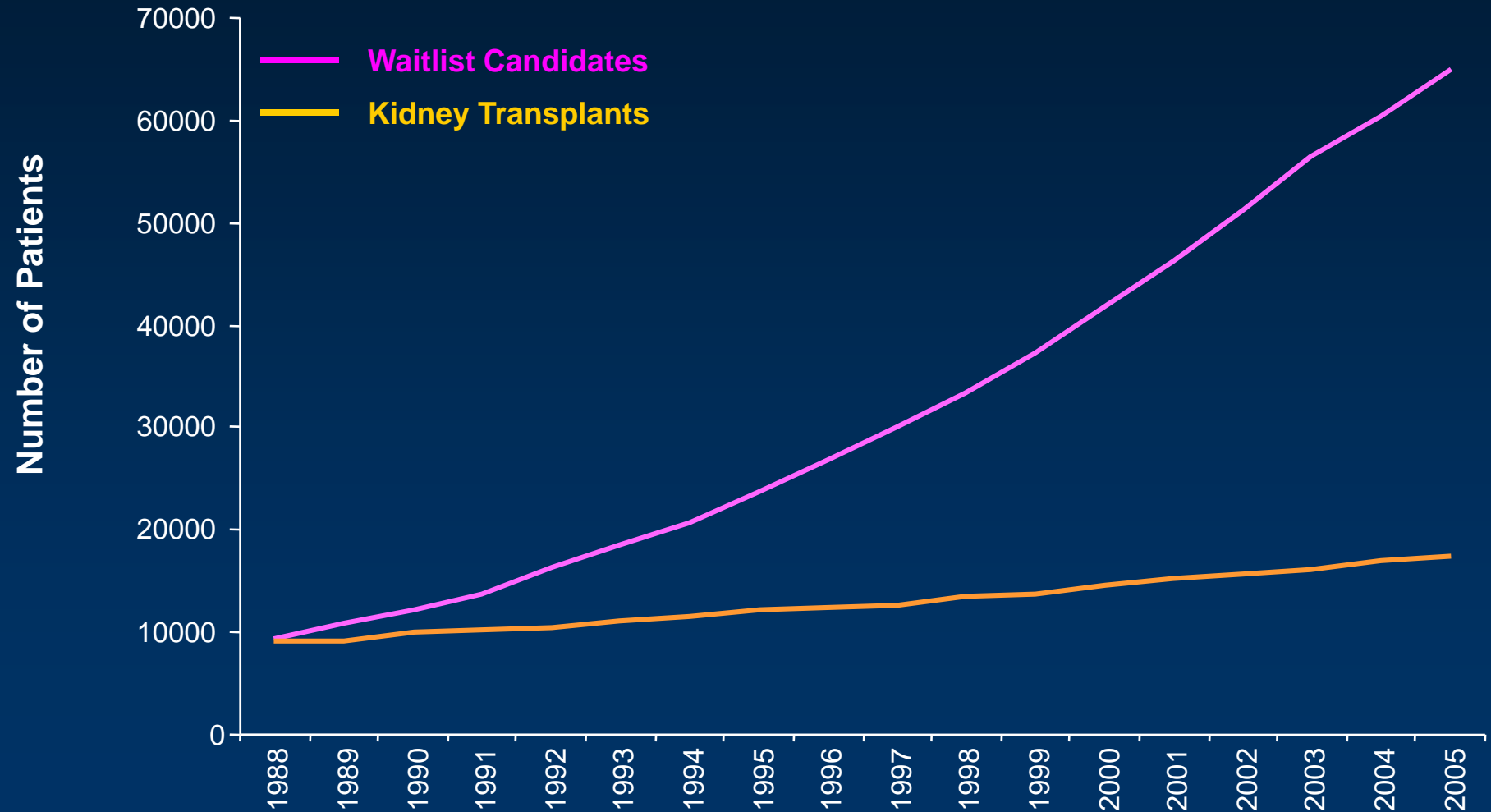
- Is there opportunity for 'patient selection' among providers? If so, are there objective measures for these behaviors?
- Is there opportunity and practical for patients to select providers based on report cards? If so, are there objective measures for evaluating this behavior?
- What is the predictive value of models utilized to generate report cards?
- What is the reproducibility of factors utilized in report cards?
- Are the data collected on a mandatory basis and are the data self-reported?

