

# Hospitals use performance on publicly reported quality measures in annual goals

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A majority of hospitals reported incorporating performance on publicly reported quality measures into their quality improvement efforts, however many hospital leaders expressed concern about the clinical meaningfulness of quality measures, the ability to draw inferences about quality from them and the potential for "gaming" the system to improve them, write Peter K. Lindenauer, M.D., M.Sc., of the Baystate Medical Center, Springfield, Mass., and colleagues.

Public reporting programs are a strategy of the Centers for Medicare & Medicaid Services (CMS) to improve outcomes for hospitalized patients. Performance measures are published on CMS' website. Another goal of publicly reporting quality measures is to encourage improvement efforts. The authors conducted a survey to describe [hospital](#) leaders' attitudes toward the publicly reported measures.

**How the Study Was Conducted:** The authors mailed a 21-item questionnaire from January through September 2012 to senior hospital leaders from a sample of 630 hospitals. A total of 380 (60.3 percent) hospitals responded.

A total of 87.1 percent of the hospitals reported incorporating performance on publicly reported measures into their annual goals. More than 70 percent of hospitals agreed with the statement that "public reporting stimulates quality improvement activity at my institution" for mortality, readmission, process and patient experience measures. However, less than 50 percent of the hospitals agreed with the statement that measured differences among hospitals were clinically meaningful for mortality, readmission, cost and volume measures. Between 45.7 percent to 58.6 percent of hospital leaders also were concerned that a focus on publicly reported quality measures could lead to neglect of other important topics and there was a similar concern among 32 percent to 57.6 percent of hospital leaders about hospitals

trying to "game" the system by changing documentation and coding to show improvement rather than making actual changes in clinical care.

"Our study indicates that quality measures reported on the CMS' Hospital Compare website play a major role in hospital planning and improvement effort. However, important concerns about the clinical meaningfulness, unintended consequences and methods of measurement programs are common."

In a related commentary, Lara Goitein, M.D., of Christus St. Vincent Regional Medical Center, Santa Fe, N.M., writes: "In my view, current policies, although well intentioned, tend to make performance measurement an end in itself rather than a means to better care. The solution cannot be more or different measures: the problem is inherent to imposing performance measurement without regard to the context. For performance improvement programs to succeed, practicing clinicians should be actively engaged and the connection between measurement and improvement ensured. ... The CMS and other health insurers should shift their focus from the reporting of [quality measures](#) to the process of improving quality, as previously suggested by Werner and McNutt."

**More information:** Paper: *JAMA Intern Med.* Published online October 6, 2014. [DOI: 10.1001/jamainternmed.2014.5161](https://doi.org/10.1001/jamainternmed.2014.5161)

Commentary: Failure of Public Reporting and Pay-For-Performance Programs, *JAMA Intern Med.* Published online October 6, 2014. [DOI: 10.1001/jamainternmed.2014.3403](https://doi.org/10.1001/jamainternmed.2014.3403)

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