



Evidence Summary

How Does Public Disclosure
and Reporting Influence the
Behavior of Health Providers
and Consumers?

K2P Evidence summaries use global research evidence to provide insight on public health priority topics that are ambiguous and have important uncertainty. This 3–5 page document informs policymakers and other stakeholders by synthesizing the best available evidence and presenting its relevance to local contexts. Evidence summaries do not provide recommendations but rather articulate evidence in a clear, objective and factual manner.



Evidence Summary

+ Included



Synthesis of evidence on a priority question or topic



Local context

x Not Included



Does not provide **recommendations**



Faculty of Health Sciences
Knowledge to Policy | K2P | Center

K2P Evidence Summary

How Does Public Disclosure and Reporting Influence the Behavior of Health Providers and Consumers?

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Funding

IDRC provided initial funding to initiate the
K2P Center

Merit Review

The K2P Evidence Summary undergoes a merit review process.
Reviewers assess the evidence summary based on merit review
guidelines.

Citation

This K2P Evidence Summary should be cited as
Hemadi N, BouKarroum L, El-Jardali F, K2P Evidence Summary:
How Does Public Disclosure and Reporting Influence the
Behavior of Health Providers and Consumers? Knowledge to
Policy (K2P) Center. Beirut, Lebanon; May 2016*

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Key Messages

Key Messages

Background or Context of the Topic

- Public disclosure of information is the release of information about the quality of care to all interested individuals and institutions to inform decisions.
- Public disclosure of healthcare performance can stimulate quality improvement activities through changes in institutional, professional, and public behavior.

Summary of Evidence on the Topic

• Impact on provider organizations

- Public reporting on organizational providers (e.g. Hospitals) stimulates quality improvements activities in the clinical areas.
- Provider organizations appear to respond more actively to publicly reported performance data than either the public or the medical professions.
- Provider organizations will pursue quality improvement in response to public reporting, even if they disagree with the information.
- Hospitals that disclosed their accreditation reports perceived that disclosure provides incentives for improvement and increases the credibility of hospitals with their community.
- Having effective dissemination channels at all levels of the organization positively affected the effectiveness of hospital incident reporting and stimulated rapid actions.
- Hospitals might improve quality of care in order to protect their public image.

• Impact on Individual providers (physicians/clinicians)

- There is little evidence that public reporting on individual providers has stimulated quality improvement initiatives.
- Physicians appear to be aware of reports containing comparative data, but only a small number use these reports in their practice, either for sharing with their patients or in deciding where to refer patients.
- Healthcare providers engage in quality improvement activities whenever performance data reports are made public.
- Healthcare providers might address issues flagged in reports in order to improve their public image or reputation.

→ Improving physicians' acceptance and implementation of publicly reported performance data is regarded as a key factor in an effective reporting system.

→ **Impact on the general public**

→ Increased access to comparative performance information has not changed consumer behavior.

→ Quality information and its impact on consumers depend on many features, such as the cost of a service and consumers' personal choice.

→ Mixed evidence on whether the public uses quality reports to choose healthcare providers.

→ **Relevance of evidence to the context of Lebanon**

→ Lebanon has a pluralistic healthcare system, a strong private sector and a weak government.

→ Sub-standard medical practice is compromising the quality of healthcare and the health of citizens.

→ Hospitals in Lebanon do not have standardized outcome indicators or adequate outcome measures to report on.

→ Need for reliable performance indicators to improve the overall quality of care and patient safety.

→ A gradual approach to public reporting can be adopted.

→ A potential stepwise strategy starts by recognizing high performers among healthcare providers and then gradually proceed towards public reporting of performance and accordingly provide incentives/ disincentives.

→ Evidence suggests that a well-designed implementation of public disclosure and reporting can be effective for improving accountability and overall health care performance, particularly in weak health systems.

ما هو تأثير الكشف العلني والتبليغ عن المعلومات المتعلقة بجودة ونوعية خدمات الرعاية الصحية على سلوكيات مقدمي هذه الخدمات والمستفيدين منها؟

الرسائل الأساسية

خلفية عامة أو السياق العام

يقصد بالكشف العلني للمعلومات، الإفصاح عن معلومات تتعلق بجودة الرعاية الصحية لكافة الجهات والأفراد المهتمة بمثل هذه المعلومات، بما يساهم في اطلاع ودعم عملية اتخاذ القرار.

إن الكشف العلني عن المعلومات المتعلقة بالأداء على مستوى الرعاية الصحية يساهم في التحفيز على تطبيق إجراءات تحسين الجودة من خلال التأثير على سلوكيات المؤسسات والمتخصصين الصحيين والرأي العام.