# Evaluation of Report Cards

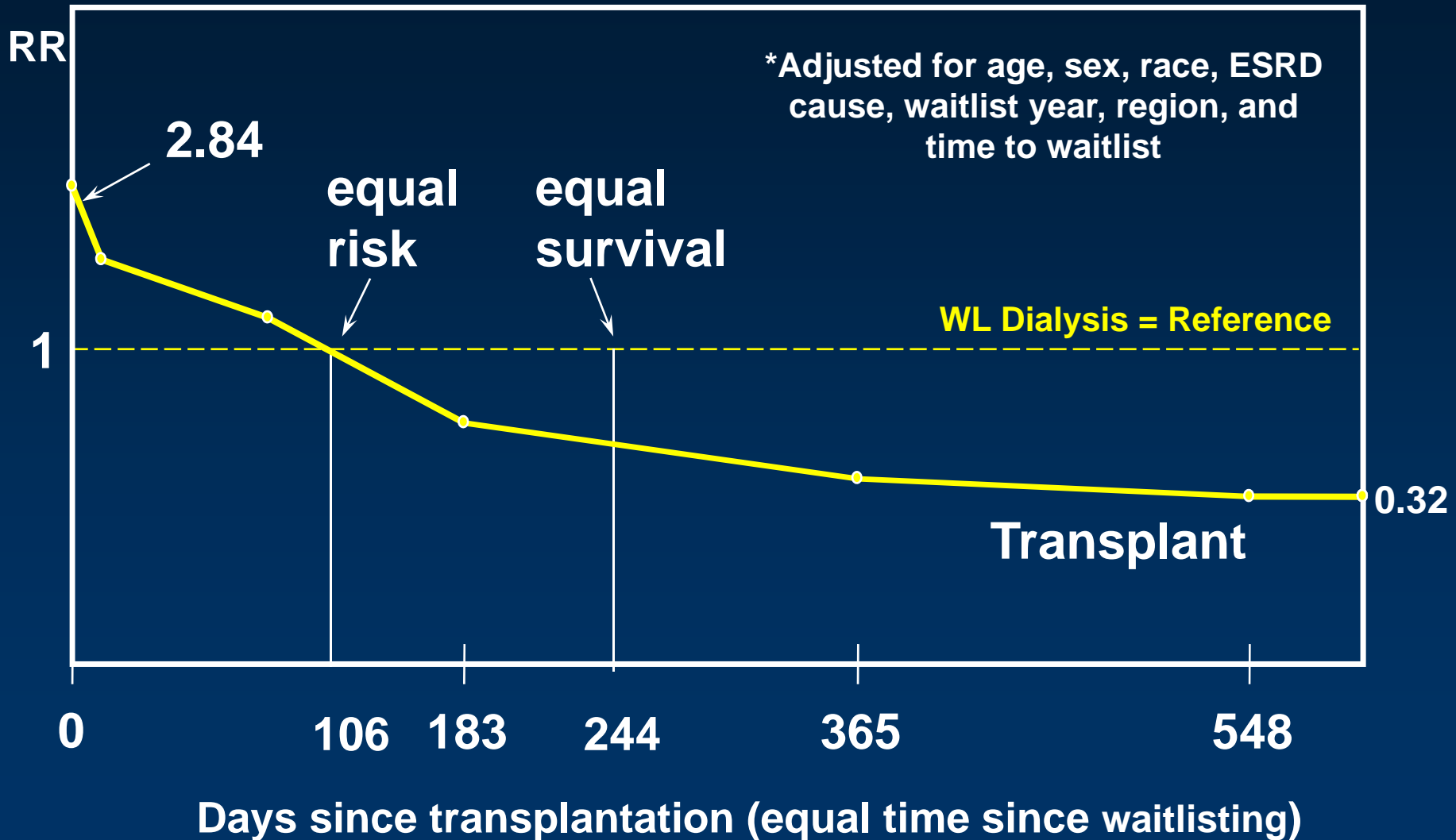
- What is the variability in morbidity and mortality in the underlying populations of interest between providers and are there systematic differences in factors that are associated with outcomes between providers?
- What is the level of variation in patient outcomes between providers and is this level likely to be indicative of the quality of care?
- Are differences in performance evaluations applicable for only certain subsets of the population (e.g. high-risk patients)?
- Is the information synthesized by report cards disseminated in a responsible manner relative to the potential limitations?
- Are there ways by which to measure the impact of report cards on prospective quality of care?

