



## **FOCUSING ON HEALTH REFORM**

### **RAND Research on Public Reporting**

*For more information, visit [www.rand.org/health](http://www.rand.org/health) or contact Shirley Ruhe, Director of Congressional Relations at 703-413-1100 x5632 or Kristy Anderson, Health Legislative Analyst at x5196*



One strategy for improving quality of care is to make information about the price and quality of medical care provided by hospitals, health plans, physicians, and other care providers widely available. The assumption is that providing accurate and timely information will make for more educated and cost-conscious health care consumers and that health care providers who do not get high ratings will be motivated to improve performance in order to protect their market share. RAND has conducted some of the seminal studies examining the potential link between public reporting of performance information and improvement in clinical quality of care, patient outcomes, and enhanced patient experience. RAND has also played a major role in the development, testing, and implementation of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) family of surveys, developed under funding from the Agency for Healthcare Research and Quality (AHRQ). The CAHPS surveys are the most widely used patient experience surveys in the United States.

---

### **Project COMPARE: A Global Positioning System for Health Care Policy**

COMPARE (Comprehensive Assessment of Reform Efforts) is a first-of-its kind online resource that provides one-stop shopping for objective analysis of health policy issues. COMPARE provides facts and figures about the current state of the U.S. health care system, focusing on key dimensions of health system performance; a description of policy options for changing the health care system; an inventory and the status of prominent federal, state, and private health care reform proposals; and an interactive tool to provide analyses of the effects of different health care policy options on multiple dimensions of health system performance, including cost, coverage, and outcomes.

<http://www.randcompare.org>

### **Systematic Review: The Evidence That Publishing Patient Care Performance Data Improves Quality of Care**

Fung CH, Lim Y-W, Mattke S, Damberg C, Shekelle PG *Annals of Internal Medicine*, Vol. 148, No. 2, Jan 2008, pp. 111-123

Evidence is scant, particularly about individual providers and practices. Rigorous evaluation of many major public reporting systems is lacking. Evidence suggests that publicly releasing performance data stimulates quality improvement activity at the hospital level. The effect of public reporting on effectiveness, safety, and patient-centeredness remains uncertain.

## **Use of a Matching Algorithm to Evaluate Hospital Coronary Artery Bypass Grafting Performance as an Alternative to Conventional Risk Adjustment**

Glance LG, Osler TM, Mukamel DB, Dick AW. Medical Care, Vol. 45, No. 4, Apr 2007, pp. 292-299

Basing outcome assessment on either matching or regression modeling yielded similar findings on hospital ranking but only moderate level of agreement on hospital quality. The use of matching may enhance the transparency and acceptance of outcome report cards by hospitals and physicians.

## **The First National Report Card on Quality of Health Care in America** (2006)

This research brief summarizes the largest and most comprehensive examination ever conducted of health care quality in the United States.

[http://www.rand.org/pubs/research\\_briefs/RB9053-2/](http://www.rand.org/pubs/research_briefs/RB9053-2/)

## **Accuracy of Hospital Report Cards Based on Administrative Data**

Glance LG, Dick AW, Osler TM, Mukamel DB. Health Services Research, Vol. 41, No. 4, Aug 2006, pp. 1413-1437

This study supports the hypothesis that the use of routine administrative data without date stamp information to construct hospital quality report cards may result in the misidentification of hospital quality outliers.

## **A Review of Current State-Level Adverse Medical Event Reporting Practices: Toward National Standards**

Beckett MK, Fossum D, Moreno CS, Galegher J, Marken RS. Santa Monica, Calif.: RAND Corporation, TR-383-AHRQ, 2006

Nearly half of all states collect information on adverse medical events. This report summarizes the results of a 50-state survey of adverse reporting systems in 2004. It documents the consistency of information that states are collecting as part of their reporting systems, identifies issues related to establishing a national patient safety repository, and presents an action plan to implement a standardized nationwide system elicited from an external advisory panel that was convened explicitly for this purpose.

[http://www.rand.org/pubs/technical\\_reports/TR383/](http://www.rand.org/pubs/technical_reports/TR383/)

*The Office of Congressional Relations provides any of the listed documents to Congressional offices and U.S. Federal agencies on request, at no charge.*

*Updated 6/15/09*