
POSTER ABSTRACT

Consumer engagement to maximise the impact of public reporting of hospital performance data in Australiapuper

19th International Conference on Integrated Care, San Sebastian, 01-03 April 2019

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Background: Public performance reporting (PPR) of hospitals has been proposed as a mechanism for improving quality of care by providing transparency and accountability, increasing hospital quality and safety and informing consumer choice. In Australia, national mandatory PPR for public hospitals, including measures of cancer waiting times, was introduced in 2011. All public hospitals are now required to provide data to the Australian Institute of Health and Welfare which is then reported on the MyHospitals website. Public performance reporting is not mandatory for private hospitals, although some participate on a voluntary basis.

Prior research indicates that PPR has limited impact on consumers' healthcare decision-making. This may be due to the content, design and implementation of PPR which are not explicitly tailored to meet the needs and demands of consumers. Engaging with consumers to address these issues could lead to greater impact and utility of PPR.

Aims: The aims of this study were to assess whether PPR of hospital data was used by patients with breast, bowel or lung cancer to inform hospital choice; factors that influence their hospital choice; the level of demands for PPR; barriers to using PPR; and how PPR could be improved to meet their information needs.

Methods: A national cross-sectional questionnaire was conducted among 243 patients with breast, bowel and lung cancer who attended a public or private hospital as a private patient for elective surgery between 1st January and 31st December 2016. Patients were recruited via the Australian Government Department of Human Services using Medicare Benefits Schedules codes. Descriptive and conventional qualitative content analyses were conducted.

Results: Ninety-four percent of patients attended a private hospital for elective surgery. Almost half of the patients chose their preferred hospital. Choice of hospital was primarily influenced by the patient's specialist (89%) and not PPR data (92% unaware). Although patients considered PPR to be important (70%), they did not want to see the information. They preferred their general practitioners to tell them about it (40%). Barriers to patients' use of PPR included lack of awareness (74%) and relevance (11%). Patients considered cost of surgery (59%), complications (58%) and success rates (57%) important information to be reported. They preferred the data to be reported at the individual doctor level (48%). Four themes were identified from the open-ended questions: 1) decision-making factors; 2) data credibility; 3) unmet information needs; and 4) unintended consequences.

Discussion: Our findings suggest that PPR of hospital data had limited impact on patients' choice of hospital. Greater dissemination of PPR is required to increase awareness. Furthermore, many

patients expressed interest in using PPR to support their healthcare decision-making, however current content and format of PPR do not meet their information needs. PPR information must be patient-centred with an emphasis on making the data meaningful, interpretable and relevant. To maximise value in PPR and minimise unintended consequences, ongoing guidance from consumers are necessary.

Keywords: performance reporting; consumer; quality of care