# The Case of Kidney Transplantation

# Prevalence of Wait Listed Candidates and Number of Kidney Transplants by Year



# Mortality RR\* for 23,275 First Cadaveric Transplant vs. 46,164 Waitlisted Dialysis Patients



# Report Cards in Kidney Transplantation

- Generated by the Scientific Registry of Transplant Recipients (SRTR)
- Available online with detailed information by transplant center including volume, procedures performed and outcomes
- Approximately 240 kidney transplant centers
- Outcomes are evaluated via risk adjusted Standardized Mortality Ratios (SMR)
- Center outcomes are reported as statistically higher or lower than expected for different types of transplants and over different follow up periods

# Report Cards in Kidney Transplantation

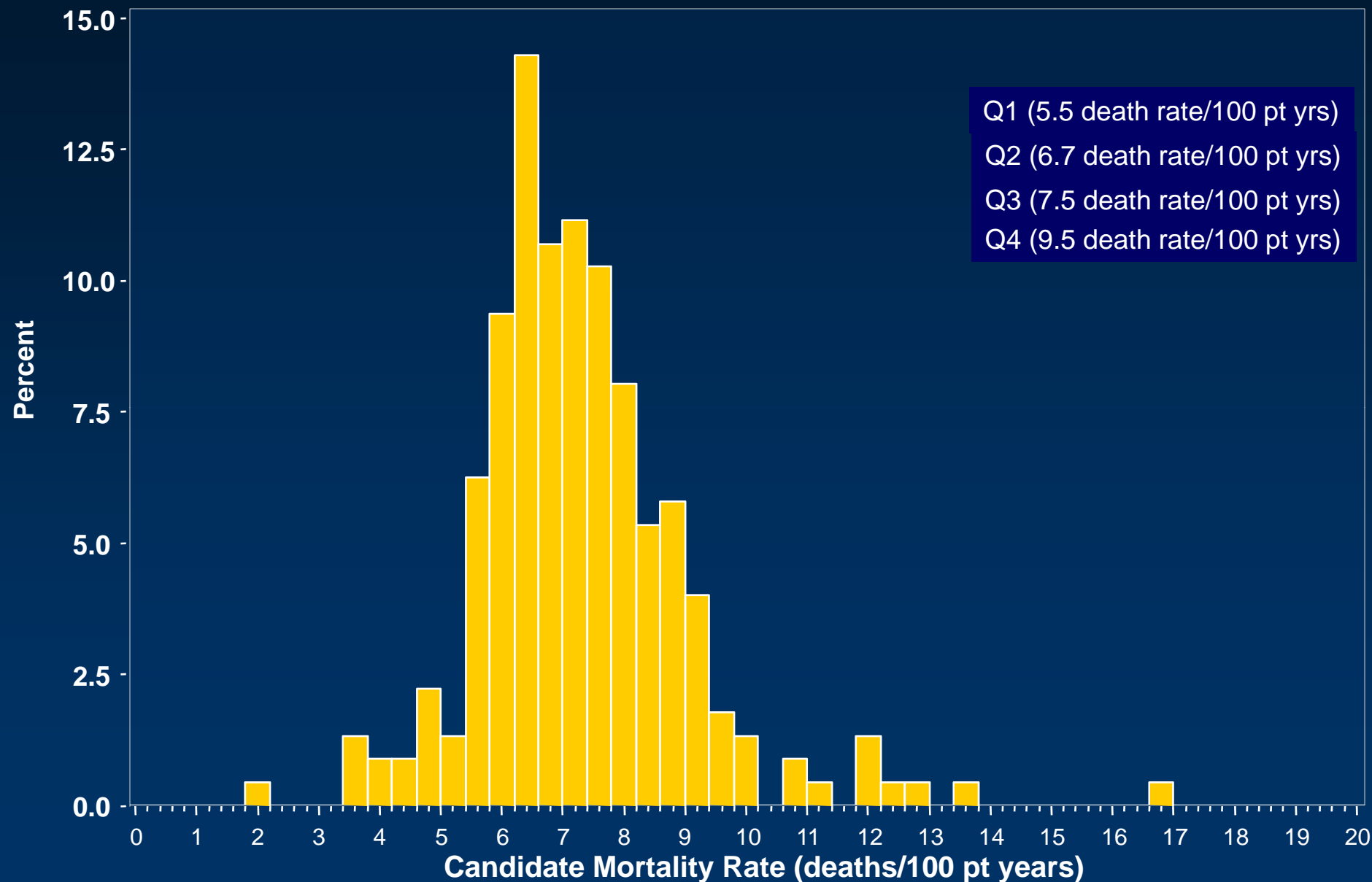
Center Specific Report Table 11 Summary: 3 Years Patient Survival, Adult  
 For Patients Transplanted between 07/01/2000 - 12/31/2002  
 Organ: KI: Kidney (Single-Organ Transplants Only; Re-transplants excluded)

