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Letter to the Editor:

Pennsylvania Health Care Cost Containment Council Report on Total Hip and Knee Replacements

Marc P. Volavka*

* Pennsylvania Health Care Cost Containment Council

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Letter to the Editor: Pennsylvania Health Care Cost Containment Council Report on Total Hip and Knee Replacements

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Thank you for spotlighting the recent Pennsylvania Health Care Cost Containment Council (PHC4) report on total hip and knee replacements in your September newsletter. I deeply appreciate the kudos you gave to this report, and to PHC4's capabilities in general. And as the longtime chairman of PHC4's Technical Advisory Group, you have the heartfelt gratitude of the staff and Council members for the quantity of time and quality of expertise that you have brought to PHC4's efforts.

As you noted, Pennsylvania has produced another first – no other state in the nation has produced a physician-specific report on any treatment category other than heart care. In addition, we have now become the first state to put some hard figures around the astounding patient safety and cost consequences of hospital-acquired infections (HAIs).

I am, however, troubled by an emerging theme in the literature on public reporting: "the unintended consequences of public reporting." This theme has appeared in recent critiques and suggests that public reporting may negatively impact health care quality. Unfortunately, this argument is largely supported by shoddy research, antiquated data, and often is opinion masquerading as fact – you referred to this theme as the "dark side" of public reporting in your newsletter. The "guidance" issued earlier this year from the CDC's Healthcare Infection Control Practices Advisory Committee (HICPAC) uses the same phrase when warning of the potential consequences of mandatory reporting for HAIs: deflecting resources from patient care and prevention, misleading stakeholders if inaccurate data is published, and causing some physicians to avoid treating sicker patients. Déjà vu all over again!

I take umbrage with this film-noir view of public reporting as other researchers, like Judith Hibbard et al., have clearly shown the value of public information. In 2003, Hibbard found that Wisconsin hospitals with publicly reported performance results were significantly more likely to improve quality than two comparison groups where private reporting or no reporting was done. In 2005, this same group found that public performance data led to improvements in two particular clinical areas, obstetric and cardiac care.

Since PHC4 began reporting patient mortality rates for Pennsylvania hospitals, these rates have dropped from above the national average in 1993 to below the national average in 2003. Similarly, mortality rates for CABG in Pennsylvania have dropped 48 percent in the past ten years, mirroring the years of public reporting by the Council. While CABG mortality rates have dropped nationally, research reveals that they have dropped more significantly in states with public reporting, like Pennsylvania, New Jersey and New York. Whether it be the clinical outcomes of bypass or hip and knee patients, or the staggering quality and cost implications of hospital-acquired infections, sunshine, and not the "dark side" of an unlit moon, will produce intended consequences: lives saved, costs restrained. I find these outcomes of public reporting far more convincing.

Finally, I want to commend you, Dr. Nash, for urging the Centers for Medicare and Medicaid Services and other states to rethink the way they are defining, reporting and paying for "quality performance." I would also urge them to take the inevitable criticisms of public reporting with a grain of salt. No, we are not there yet…there are no perfect quality assessment tools or report cards. But, as you are often fond of saying, when it comes to data collection and quality measurement, "We cannot let the perfect be the enemy of the good."

Marc P. Volavka
Executive Director
Pennsylvania Health Care Cost Containment Council

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