

Public reporting of hospital mortality rates for common conditions did not improve patient outcomes

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Public reporting of hospital mortality rates to the Hospital Compare Program was not associated with an improvement in 30-day mortality rates. The findings are published in *Annals of Internal Medicine*.

The goal of the Hospital Compare Program, led by the Centers for Medicare and Medicaid Services (CMS), is to increase transparency for consumers and encourage hospitals to improve performance and achieve better clinical patient outcomes. Although public reporting is seen as a powerful quality improvement tool, there has been surprisingly little evidence to support its efficacy, according to authors. Given the resources spent on Hospital Compare and its importance to ongoing health reform efforts, understanding its effect on [mortality rates](#) for reported conditions is critically important.

Researchers studied hospitals that were reporting data on processes of care for at least one condition in the Hospital Compare program, representing roughly 85 percent of U.S. acute care hospitals. Using inpatient files of hospitalizations for fee-for-service Medicare beneficiaries, the researchers calculated the average change in mortality for patients with [acute myocardial infarction](#), [congestive heart failure](#), or pneumonia between the program's initiation in January 2005 through November 2012. They found that none of the individual conditions saw better outcomes during this period. The researchers suggest that it may take longer for benefits of public reporting to accrue and further

evaluation will be needed.

More information: *Annals of Internal Medicine*,
<http://www.annals.org/article.aspx?doi=10.7326/M15-1462>

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