| State and Center  | Transplants (n) 1 | Patient Survival (%) 2 | Expected Patient Survival (%) 3 | Observed Deaths | Expected Deaths 4 | Ratio of Observed to Expected Deaths | 95% Confidence Interval 5 |             | P-value (2-sided) 6 | How do the rates at this center compare to those in the nation? | Follow-up days reported by center (%) 7 | Maximum Days of Follow-up (n) |
|---|-------------------|------------------------|---------------------------------|-----------------|-------------------|--------------------------------------|---------------------------|-------------|---------------------|---|---|-------------------------------|
|   |                   |                        |                                 |                 |                   |                                      | Lower Bound               | Upper Bound |                     |   |   |                               |
| U.S.  | 29,453            | 90.29                  | NA                              | 2,860           | 2,860             | 1.00                                 | NA                        | NA          | NA                  | NA  | 92.0                                    | 1,095                         |
| <b>Alabama</b>  |                   |                        |                                 |                 |                   |                                      |                           |             |                     |   |   |                               |
| University of South Alabama Medical Center, Mobile (ALAM) | 37                | 94.59                  | 90.68                           | 2               | 3.73              | 0.54                                 | 0.07                      | 1.94        | 0.562               | Not Significantly Different (s)                                 | 93.2                                    | 1,095                         |
| University of Alabama Hospital, Birmingham (ALUA)         | 618               | 91.75                  | 89.80                           | 51              | 64.41             | 0.79                                 | 0.59                      | 1.04        | 0.100               | Not Significantly Different (s)                                 | 93.9                                    | 1,095                         |
| <b>Arizona</b>  |                   |                        |                                 |                 |                   |                                      |                           |             |                     |   |   |                               |
| Phoenix Children's Hospital, Phoenix (AZCH)               | -                 | -                      | -                               | -               | -                 | -                                    | -                         | -           | -                   | -   | -                                       | -                             |
| Banner Good Samaritan Medical Center, Phoenix (AZGS)      | 276               | 88.77                  | 91.63                           | 31              | 22.69             | 1.37                                 | 0.93                      | 1.94        | 0.112               | Not Significantly Different (s)                                 | 96.1                                    | 1,095                         |
| Mayo Clinic Hospital, Phoenix (AZMC)                      | 101               | 91.09                  | 91.16                           | 9               | 9.11              | 0.99                                 | 0.45                      | 1.88        | 0.999               | Not Significantly Different (s)                                 | 93.8                                    | 1,095                         |
| Scottsdale Healthcare Osborn, Scottsdale (AZSM)           | 22                | 90.91                  | 91.99                           | 2               | 2.14              | 0.93                                 | 0.11                      | 3.37        | 0.999               | Not Significantly Different (s)                                 | 3.7                                     | 1,095                         |
| University Medical Center, Univ of Arizona, Tucson (AZUA) | 73                | 95.89                  | 91.35                           | 3               | 6.57              | 0.46                                 | 0.09                      | 1.33        | 0.215               | Not Significantly Different (s)                                 | 96.9                                    | 1,095                         |
| <b>Arkansas</b>   |                   |                        |                                 |                 |                   |                                      |                           |             |                     |   |   |                               |
| Baptist Medical Center, Little Rock (ARBH)                | 91                | 93.41                  | 92.49                           | 6               | 6.99              | 0.86                                 | 0.32                      | 1.87        | 0.903               | Not Significantly Different (s)                                 | 98.5                                    | 1,095                         |

