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The public gets what the public wants: Experiences of public reporting in long-term care in Europe

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ABSTRACT

Introduction: Public reporting of quality in long-term care is advocated on the basis of allowing providers to improve their performance by benchmarking and supporting users to choose the best providers. Both mechanisms are intended to drive improvements in quality. However, there is relatively scarce comparative research on the experiences and impact of public reporting on quality in long-term care in Europe.
Methods: Using information gathered from key informants by means of a structured questionnaire and country profiles, this paper discusses experiences with public reporting mechanisms in seven European countries and available information on their impact on quality in long-term care.
Results: Countries surveyed included a variety of public reporting schemes, ranging from pilot programmes to statutory mechanisms. Public reporting mechanisms more often focus on institutional care. Inspections carried out as part of a legal quality assurance framework are the main source of information gathering, supplemented by provider self-assessments in the context of internal quality management and user satisfaction surveys. Information on quality goes well beyond structural indicators to also include indicators on quality of life of users. Information is displayed using numerical scores (percentages), but also measures such as ratings (similar to school grades) and ticks and crosses. Only one country corrects for case-mix. The internet is the preferred medium of displaying information.
Discussion: There was little evidence to show whether public reporting has a significant impact on driving users' choices of provider. Studies reported low awareness of quality indicators among potential end users and information was not always displayed in a convenient format, e.g. through complicated numerical scores. There is scarce evidence of public reporting directly causing improved quality, although the relative youth and the pilot characteristics of some of the schemes covered here could also have contributed to downplay their impact. The establishment of public reporting mechanisms did however contribute to shaping the discussion on quality measurement in several of the countries surveyed.
Conclusions: The findings presented in this paper highlight the need to consider some factors in the discussion of the impact of public reporting in long-term care, namely, the organisation of care markets, frequently characterised by limited competition; the circumstances under which user choice takes place, often made under conditions of duress; and the leadership conditions needed to bring about improvements in quality in different care settings.

1. Introduction

Recent decades have witnessed an increasing reliance on market mechanisms for the delivery of long-term care

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(LTC). In a number of countries either users, or public commissioning authorities on their behalf, are responsible for choosing the providers that can best meet their care needs [1]. Those purchasing care need to consider the quality they might expect of the service before choosing a provider. In tandem with this, providers are required to increase the transparency of services they deliver to frail users who might have higher expectations in terms of quality, dignity and user-responsiveness. As a result, it has become paramount for all stakeholders to have access to measures of quality that are based on defined methods, valid indicators and adequate data collection.

According to Berwick and colleagues [2], having quality measurement tools in place could bring about quality improvement through two pathways, both based on the motivation of providers to increase their market share. The change or 'activation' pathway corresponds to quality management, where indicators are used internally by providers for monitoring and benchmarking with the aim to improve the organisation's performance. In the 'selection' pathway, users or purchasers of care reward better performing providers by choosing them over poor providers. In theory, making this information public to consumers and purchasers to inform choice, and for providers to compare their information should add an extra layer of incentives for providers to improve quality.

The public reporting of health and LTC has its roots in the United States (US), and for this reason much of the academic research is US-focused. In LTC, the Nursing Home Compare website was first piloted in 1998 and then launched nationally in 2002 by the Centers for Medicare and Medicaid Services (CMS) and features information and star ratings on quality aspects for all Medicare and/or Medicaid registered nursing homes. Public reporting of outcomes for home care was launched in 2003 via Home Health Compare [3]. There have been a number of US-based studies in LTC which have examined various aspects of public reporting, e.g., use by consumers and other stakeholders [4,5] and the impact on quality improvement [6–8].

International comparative analysis of public reporting systems is scarce [9], limiting the opportunities to take a strategic view of developments in this field and to learn from best practice from other countries. Two studies in Europe have used web-based searches to compare quality reporting practices. The first reviewed websites to gather and compare quality measurement and reporting practices for nursing homes across fourteen countries [10]. The second study also used a web search to identify and review 42 websites reporting the quality of health care across ten countries [11].

This paper provides a comparative overview of various approaches to public reporting in seven European countries, using in-depth information from key informants. Our hypothesis is that these countries with their different models of LTC provision and quality assurance also represent different stages of public reporting that range from early pilot projects over bottom-up processes to top-down regulations prescribed by national legislation. This scope of approaches will help to highlight the challenges involved in defining, developing and mainstreaming public reporting as a mechanism to improve quality through 'choice' and 'change'.

The first section describes the methods used to gather information and the sampling of countries; followed by a comparative description of different approaches to public reporting mechanisms. The impact of public reporting on the behaviour of users and purchasers, as well as on the reaction of providers to bring about improvements in quality is then analysed and discussed and conclusions and policy implications are drawn.

2. Methods

The study covers both established and pilot public reporting systems in seven European countries: Austria, England, Finland, Germany, the Netherlands, Spain (Catalonia) and Sweden. Established public reporting was defined as any initiative in which intra or inter-provider information on quality indicators is gathered on a systematic and regular basis, and made available to users, their families, purchasers of care (e.g. public commissioning bodies, health funds), other stakeholders (e.g. hospitals) or the general public. Pilot public reporting means that information is not yet gathered or displayed systematically and regularly.

Key informants in each country were identified and asked to gather information on public reporting systems using a survey template with the following dimensions: (i) aims, scope and coverage of existing public reporting systems, (ii) types of indicators, methods of data collection and their display, (iii) mechanisms incentivising quality improvements, and (iv) outcomes from the introduction of public reporting systems. The survey template was developed from a review of the theoretical underpinnings of public reporting in health and LTC and empirical studies, mostly from the United States. The first six countries were included as part of the Evaluating Care Across Borders Project (ECAB), with additional information on Sweden provided separately.

Sources of information included legal documents, published and grey literature, and websites. Based on key informants' responses and a parallel literature search, country profiles were produced. These were validated by the key informants after finalisation of the study. The process of gathering information through the survey template took place between July and November 2011 and January and March 2012 for Sweden, while the subsequent validation of country profiles took place between January and March 2012.

3. Results

3.1. Approaches to public reporting in practice

The seven systems described here display a range of approaches to public reporting, as shown in Table 1. Four countries (England, Germany, the Netherlands and Sweden) have established public reporting mechanisms which cover all registered providers of both home care and residential care. In England and the Netherlands, the mechanism is managed by the regulatory bodies for both