Beyond public reporting

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The scope of Dr Moffatt-Bruce's essay¹—"Public Reporting: Will This Help Inform What Patients and Families Need to Know?"—is considerably more expansive than its title would suggest. Her remarks transcend the usual boundaries of "public reporting" and would more aptly be described as a commentary on the broad topic of health care transparency. Woven throughout her article are 4 challenging transparency issues, each the subject of robust health policy debate.

THE HAZARDS OF TRANSPARENCY WITHOUT STANDARDS

Public reporting was introduced to facilitate autonomous patient decision making, redirect market share to better providers, and drive performance improvement.^{2,3} Although some states (eg, New York, Massachusetts) and specialties (cardiothoracic surgery) have demonstrated the potential benefits of public reporting, other recent developments are less salutary. The chaotic proliferation of public report cards, many produced by commercial or "public service" rating organizations, has often confused rather than aided patients in selecting providers. Widely divergent, sometimes completely opposite ratings have been produced by different raters for the same provider,⁴⁻⁹ producing a distressing cognitive dissonance.

How can different rating organizations arrive at such different conclusions? In some instances, the ratings may simply be measuring different quality constructs.⁸ But there is a much more insidious problem that accounts for many instances of report card inconsistencies. Despite their methodological complexity and far-reaching implications, there are no nationally mandated standards for risk models and performance measures. Methodologies are often opaque or patently flawed, yet report card publication requires neither objective external review nor endorsement. Erroneous results may misdirect patients, falsely impugn or boost reputations, misallocate scarce hospital quality-improvement resources, and unfairly penalize or reward provider payments.^{10,11} The National Quality Forum (NQF) offers a highly robust measure vetting process, but

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Central Message

Discussions of health care transparency often focus solely on public reporting. However, transparency also includes the important topics of full informed consent and apology and disclosure.

See Article page 1623.

submission of measures to the NQF is voluntary and often not used by report card developers.

Fortunately, in cardiothoracic surgery we have an expanding portfolio of gold-standard measures developed by the Society of Thoracic Surgeons (STS) Quality Measurement Task Force, and these provide trustworthy results for our specialty.¹²⁻¹⁸ The STS measures are based on audited clinical data from the STS National Database. They are collaboratively developed by surgeons and statisticians, published in peer-reviewed journals, and submitted to the NQF for review (where the STS has the largest number of NQF-endorsed performance metrics [33 in 2017] of any specialty society).

TRANSPARENCY AND THE INDIVIDUAL SURGEON

Most public report cards, including those produced by the STS, have historically focused on performance at the hospital or program level. Individual physician or surgeon performance is even more challenging than hospital performance to reliably estimate because of smaller sample sizes.¹⁹⁻²¹ However, available data do suggest substantial between-surgeon variability in outcomes for some procedures, including coronary artery bypass grafting,^{22,23} and patients increasingly demand access to this information. Unfortunately, some highly publicized attempts to produce surgeon-level reports have used manifestly inappropriate methodologies.²⁴⁻²⁶

In response to these analytic and health policy concerns, the STS has developed a multidimensional, multiprocedural, multiyear individual surgeon composite measure²⁷ with high reliability (0.81), which will soon be available for confidential feedback to surgeons. Only with such highly accurate measures can surgeons refute less credible report card ratings and provide meaningful performance information to patients.

TRANSPARENT INFORMED SURGICAL CONSENT

Informed surgical consent requires the disclosure of all information that would affect a reasonable person's decision regarding surgery.²⁸⁻³⁰ But in the age of transparency, how expansively should that requirement be interpreted? Consider this thought experiment: What questions might a concerned physician ask if their spouse or child needed a complex procedure in a specialty other than their own, and they were evaluating potential hospitals and surgeons with whom they were not familiar? For example, how many of these procedures are done at your hospital, and how many have you personally performed? What are your results? Will residents be involved in the operation, and to what extent?³¹ What is the hospital's policy, and your practice, regarding concurrent or overlapping surgery?³²⁻³⁴

Many patients and families would not even know to ask such questions or would be embarrassed to do so, yet they would certainly be relevant to most "reasonable" patients envisioned by informed consent standards. Arguably, then, is it the surgeon's responsibility to proactively address these issues to achieve truly informed consent?

TRANSPARENCY, APOLOGY, AND DISCLOSURE

Finally, what happens when adverse events occur as the result of provider error or systems issues, rather than the inherent risk of a patient's disease or treatment? There is increasing recognition that physicians have an ethical and professional responsibility to disclose such events to patients.³⁵⁻³⁸ This includes a full and understandable explanation of what happened, acknowledgment of responsibility, apology, a plan to prevent recurrences, and negotiated financial reparations when appropriate. Fear of litigation or loss of reputation may discourage some practitioners from robust disclosure and apology, although data suggest these may be unwarranted concerns. However, irrespective of the consequences, providers must discuss these issues honestly and thoroughly with their patients. Many will find this a cathartic experience, as they too have been suffering as the "second victim."

CONCLUSIONS

All 4 of the issues mentioned by Dr Moffatt-Bruce¹ have a common theme: Transparency is a fundamental ethical mandate in health care. Physicians who embrace this

principle will strengthen, not jeopardize, the sacred bond they share with their patients.

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