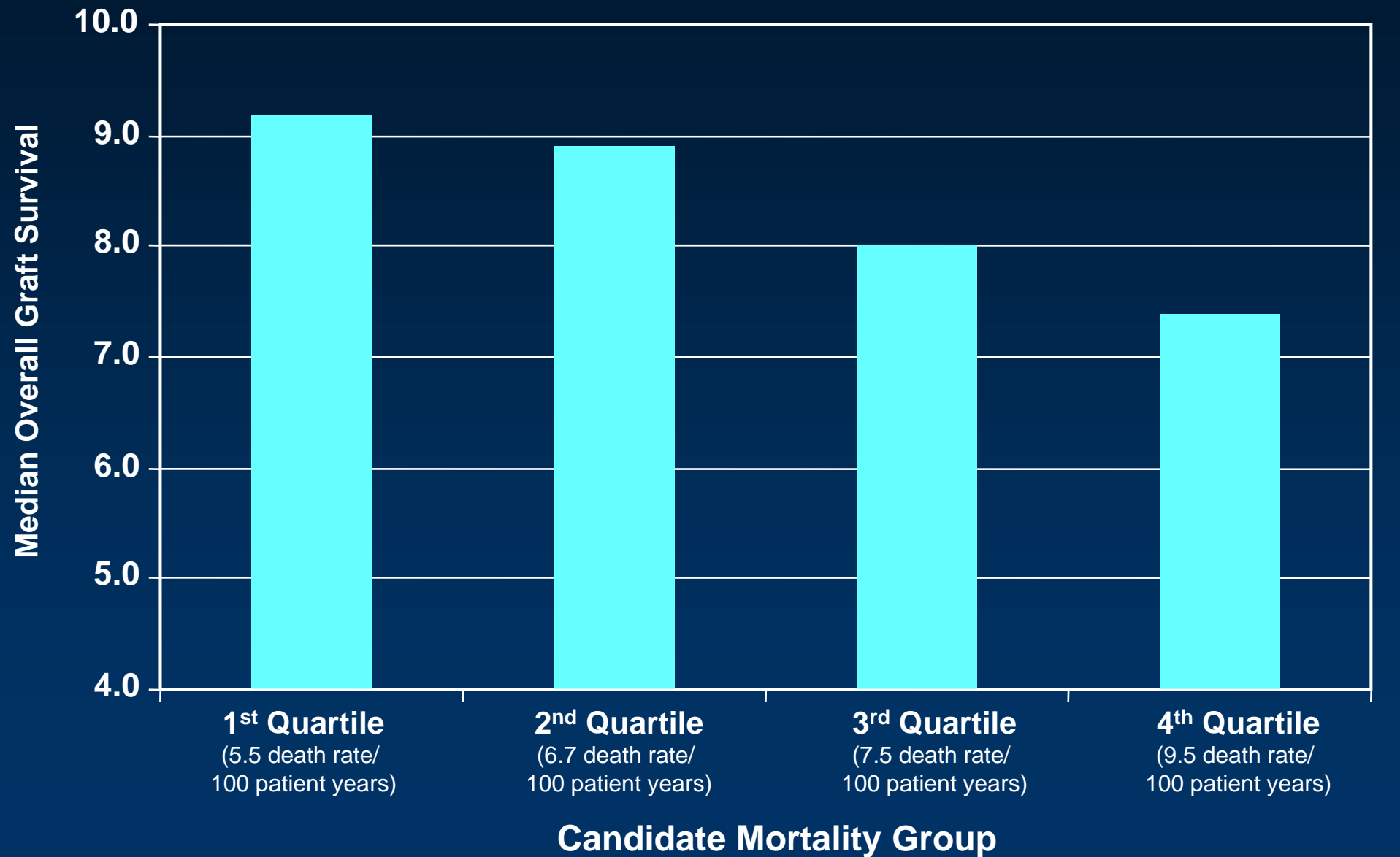
# The CMS Final Rule: Conditions of Participation

- Transplant center one-year outcomes will be measured by the SRTR methodology
- Centers meeting low performance standards will lose public funding
- Based on the latest SRTR reports, this may affect up to 25 (11%) transplant centers
- The impact on access to care is unknown

