

Abstract

Whatever opinion you would like to promote about health care, you can find an index ranking the hospitals following your recommendations highest. Reality is so complex, that inevitably most information is lost when boiled down to one or a few numbers.

In a study in the American journal of Health Affairs, four national ranking systems of hospitals in the USA were compared. No hospital was ranked as high performer by all systems. Only 10 percent of the 844 hospitals that ranked as high performer by one system were ranked as such by any of the other.

Moreover, the chance effect is rarely understood. Differences that look large and solid can easily be produced by chance alone. To lower the probability of giving undue importance to chance findings Spiegelhalter (Stat. Med. 2005) suggested to use “funnel plots”, a technique known from meta analysis.

To examine how this technique might be applied in an environment with somewhat smaller sample sizes than Spiegelhalter anticipated, Anders Anell (Lund School of Economics), Fredrik Liedberg (Skåne University Hospital), Stefan Rydén (Regional Cancer Center South) and I adjusted the technique somewhat and sent out questionnaires to two hundred and twenty-one decision-makers at administrative and clinical levels at Swedish hospitals. The respondents were asked to react to health quality data both when presented using the traditional league tables and using Funnel plots. The result is convincing in that less over-interpretation of spurious results takes place when Funnel plots are used. A drawback is that some respondents have difficulties understanding the method.

References:

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