ملخص الأدلة والبراهين العلمية المتوفرة حول هذا الموضوع

التأثير على المؤسسات التي تقدم خدمات الرعاية الصحية

إن عملية التبليغ بشكل علني عن الجهات التي تقدم خدمات الرعاية الصحية (مثلًا المستشفيات) يحفز هذه الجهات على تطبيق إجراءات لتحسين الجودة في مختلف جوانب الرعاية الصحية.

يبدو أن المؤسسات التي تقدّم خدمات الرعاية الصحية تتجاوب مع التقارير والمعلومات التي كُشف عنها علنيًا بشكل أكبر من تجاوب مقدمي خدمات الرعاية (الأفراد) من جهة والعامّة من جهة أخرى.

تحرص مؤسسات الرعاية الصحية على التجاوب مع التقارير العامة (التي كُشف عنها علنيًا) فيما يتعلق بالسعي إلى تحسين جودة الأداء، حتى في حال عدم موافقتها على ما يرد في هذه التقارير.

❖ وجدت المستشفيات التي تعتمد الكشف العلني عن المعلومات بشأن تقارير الإعتقاد الخاص بها أن مثل هذه الممارسة تشكل دافعاً للتغيير الإيجابي ولتحسين جودة الأداء كما أنها تزيد من مصداقية هذه المستشفيات في أوساط المجتمع المعني.

❖ إن وجود قنوات فعّالة للكشف العلني عن المعلومات على كافة المستويات المؤسسية يساهم بشكل إيجابي من جهة فعالية نظام التبليغ عن الحوادث والأخطاء والحالات العارضة كما يسهّل إمكانية التصرف تجاهها بشكل سريع.

❖ قد تسعى المستشفيات إلى تحسين جودة الرعاية الصحية بهدف حماية الصورة العامة للمستشفى.

التأثير على الأفراد الذين يقدمون خدمات الرعاية الصحية (الأطباء/المتخصصين الطبيين)

❖ لا تتوفر أدلة كافية على أن الكشف العلني للمعلومات الخاصة بأداء مقدمي خدمات الرعاية الصحية (الأفراد) يحفّز مبادرات تحسين جودة الأداء.

❖ على الرغم من أن الأطباء بشكل عام هم على اطلاع على التقارير التي تقارن مستويات الأداء، فإن عدداً محدوداً من الأطباء فقط يستخدمون هذه التقارير في الممارسة، سواءً لمشاركتها مع المرضى أو لاتخاذ قراراً فيما يتعلق بالجهة التي سيحيلون إليها المرضى.

❖ يشارك مقدمو خدمات الرعاية الصحية في أنشطة ومبادرات تحسين الجودة متى ما تمّ الكشف عن البيانات وتقارير الأداء أمام الرأي العام.

❖ قد يبادر مقدمو خدمات الرعاية الصحية باتخاذ إجراءات تتعلق بالقضايا التي تشير إليها التقارير بهدف تحسين صورتهم العامة وسمعتهم أمام الرأي العام.

❖ إن قبول الأطباء لتقارير جودة الأداء التي تُكشف للعامة ومستوى تفاعلهم معها هو عامل أساسي تجاه تكريس نظام كشف علني فعّال ومؤثر.

التأثير على الرأي العام

❖ لم تثبت الأدلة أن إتاحة المعلومات والبيانات المتعلقة بالأداء ومقارنات الأداء على نطاق أوسع تؤدي إلى تغيير في سلوكيات المستخدمين لقطاع الرعاية الصحية.

❖ إن توفير البيانات والمعلومات (عن جودة الأداء) للمستخدمين وكيفية تأثيرها يعتمدان على الكثير من العوامل، مثل تكلفة الخدمة والتفضيلات الخاصة للأفراد في المجتمعات المحلية.

❖ تختلف البيّنات فيما يتعلق بسؤال ما إذا كان الرأي العام يستخدم تقارير الجودة في اختيار من يقصدهم للحصول على خدمات الرعاية الصحية.

مدى انطباق الأدلة والبراهين العلمية في سياق قطاع الرعاية الصحية في لبنان

❖ يتسم قطاع الرعاية الصحية في لبنان بالتعددية (نظام صحي تعددي)، ويلعب القطاع الخاص فيه دوراً بارزاً في ظل ضعف دور القطاع الحكومي.

❖ إن وجود بعض الممارسات الطبية غير المعيارية -دون المستوى المطلوب- هو غالباً ما يكون على حساب جودة الرعاية الصحية وصحة المواطنين.