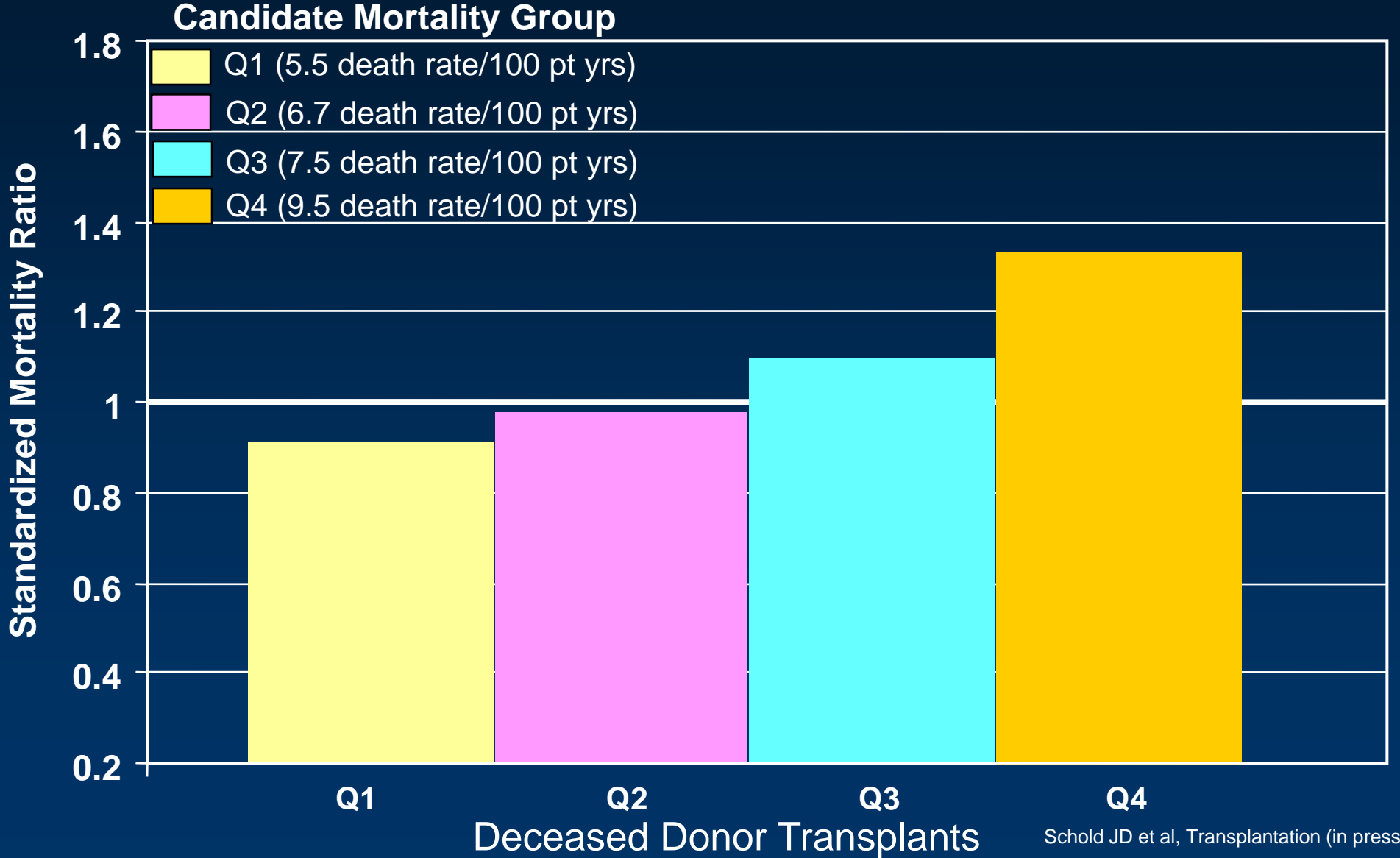
# Kidney Transplant Center Candidate Mortality Rates (n=224)



