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Public Reporting of Mortality Rates for Hospitalized Medicare Patients

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IN RESPONSE:

We share Drs. Lévesque and Sutherland's conviction that public reporting has merit above and beyond its potential contribution to such clinical outcomes as mortality rates. On the one hand, it may improve consumer confidence in the health care system; allow hospital leaders to compare their own performance with local or national norms; and help drive improvements in care delivery that, although they do not translate to improvements in 30-day mortality rates, may nevertheless be highly beneficial. On the other hand, public reporting may be associated with substantial costs, including the administrative burden for hospitals; risk aversion for clinicians practicing under it (1); and gaming of the system that may make public reports suboptimally reflective of the true quality of care (2, 3).

Drs. Lévesque and Sutherland also suggest that public reporting is associated with improvements that are system-wide rather than condition-specific and that, therefore, public reporting for *any* condition leads to improvements for *all* conditions. Our finding that the overall rate of improvement in mortality did not accelerate for either reported or nonreported conditions after the initiation of national mandatory public reporting suggests that this phenomenon is probably not a major driver of outcomes overall. However, we cannot exclude the possibility that, for individual hospitals, public reporting spurred improvement either for specific conditions or hospital-wide. Other temporal trends also may have masked the beneficial effect of public reporting during the study period.

To say that what can't be measured can't be improved has nearly become a truism. Certainly our findings should not be construed to imply that measuring and reporting outcomes have no value—the value of such interventions can be assessed in many ways, and we examined only 1. Drs. Lévesque and Sutherland are correct that public reporting has many potential objectives beyond the reduction of 30-day mortality. However, we do believe that our study suggests that it is probably not a powerful driver of improvements in hard clinical outcomes, such as mortality rates, and thus that policy-based efforts to improve such outcomes may need to include additional strategies in order to most successfully effect change.

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