❖ لا توجد في المستشفيات في لبنان مؤشرات معيارية للنتائج أو على الأقل الحد الأدنى من المقاييس المتعلقة بالنتائج لرفع تقارير دورية بها.

❖ هناك حاجة إلى وجود مؤشرات أداء مقياسية يمكن الاعتماد عليها في السعي إلى تحسين جودة الرعاية وسلامة المرضى بشكل عام.

❖ يمكن اعتماد منهجية محددة تدريبياً وتعميمها بخصوص وضع التقارير وتوفيرها للعامة.

❖ من الاستراتيجيات الفعالة في هذا السياق، البدء باستراتيجية تشيد بالمؤسسات ذات الأداء المتقدم و/أو المتميز من بين مؤسسات الرعاية الصحية، ومن ثم التحول تدريجياً إلى الكشف العلني عن المعلومات الخاصة بالأداء، مع وضع ما يلزم من حوافز وروادع.

❖ تشير الأدلة والبراهين العلمية إلى أن الحرص في تصميم وتطبيق استراتيجية الكشف العلني للمعلومات والتبليغ هو مفتاح رئيسي في تحسين معدلات الشفافية والكفاءة وبشكل عام تحسين أداء قطاع الرعاية الصحية، وخاصة في الأنظمة الصحية الضعيفة.

Content

Purpose

The purpose of this K2P Evidence Summary is to determine the influence of public disclosure and reporting of information on empowering consumers, improving quality standards, and informing decisions.

Mechanisms for improving and regulating the quality of care

There are many proposed mechanisms for improving and regulating the quality of care such as professional self-regulation, licensing of health facilities, voluntary accreditation of providers, purchasing and Information and disclosure (1-4). Table 1 provides a brief description of each mechanism.

Table 1 **Mechanisms of Regulations**

Professional self-regulation	A way of controlling practitioner practice undertaken through maintenance of a register of professionals allowed to practice and investigation of complaints (1, 2).
Licensing of health facilities	The application of minimum facility standards usually administered by the national or local health ministry/department based on inspections (1, 3).
Voluntary accreditation of providers	Standards designed to improve services through voluntary provider participation in a process of quality improvement which should enhance the market position of participating facilities (1).
Purchasing	Dictates the general standards of a provider that a purchaser requires before a contract is given and set out detailed standards on which, and in what way, specific services should be purchased (1).
Information & disclosure	The provision of information to permit consumers and purchasers to take more informed decisions over the use and funding of facilities can be regarded as a core regulatory mechanism (1).

Background to Evidence Summary

A K2P Evidence Summary uses global research evidence to provide insight on public health priority topics that are ambiguous and have important uncertainty. This document informs policymakers and other stakeholders by synthesizing the best available evidence and presenting its relevance to local contexts.

Evidence summaries do not provide recommendations but rather articulate evidence in a clear, objective and factual manner.

The preparation of this K2P Evidence Summary involved the following steps:

- 1) *Identifying and selecting a relevant topic according to K2P criteria.*
- 2) *Appraising and synthesizing relevant research evidence about the problem.*
- 3) *Drafting the Evidence Summary in such a way as to present global and local research evidence concisely and in an accessible language.*
- 4) *Undergoing merit review.*
- 5) *Finalizing the Evidence Summary based on the input of merit reviewers.*
- 6) *Submitting finalized Evidence Summary for translation into Arabic, validating the translation and Dissemination*

In this K2P Evidence summary, we will focus on public disclosure and reporting of information to determine whether publicly releasing performance data changes the behavior of healthcare consumers, professionals, and providers in a way that improves performance and quality of care. Advocates argue that disclosing performance results might increase the accountability of healthcare providers. It also motivates quality improvement activities in healthcare organizations, especially by targeting under-performing areas identified by the performance results (5, 6, 7). Additionally, public disclosure advocates argue that there is no justification for protecting healthcare providers and that it is providers' duty to tell those serving how well they are doing their jobs (8).

In relation to Lebanon, the actions taken by the Lebanese Health Minister in November 2014 as a result of the Food Safety fiasco departed from what used to be the norm in Lebanon. Supported by the media, the minister publicly reported a list of firms that have been producing and/or selling food unfit for consumption, or noncompliant to health standards. The minister was criticized for going public and was accused of being offensive and putting the Lebanese economy at risk. However, according to the Ministry, it is the duty of the state to warn citizens about impending threats, and therefore, to blame those businesses even at the risk of ruining their reputation for the sake of public interest.

In addition to food safety issues, complaints about medical errors triggered some actions from the side of the health minister who called on State Prosecutor in February 2015 to investigate increasing complaints about medical errors being committed in Lebanese hospitals.