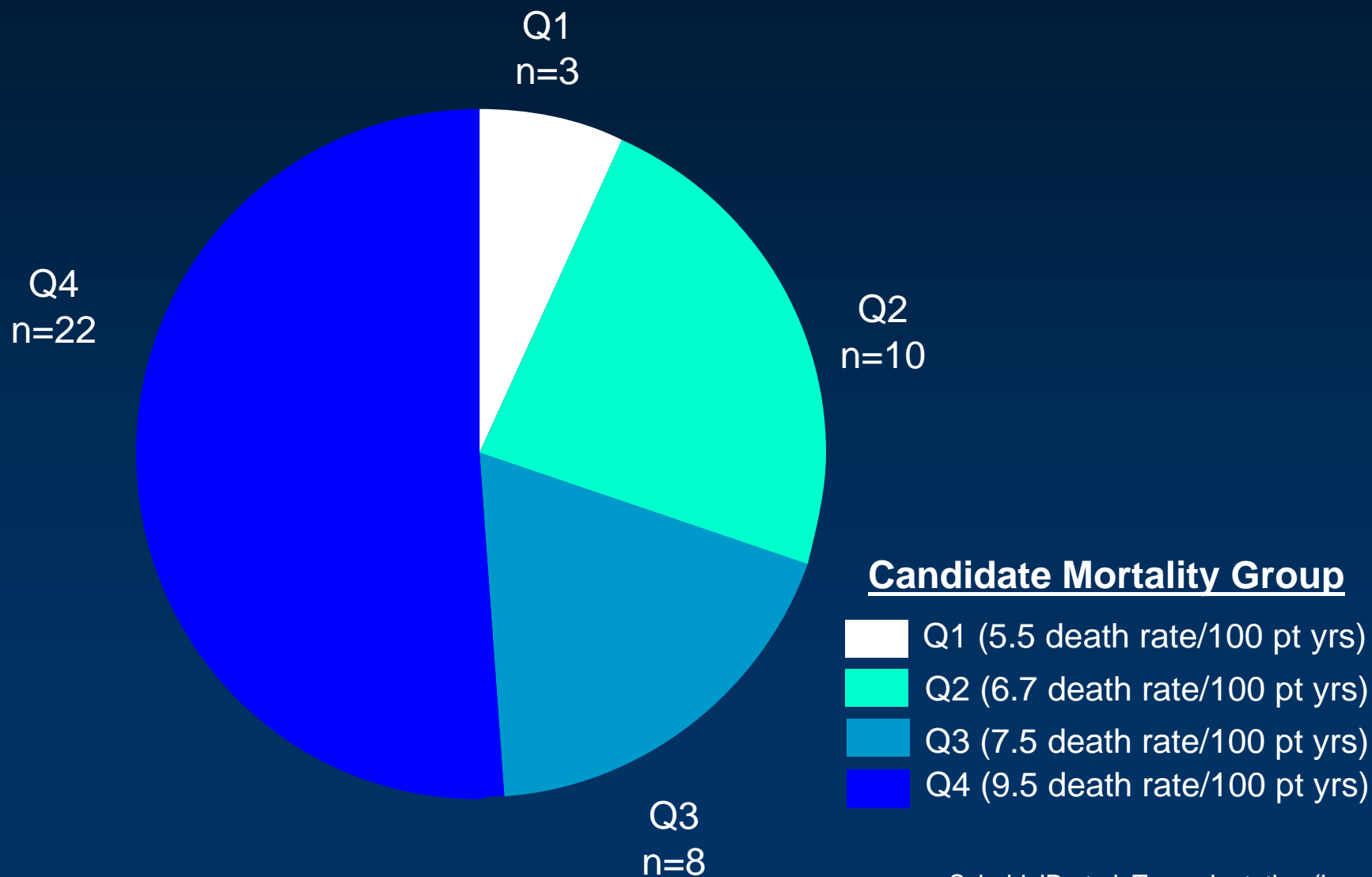
# Overall Graft Survival by Candidate Mortality Group



