Opportunities and challenges of hospital performance public reporting at the national level: international experiences and future perspectives
Workshop organized by Progetto Mattone Internazionale,
Auditorium, Italian Ministry of Health, Rome, 26 September 2014

“Hospital performance reporting is a new theme under discussion internationally. The OECD member countries agreed to begin activities in this field in 2015. Italy can take the leadership of this initiative, having organized the very first meeting ever done on this topic.”. With these words Niek Klazinga, Professor of Social Medicine at the University of Amsterdam and Project Coordinator OECD “Health Care Quality Indicators” (HCQI), closed the series of presentations at the workshop “Opportunities and challenges of hospital performance public reporting at the national level: international experiences and future perspective”, held in Rome on the 26th September 2014.

The event involved a pool of international experts from eight countries, who gathered at the Auditorium of the Italian Ministry of Health.

The meeting was chaired by Fabrizio Carinci, a member of the Board of the Bureau of the Health Care Quality Indicators project, who supervised the organization of the meeting on behalf of AGENAS. In his introductory speech, Carinci said that Italy needs international collaboration as much as other countries need the proactive participation of Italian institutions to reciprocally exchange best practices. OECD projects offer an opportunity to share data for understanding to what extent and why the levels and variability of the results may be excessive (see Caesarean sections), and to highlight potential problems even when the results might seem extremely positive (see safety indicators). The main difficulty of public reporting is how to balance simplification with scientific rigour in external communication. The collaboration between Italy and the OECD offers broad access to experts and provides reference terms that can be directly used for internal purposes, e.g. fulfilling the obligations of the Pact for Health (“Patto per la Salute”). This is extremely convenient even in economic terms, as it allows sharing resources towards a common goal.

The workshop has been divided in two parts, followed by a roundtable discussion. The first part of the workshop dealt with “Transparency and Portals.”

The first presentation was given by Veena Raleigh, researcher at the King's Fund in London. Veena presented the UK NHS and the various initiatives that have been organized to communicate to the public. In the United Kingdom, performance results are publicly available at the level of individual practitioners. A case in point is that of 8,200 general practitioners who agreed to share data for the purpose of research and monitoring. This and other projects allowed building a complex framework of analytical reports on health services outcomes, which are routinely published. The portal "NHS
“Choices” is the most well-known reference in the world and is also used as a resource for healthcare systems abroad. It contains hospital performance indicators, with a great emphasis on the opinions expressed by citizens about the level of satisfaction with the service received. The results include indicators for professionals e.g. individual surgeons, specialists and general practitioners. About the choice of indicators, in recent years there has been a progressive reduction in the use of in-hospital mortality, due to the considerable methodological problems encountered. Nevertheless, there are several reference sites, both public and private, that publish these sort of results, some of which are well known internationally, e.g. Dr. Foster. The British authorities have been very careful about data quality and the use of advanced statistical methods, considered essential to ensure a sensible interpretation of the results.

The case of Canada has been presented by Jeremy Veillard, vice-president of the Canadian Institute of Health Information (CIHI), who presented one of the most structured initiatives for the publication of performance results. In Canada, monitoring is carried out by a plurality of agencies, often at sub-national level (provinces), as well as by central agencies. From 2012, CIHI conducted a systematic classification of indicators, choosing appropriate methods of analysis and targeted approaches for open communication, in close collaboration with professionals and citizens’ representatives. The new portal, “Your Health”, is divided into two parts: “In brief”, showing data by geographical area, and "In Depth", presenting results at hospital level. The portal has been presented by directly navigating on the website of “Your Health”. It is extremely rich in graphics and presentations, with a varying level of detail, ideal for different user profiles. The contents are broadly organized according to the OECD conceptual scheme. CIHI today is one of the most specialized institutions in the field of “public reporting”, with direct executive responsibilities in external relations and expertise in the development of public health care portals.

An extremely interesting case of authority that exerts a strong monitoring and management control over the health system is represented by the “Health Insurance Review and Assessment Service of Korea” (HIRA). In his presentation, Sun Min Kim explained how the Agency of Korea carries out functions of quality control and cost, as well as acting as a single central purchasing centre for the entire nation. A total of 329 indicators constitute the core data elements of monitoring activities, conveyed through a “Pay for Performance” program that allocates portions of health service financing resources according to the performance level achieved. Sun Min showed in detail how hospital indicators are closely associated to a system of penalties (“Value Incentive Program”), which may result in reduced hospital funding. The data clearly show that since the beginning of the program, there has been a substantial reduction in the variability of health care quality indicators, e.g. acute myocardial infarction, across the whole country, as shown in the Annual Report and the recent OECD Review of the Quality of care in Korea.
The Italian National Outcome Program (PNE) is the main initiative of its kind in Italy. It has been presented by Danilo Fusco, head of the statistical system. The improved version of the portal, which has been active for many years, will be presented on October 15th, with results for year 2013. The indicators show an improved performance that has been likely obtained through a continuous sharing of results and agreed strategies with health professionals involved. The system allows highlighting deviations e.g. anomalous positions of the fetus in cesarean deliveries in Campania, which have been likely to be determined by specific reimbursement mechanisms. The latest version of the PNE presents new audit tools, confirming its role as a program that aims at improving quality and not publishing hospital league tables.

The situation of the United States is much more varied, as it has been explained by Irma Arispe, Director of the National Centre for Health Statistics at the Center for Disease Control in Washington. In the USA, there is a plurality of sources and agencies in charge of performance evaluation of providers, for different types of users. The reference frame is set by a federal law, the "Affordable Care Act", establishing criteria and strategies for quality improvement. The priorities include indicators assigned to different agencies, although in the USA many activities are delegated to research institutions, through special grants assigned after an independent evaluation. These procedures allow permanent maintenance of methodological standards, e.g. those offered by the AHRQ.

