Hospital Ranking and Accreditation: Lessons for Singapore

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Introduction

The empowerment of patients in making their own choices of healthcare providers is a trend that will continue into the foreseeable future. Various hospital evaluations have proliferated in recent years to meet this growing consumer demand for 'transparency' of information to guide healthcare choices. Underlying this movement is the two-fold premise that the safety and quality of care can be assessed using various quality measures and clinical indicators and further, that consumers can and will use the information appropriately. Moving towards this goal, several efforts focusing most notably on hospital bill sizes and clinical outcomes have been carried out in Singapore. Elaboration of this system would be benefited by learning from the experience of other systems internationally.

Aims of Study

The goal is to analyse the different methods utilised in various developed countries, and their subsequent effects upon hospital performance and policy as well as public behaviour.

Methods used

Search and analysis of publicly available information on accreditation and ranking methods used, provider and consumer responses to these efforts, as well as media coverage of these issues were conducted.

Subsequently, evaluations of the effect of each method on patient behaviour and policy change were scored independently by the first two authors on a 1-5 scale and averaged to give an overall degree of impact score. While there are many ways to review the assessor, only 'degree of impact' and 'evidence vs. opinion-based' were considered in this study.

Results

A wide range of accreditation and rating methods exist with varying degrees of independence from government health authorities and ability to influence behaviour. High ratings did not necessarily change consumer behaviour although a positive report from well-regarded bodies brings with it other benefits such as prestige and enhanced recruiting power. Lack of accreditation however, was observed to be a potent lever in effecting both policy change and patient behaviour. Whether such efforts translate into improved clinical outcomes is uncertain and analyses have suggested that such efforts may have detrimental effects, such as discouraging disclosure and cherry-picking of patients.

Assessor	Country	Organisation	Number of years assessing	Methodology	Opinion/ Evidence-based	Impact		Number of hospitals assessed
						Patient behaviour	Hospitals' policy change	
Centers for Medicare & Medicaid Services (CMS) and the Hospital Quality Alliance (HQA)	U.S.	Public-private collaboration	Since 2005	A web-based tool, shows information on how well hospitals provide care to their patients for certain medical conditions. 21 quality measures based on scientific evidence about treatments known to get the best results.	Evidence-based	Little empirical evidence that consumers altered their behavior in response to publicly reported quality measures. May be due to lack of information on death rates.	Providers induced to make changes to improve quality of care even ahead of consumer demand, in response to concerns about reputation or legal exposure.	About 4,200
U.S. News & World Report	U.S.	Independent magazine	Since 1990	Community hospitals are assigned a composite score and ranked at the specialty level. The approach used in 11 specialties assigns hospitals a score, the Index of Hospital Quality (IHQ). In the remaining 5 specialties, the ranking score consists only of the reputational factor (among specialist physicians).	Mostly evidence-based with physicians' opinions included for the process component	Rankings highly regarded by consumers. Results of a study show that the rankings have had a significant effect on the hospital-choice decisions of consumers, although decisions are also affected by geographical proximity.	Hospitals actively use the rankings as a marketing tool as it is seen as one of the most prestigious recognitions American hospitals can receive.	5,189
J.D. Power and Associates	U.S.	ISO 9001-registered global marketing information services firm	Established in 1968, ratings for hospitals started in 2003	The firm's Distinguished Hospital Program recognizes hospitals that provide patients with service excellence through a telephone-based survey of a random sample of recently discharged patients, compared to national benchmark.	Opinion-based	Unknown but limited effect expected as only generalized information is made available. Furthermore, although J.D. Power is a recognized brand, it lacks the expertise in healthcare that it boasts in the auto industry.	Unknown	Unknown. Only 22 hospitals (expected to be 20% of all hospitals) were recognized for service excellence.
The Healthcare Commission (HCC)	UK	Independent body set up by the Department of Health	Since 2004	Annual performance rating for each local NHS organisation published under the Annual Health Check. Ratings published on a four point scale: excellent, good, fair, or weak. Rating services and financial management based on service reviews, inspections, patient reports, hospital self-assessments and financial and quality data.	Evidence-based	Public was quite supportive. However, patients wanted greater emphasis on individual patients' experiences. This led to health economists and experts doubting the usefulness of ratings in helping patients choose a hospital.	Hospitals ranked as weak on both quality of service and financial management must have action plans setting out how they will improve within 30 days.	153 acute hospital trusts
Dr Foster	UK	Independent service	Since 2000	Report includes a scorecard of overall performance for each hospital, based on clinical quality (measured by Dr Foster Hospital Standardised Mortality Ratio), patient satisfaction, efficiency and access. Traffic lights show whether the hospital was a good, average or poor performer in each of these areas. Also detailed reports on care in 7 clinical areas.	Mostly evidence-based, with patients' satisfaction with care in 1 factor	The public was generally supportive as it was user-friendly and provided information about specific local services. However, most people relied heavily on their general practitioner to make decisions on their behalf	Dr Foster now works with the majority of English hospitals, helping them analyse their performance and improve it.	153 acute hospital trusts
The Australian Council on Healthcare Standards (ACHS)	Australia	Independent, not-for-profit organization	Since 1974, using EQuIP since 1996	Core accreditation program is Evaluation and Quality Improvement Program (EQuIP). Guides organisations through a 4 year cycle of self-assessment, organisation-wide survey and quality action plan and a periodic review to ensure compliance. 3 topic areas: clinical, support and corporate. 5 levels of achievement.	Evidence-based	Consumers and third party purchasers such as health insurance funds, place considerable reliance on the accredited status	Accreditation systems are viewed to provide a strong motivational lever for organisations to review their operations and improve. However, there has not been any empirical evidence supporting this view.	About 800. 67% of total hospitals (about 1293) in Australia.
The Joint Commission	U.S.	Independent, not-for-profit organization.Could be said to operate as a quasi-governmental regulatory agency as hospitals can use its "seal of approval" to qualify for Medicare and Medicaid reimbursement.	Since 1951, new accreditation process implemented in 2004	The online guide Quality Check® includes information about an organization's performance and how it compares to others; its accreditation decision; compliance with National Patient Safety Goals and performance on National Quality Improvement Goals. Hospitals report on key quality of care indicators in up to 5 treatment areas: heart attack, heart failure, community acquired pneumonia, pregnancy and related conditions and surgical infection prevention.	Evidence-based	Unknown but expected to have limited impact as more that 99% of hospitals that sought accreditation in 2004 received a determination of "accreditation with improvement recommendations" or better, thus there is little distinction between accredited and non-accredited hospitals	The effectiveness of the accreditation program in encouraging the adoption of beneficial innovations in practice has been highlighted by several descriptive studies although evidence concerning the impact of the accreditation program is somewhat mixed.	About 4,500
The Australian Institute of Health and Welfare (AIHW)	Australia	Australia's national agency	*Australian hospital statistics* published since 1997	*Australian hospital statistics* uses the National Health Performance Framework developed in 2001 to present performance indicator information, including: cost per casemix-adjusted seperation as indicator of access, ER waiting times as indicator of responsiveness, hospital separations with an adverse event as indicator of safety.	Evidence-based	Unknown, possibly due to the fact that individual hospital ratings are not known.	Unknown	759 public acute hospitals
RateMDs.com	U.S. and Canada	Independent	Since 2004	Website based in California allows anonymous users to rate doctors. An overall quality rating given to each doctor is the average of the doctor's Helpfulness and Knowledge ratings given on a scale of 1 to 5, 1 being the worst and 5 the best. A happy, neutral or frowning face is assigned based on this score. Doctors can be rated separately on their punctuality.	Opinion-based	Unknown	Doctors feel that the ratings have little credibility as they are not verified and can be anonymous. Also, no minimum number of ratings is required before a doctor is given an overall rating.	83,734 doctors