Both terms "reporting" and "disclosure" will be used interchangeably in this document.

Definition and assumptions underlying the policy of public disclosure Health Consequences

Public disclosure of information is the release of information or data in a written or electronic form (e.g., report cards, performance reports, league tables of hospitals) through news media, public forums, newspapers, websites, and publications in an official bulletin about the quality of care to all interested individuals and institutions to permit them to make more informed decisions (1, 5-9). The dissemination of information about healthcare quality could help providers and decision-makers better manage and deliver care, and equip members of the public to fulfil their roles as citizens and healthcare users (6, 7, 9-11).

One of the most commonly cited objectives of public reporting is to provide an incentive for providers and provider organizations to improve the quality of care they deliver. In fact, public reporting is becoming a quality improvement tool in most developed countries (5). It was stated that providers who know they are being reported might be motivated to improve the quality of care that they provide, either due to professional responsibility or a desire to improve their public image (5).

Because the vast majority of public reporting on healthcare quality has been done in the United Kingdom (UK) and the United States (US), most of the evidence of its effectiveness is from these two countries in addition to Canada where evidence showed that there is growing demand for more public accountability of publicly funded healthcare (See table 2) (5, 8).

Table 1 **Examples of countries**

<p>US</p>	<p>Numerous public and private organizations (such as federal and state governments, employers, hospitals, consumer advocate groups, the media, private enterprises, and coalitions) have joined the public reporting movement (11).</p> <p>The most commonly cited reason for public disclosure in the US is to promote consumer choice, based on the assumption that an informed consumer can influence market forces (4, 11).</p>
<p>UK</p>	<p>Recent government policy suggests that public disclosure will form a central part of a coordinated strategy for quality improvement in the National Health Service (NHS) (4, 11).</p> <p>The relatively high level of central regulation in the UK NHS provides an opportunity for the UK to implement public disclosure in a more controlled and sensitive fashion than was possible in the US (4, 11).</p>
<p>Canada</p>	<p>Public reporting is conducted by provincial and federal governments, advocacy groups, independent agencies, and agencies established by governments (5). The common denominator motivating all public reporting on healthcare quality in Canada is the principle of transparency in publicly funded healthcare (5).</p> <p>The Commission on the Future of Health Care states that transparency in provision of care is an important expectation of healthcare organizations (10).</p>

Public disclosure and quality improvement

Evidence showed that public disclosure of healthcare performance can stimulate quality improvement activities through changes in public, professional, and institutional behavior (6, 8, 13-15).

This K2P Evidence Summary examines the influence of public disclosures and reporting on changing behaviors of health providers and consumers. (See Table 3).

Table 3 **Evidence on the influence of public disclosure on provider organizations, individual providers, and general public.**

Provider organizations	<p>2 Rapid reviews of evidence mentioned that there is good evidence that public reporting on organizational providers (e.g. Hospitals) stimulates quality improvements activities in the clinical areas, which are the subject of reporting. However, it is not yet clear whether these quality improvement activities have led to improved clinical outcomes (7, 19). For example, one study tackling public reporting in hospitals in England showed that participating hospitals adopted a range of quality-improvement strategies in response to the program, including the use of specialist nurses and the development of new or improved data-collection systems linked to regular feedback about performance to clinical teams (20). Additionally, one study found that the rates of death after coronary bypass surgery in New York State were observed to fall after hospital specific rates became public (21).</p> <p>1 systematic review, 1 review of evidence, and 1 individual study found that provider organizations, especially hospitals, appear to respond more actively to publicly reported performance data than either the public or the medical professions (7, 8, 17).</p> <p>2 studies mentioned that hospitals that have a public reporting program engage more in quality improvement activities (22, 23).</p> <p>1 study mentioned that evidence suggests that provider organizations will pursue quality improvement in response to public reporting, even if they disagree with the information (8). For example, one study found that more than half of the hospitals responded to a Canadian hospital-specific report on acute myocardial infarction by implementing quality improvement activities (7).</p> <p>1 systematic review mentioned that significant number of hospitals that disclosed their accreditation reports perceived that disclosure provides incentives for improvement and increases the credibility of hospitals with their community (19).</p> <p>1 overview of systematic reviews mentioned that having effective dissemination channels and at all levels of the organization positively affected the effectiveness of hospital incident reporting and stimulated rapid actions (20).</p>
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2 studies mentioned that there is evidence that hospitals might improve quality of care in order to protect their public image (8, 21).

