Does Publicly Identifying Hospitals as Negative Outliers for PCI Mortality Improve or Worsen Care at Those Hospitals?

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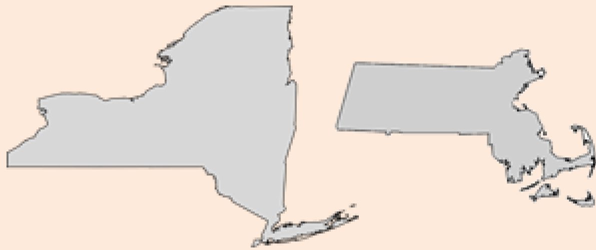
We compared **rates of PCI and in-hospital mortality** before and after a hospital was identified as a negative outlier, **controlling for temporal trends**

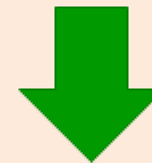


31 hospitals in NY and MA were publicly identified as negative outliers for PCI mortality between 2002-2012

Large hospitals with higher clinical volume were more likely to be designated as negative outliers

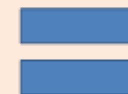
Outliers		Non-outliers
Cardiothoracic Surgery Programs		
83%	vs.	49%
Annual AMI Admissions		
640	vs.	452
Annual PCI Procedures		
862	vs.	247

Poorly performing hospitals improved significantly after being identified as outliers…



17% reduction in mortality at outliers vs. 10% reduction at non-outliers (interaction $p<0.001$)

…without evidence of increased risk aversion



Likelihood of PCI rose equally at outlier and non-outlier hospitals after outlier designation (13% for both, $p=0.50$)

Waldo, McCabe, Kennedy, Zigler, Pinto and Yeh. *Circulation* March 2017

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