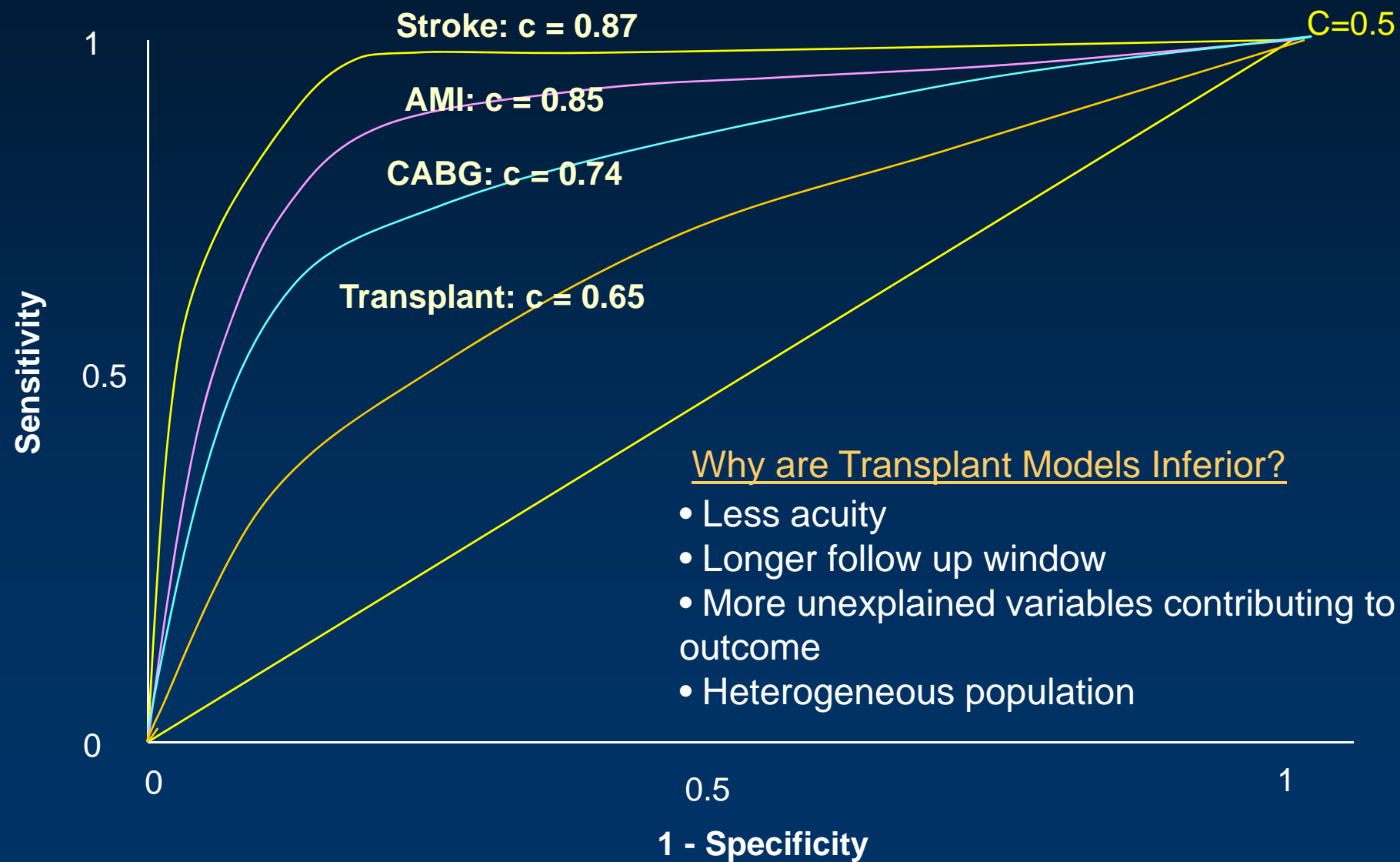
# Average Standardized Mortality Ratio (O/E) for One Year Patient Death by Candidate Mortality Group



# Low Performance Centers by Candidate Mortality Group



# Predictive Diagnostics in Different Medical Contexts



# What are the Concerns about Report Cards in Transplantation?



Decreased access to care among vulnerable populations



‘Cream-skimming’ – providers actively selecting ideal patients to enhance performance standards



Providers target ‘artificial outcomes’ that are measured in report cards that may not be concordant with other important outcomes



Self-reported information or subjective coding which be misleading



Costs associated with data collection and reporting



Misleading identification of either high or low quality of care due to exogenous factors (e.g. unmeasured patient characteristics or environmental factors)



Inappropriate dissemination of information



Failure to reach consumers and patients or to have information reach only select individuals

# So where do we go from here?

- Do we resist report card proliferation?



- **X** No time for the ship has sailed....
- Instead efforts are needed to further evaluate existing and prospective use of report cards including:
  - Further defining sufficient criteria for report card utilization
  - Methodological techniques and research measuring the longitudinal impact of report cards on patient care
  - Critical examination of report cards on utility, access to care and economic outcomes

# Conclusions

- In an era of increased capacity and interest for capturing healthcare data, report cards will likely continue to proliferate
- Significant perils exist that efforts to increase 'consumerism' in certain contexts have potential to deleteriously affect care

# Conclusions

- It is not enough to say that “we are doing the best we can given the information available” with regard to report card development
- The potential pitfalls associated with report cards need to be considered in relation to the benefits most directly pertaining to the impact on patient care
- Further development of objective criteria evaluating report cards and methodological approaches towards measuring the impact of report cards over the full spectrum of care are needed