Table 1. Summary of assessor information and methodology combined with an evaluation of the assessment style (i.e. being more evidence or opinion based), and impact on patient behaviour and hospital policy.

Assessor	Effect of Assessment Upon		Degree of Impact	Evidence vs. Opinion based	% Hospitals Assessed / Total
	Patient Behaviour	Policy Change			
CMS	1.5	4.75	3.125	5	73
U.S. News	3.75	4.25	4	3	90.3
J.D. Power	2	2.5	2.25	1	1.9
HCC	3.25	5	4.125	5	100
Dr Foster	4.5	4.25	4.375	4	100
ACHS	4.5	4	4.25	5	67
The Joint Commission	2.25	3.75	3	5	78.2

Table 2. Quantification of assessment factors based on information from Table 1. A 'degree of impact' factor is calculated by averaging the influence on patient behaviour and policy change. A more evidence-based assessment method received a higher score under 'evidence vs. opinion'. The inter-rater variability as measured by average standard deviation between all ratings was 0.48.

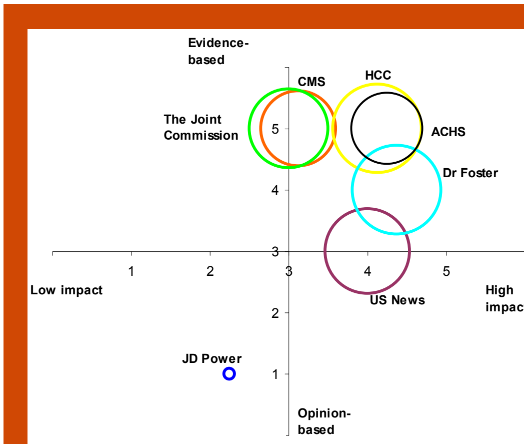

Figure 1. For each assessment method, the 'degree of impact' factor is plotted against the assessed level of 'evidence-based' factors used in the method. Therefore, the position of each assessor on the graph is determined by its impact and basis of assessment. For example, ACHS has a evidence-based assessment method with a relatively high degree of impact. The size of the circles corresponds to the scope of the reports by each assessor in terms of the percentage of hospitals assessed over the total number of hospitals in the country.

Conclusions

Singapore should proceed cautiously with initiatives to publicise hospital ratings and rankings. The current approach of ad hoc measured public reporting is prudent and will allow regulators to match consumer demand for informed choices in healthcare with provider capacity for change.

The key lessons from this study are that a balance should be achieved between the accessibility of the assessments to the public and the dependence upon purely opinion based methodologies in designing an optimal assessment system. Furthermore, relevance is achieved only when a sufficient proportion of hospitals take part in the exercise. A low percentage of hospitals assessed out of the total number of hospitals in the country could significantly lower the influence of the rating tool. Care must also be taken that the implementation of such assessments does not lead to under-reporting of outcomes.

The results of this study were limited by a lack of studies empirically demonstrating the impact of assessments on patient behaviour. More research could possibly be done in this area to provide assessors with a more comprehensive picture about the effectiveness of their methods in aiding consumers' healthcare choices.

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