Individual providers (physicians/clinicians)

1 Rapid review mentioned that there is little evidence that public reporting on individual providers has stimulated quality improvement initiatives (such as International Standards Organization, Sustain accreditation program, Implement and standardize a quality orientation program) (7).

2 studies found that there's a lack of evidence regarding the impact of public release of performance data on the behavior of healthcare professionals or organizations (6, 8).

1 systematic review, 1 review of evidence, and 1 study found that physicians appear to be aware of reports containing comparative data, but only a small number use these reports in their practice, either for sharing with their patients or in deciding where to refer patients (7,8, 17).

1 Study found that evidence from the US suggests that the public may indirectly influence quality improvement. It was found that providers might address issues flagged in reports in order to improve their public image or reputation (8).

1 study mentioned that healthcare providers engage in quality improvement activities whenever performance data reports are made public (16).

1 review of evidence and 1 study found that improving physicians' acceptance and implementation of publicly reported performance data is regarded as a key factor in an effective reporting system (7, 8).

General public

1 systematic review and 2 studies showed that increased access to comparative performance information has not changed consumer behavior (choice of provider); for example the choice of choosing a certain doctor to perform surgery, or to choose a hospital based on its mortality rate (8, 14, 16).

1 systematic review mentioned that quality information and its impact on consumers depends on many features, such as the cost of a service (e.g. health plans) and consumers' personal choice (17)

1 systematic review found that there is no evidence of consumer uptake of public information (18).

1 Study and 1 systematic review found that the evidence is mixed on whether the public uses quality reports to choose providers (8, 17). For example, one study found that New York Medicare enrollees were less likely to select a surgeon with higher published mortality rates (7). In contrast, there was no change found in individual providers' unadjusted volume of surgery (7).

On the basis of this evidence, one cannot draw any definite conclusions about the effects of the public release of performance data on behavior or on improvements in the performance and quality of healthcare.

Barriers and counterstrategies regarding public disclosure and reporting

Barriers	Counterstrategies
Lack of skills of the general public to comprehend the indicators (performance data), how to interpret them, or how they were developed or selected (7, 8, 17, 24).	Reports must be clear, widely disseminated in the community, and tailored to address the lay public (5, 21).
Complexity of the performance data (6, 25, 26, 27).	The disseminated information to the public must be designed in a way that is immediately obvious who the top and bottom performers are, to stimulate quality improvement efforts (21).
The public tend to rely on the advice of family and friends or their own personal experiences in selecting providers, rather than formal reports (8).	Educating the public and the media on the benefits of public reporting in selecting healthcare providers is extremely essential (11).
Healthcare providers might not feel motivated to implement improvement strategies based on the reported performance data (8).	Provide incentives (disincentives) for good (poor) performance (8, 28, 22).
Mandatory disclosure might encourage gaming behavior (or manipulating) that improves reported quality but in fact diminish consumer wellbeing (27).	Comparative outcome data should not be used by external agents to make judgments about quality of hospital care in order to prevent data manipulation (28)
Disclosure that provides incentives to improve quality may harm consumers if only some dimensions are disclosed, as organizations may boost reported quality but avoid unreported quality (27).	Create a system of reporting in healthcare organizations that tackles all aspects related to the quality of care in order not fall short on reporting serious situations (29).

Strategies to increase the influence of public disclosure of performance data

Centralized government agency to coordinate public reporting

Evidence-based, culturally relevant guidelines on public reporting

Set-up clear objectives and find the right audience

Develop the right content according to the objectives, pre-test the product and distribute it through the most appropriate channels at the right place, at the right time, in the right quantities, and to the right people

Understand the political and economic environment, change the culture of provider organizations and engage the public and media

Monitor and minimize the negative unintended consequences of public reporting

Provide timely evaluation of the public reporting activity itself and apply the lessons learnt to new tasks

Set-up a research agenda on issues that are important for the success of public reporting (such as the development of standardized measures and building the necessary data and information infrastructure for public reporting)

Sources: 7, 8, 19, 28

Relevance of the evidence to Lebanon

- Lebanon has a pluralistic healthcare system, a strong private sector and a weak government.
- Sub-standard medical practice is compromising the quality of healthcare and the health of citizens.
- Hospitals in Lebanon do not have standardized outcome indicators or adequate outcome measures to report on.
- Need for reliable performance indicators to improve the overall quality of care and patient safety.
- A gradual approach to public reporting can be adopted.
- A potential stepwise strategy starts by recognizing high performers among healthcare providers then gradually proceed towards public reporting of performance and accordingly provide incentives/ disincentives.
- Evidence suggests that a well-designed implementation of public disclosure and reporting can be effective for improving accountability and overall health care performance, particularly in weak health systems.

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