Reporting on Quality for Consumers

Quality Reporting
Publicly reporting quality data is an important step in improving the quality of care offered by health care providers. It provides incentives to healthcare providers to give better care and it can assist consumers in making informed choices about their care. Unfortunately, reporting quality data is not required or regulated, nor has an effective way of distributing the information to consumers been developed. Advocates need to both realize the importance of collecting, interpreting and disseminating quality data and work to increase the spread of this important knowledge.

Problems with Voluntary Reporting Programs:
Many currently existing reporting programs are voluntary. Voluntary programs have 3 major flaws:
1) Few hospitals participate. The Centers for Disease Control launched a confidential voluntary reporting program in 1970. However, of the nation’s 4,900 hospitals, only 315 had joined the program by 2000.
2) Data collected cannot be used for any enforcement purpose.
3) Hospitals can stop participating in the program if their data looks bad.


Results of Reporting:
• Can stimulate quality improvement in areas where performance is reported to be low.
• May increase health care providers’ motivation to improve.
• May generate negative attitudes, anger and distrust among hospitals included in the report.

Key elements of success:
• Wide dissemination
• Hospitals must be aware that a future public report will be produced and widely disseminated within a year or two.
• Easily understandable to the public


Accreditation:
One way of evaluating and reporting quality is through accreditation. Accreditation processes usually involve an on-site evaluation. A team of physicians, nurses and hospital administrators determine whether the hospital meets the performance standards of the accrediting body in a number of areas including patient safety and medical errors, pain management, medical staff infection control and hospital management. The hospital is then rated and its accreditation status is determined according to the standards. The accreditation information is then made publicly available to consumers.

Facts about Quality Reporting

- 1 in 10 Americans has used information that compares quality among health plans, hospitals or doctors to help them make their health care decisions.
- 25% have seen comparative information regarding health plans, only 15% regarding hospitals, and 10% regarding doctors.
- 7% of the public has seen information about quality online.
- 6 in 10 Americans say they would rely “a lot” on friends and family members or their regular doctors when choosing healthcare providers.


Why word of mouth is unreliable:
- Often anecdotal, and doesn’t give a complete picture.
- Based on only one individual’s experience.
- Other doctors may not be aware of their colleagues’ skills or records, or the specifics of care provided in another office.


The Role of Internet:
According to a Harris poll, 110 million Americans went online to find health information in 2002; looking on average 3 times per month. Following are some of the greatest advantages to reporting on the internet:
- Interactive and customized sites make information more intelligible and useful
- Information is accessible and free
- Easier access to relevant physician and hospital specific information

The Harris Poll #21, May 1, 2002 “Cyberchondriacs Update.”

Report Card Weblinks:
- JCAHO’s Quality Check
- CMS’ Hospital Quality Initiative and Nursing Home Compare
- Public Citizen’s State Medical Board Information Database
- Consumer’s Union’s State-by-State Adverse Event Reporting Statistics.
- Health Grades Reports
- Pacific Business Group on Health’s Health Scope: California Specific Ratings
- National Committee for Quality Assurance Report Cards
- My Health Compass Report Cards
- Foundation for Accountability’s www.compareyourcare.org