

# Government payment policies tied to hospital performance fail to improve patient safety

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Value-based incentive programs (VBIPs) aim to drive improvements in quality and reduce costs by linking financial incentives or penalties to hospital performance. However, a new study has found no evidence these programs had any measurable association with changes in catheter-associated urinary tract infection (CAUTI) rates in U.S. hospitals. This is the first study to look at how these federal payment programs impact healthcare-associated infections.

In 2013, the Centers for Medicare and Medicaid Services implemented VBIPs to financially reward or penalize hospitals based on quality metrics. These programs targeted hospitals' rates of certain healthcare-associated infections deemed preventable. Previous studies demonstrated minimal impact of these payment programs on measures of [hospital processes](#), [patient experience](#) and mortality. However, their impact on patient safety metrics, including healthcare-associated infection rates, had been unknown.

Researchers at Boston University School of Medicine and the Harvard Pilgrim Health Care Institute examined changes in trends for different CAUTI-related quality measures in nearly 600 hospitals across the country. They found no evidence that the VBIPs had any measurable association with CAUTI rates in the critical care units of U.S. hospitals. In particular, implementation of these programs was not associated with reductions in device-associated CAUTI rates, the measure that the programs explicitly target.

"The good news for patients is that we found modest improvements over time in the use of urinary catheters in the critical care units of U.S hospitals, along with decreased risk for associated urinary tract infections in hospitalized patients. However, from a policy perspective, we did not find any evidence that the federal payment programs designed to motivate hospitals to engage in further prevention efforts made any difference," explained corresponding author Heather Hsu, MD, MPH, assistant professor of pediatrics at BUSM.

According to the researchers, these results are relevant to [public health](#) because they provide crucial information on whether these federal payment programs should continue in their current form in the future. "Given the time, money and effort involved in these programs' administration and lack of demonstrated benefit to [patients](#), we hope that policymakers will learn from the limitations of these programs and consider revision and simplification prior to their further expansion," added Hsu, a pediatric hospitalist at Boston Medical Center.

These findings appear in the *Journal of the American Medical Association (JAMA)*.

Provided by Boston University School of Medicine

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