The second part of the workshop focused on the theme of “Analysis”.

Jan Mainz, Professor at the University of Aalborg, presented the long experience of Denmark in the field of quality indicators. In Denmark, transparency is ensured through a good information infrastructure that includes a unique identifier for all citizens and a series of clinical registries that can monitor quality in every aspect of diagnosis and treatment. The site sundhed.dk represents a fundamental milestone, implementing the research approach on a single platform, available to everyone for all services. Through the portal, any citizen can access the data concerning the services received, and also the indicators of quality delivered by single care providers, including professionals and community care facilities. Results from recent years demonstrate that through strict performance monitoring, almost all indicators improved.

The presentation of Jean-Marie Januel, Assistant Professor at the University of Lausanne, showed that in France there is a significant increase in the interest for the publication of performance results, as demonstrated by the recent launch of the site “Scope Santé”. Indicators are increasingly used to support programs for quality and safety improvement. In recent years, safety indicators in particular have been a subject of interest. Despite the low number of secondary diagnoses recorded in France, the value of adverse events remains high compared to international levels. As shown in a recent case study, these differences may be explained by different procedures within hospitals in each country.
There is a need for more careful inspection of the results, as well as for an appropriate use of the methods that can allow understanding how much of the differences between hospitals may be due to factors that may be hardly associated with aspects of performance.

The experience of Japan is a special case in the international context. As explained by Toshiro Kumakawa, Director of the Department of Health at the National Institute of Public Health, the population of Japan is highly homogeneous, sharing a culture of strong sense of community and preparation to emergency responses, which has been deeply rooted in a history of natural catastrophes. So far, quality indicators have found limited support from the government. However, there is an increasing interest in this regards, suggesting that a lot more can happen in a very short time. Firstly, because there is an immediate need to control spending and improve the allocation of financial resources. Secondly, because the structure of the population is rapidly shifting with ageing, requiring a different organization and accurate planning. Finally, because the level of attention of the press on the quality of hospitals is also growing, and it now involves all citizens. Therefore, it is likely that in a nation where the adoption of new technology is also fast, the use of monitoring and reporting tools can grow very quickly in the near future. Future policies should be aimed primarily at private institutions, including the majority of care providers in Japan.

Prof. Flavia Carle, head of Office VI, DG Health Planning, Ministry of Health, presented the main source of hospital data in Italy, the National Database of the Hospital Discharge Forms (SDO). The database represents the official data flow consolidated at the national level and is managed by Office VI in Rome. Since its introduction, the database continuously improved its data quality and completeness, thanks to the careful work done at several levels, as well as the use of this archive for a variety of purposes (including the Annual SDO Report, the LEA Grid indicators, the PNE itself, and the production of all OECD indicators for international comparisons). The LEA Grid is the only multidimensional evaluation system currently available at national level, requiring use of the SDO database for many indicators. The positive results obtained in recent years from continuous monitoring, followed by appropriate assessment procedures adopted in the Recovery Plans, demonstrate the usefulness of regional performance reporting in Italy.

The last lecture of the workshop was delivered by Niek Klazinga, who outlined the main messages arising from all presentations and presented the main characteristics of the OECD HCQI project. He underlined that the workshop was a useful and brave exercise, where not only the speakers, but also the Italian authorities, agreed to appear vulnerable in an open discussion of controversial issues. From the point of view of the researcher, Klazinga said that he was very excited about the opportunity of collecting fine data to analyse aspects of hospital performance. At the same time the OECD, through this activity, will have an opportunity to collect about the role of hospitals in the broader framework of health system performance. At the same time, it must be clear that it is not the intention of the OECD, nor ever will be, collecting data to compare hospitals on a global level.
According to Klazinga, the meeting was extremely useful to take stock of the essential points that shall be developed in mutual collaboration at the OECD level.

The afternoon discussion was organized in two parts. The panel was split according to the respective theme in the first part.

The first panel was asked to elaborate the concept of how to "show data". Experts were invited to dialogue with Roberto Grilli, Director of the Health and Social Care Agency of Emilia Romagna. Grilli stressed the importance of building mutual trust between analysts and health professionals: while the main task of a portal is to communicate numbers to the citizen, the professional can play an important role in building reliable and usable indicators for health policy. In Italy, Health Agencies helped building a new culture of this kind, although they have different characteristics and different organizations across the country. According to the panel, governments should directly ask citizens what do they want to know about system performance, and how it should be reported. However, it was stated that in some countries people may not be prepared to undertake a correct and effective use of transparent information.

In the second part of the discussion, speakers were invited to discuss aspects concerning "the use of data" with Francesca Moccia, Deputy Secretary General of Cittadinanza Attiva. She stated that the free association of citizens welcomes the availability of transparent information, e.g. indicators included in the PNE. According to Moccia, this is just the beginning of a much broader process just started in Italy. In the context of humanization, for example, the association is developing a new initiative for the construction of targeted indicators at hospital level. The association has been very active at all stages, from the identification of standards for data collection, to the public presentation of the results. According to the speakers, these initiatives are very interesting, but the authorities and associations shall also consider the potential risk of misinterpretation due to information overload. The panel agreed that it will be important that indicators are presented for a specific purpose, and not just for the sake of transparency. To improve their use, the panel suggested to involve more professionals in their relation with the single patient and the general population. According to Moccia, to this end, the public must be ready to face some resistance that still exists in the institutions and among health service providers.

At the end of the day, Fabrizio Carinci expressed his gratitude to the audience and all presenters, pointing out that the next Italian event in collaboration with the OECD will be the launch of the OECD Review on Quality of Care in Italy, scheduled for the last week of November 2014.