The role of information and competition in hospital performance

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 - 2 competition among hospitals



Literature Review

 Information matters (Berwick 2003; Smith 2009; Campanella 2016) and affects performance through regulation, professionalism, market forces (Devers et al 2014)



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- Publicizing performance indicators affects patient choice (Greenalgh et al. 2018), may push providers to improve quality to preserve reputation (Hibbard et al 2005)
- Does it really improve outcomes? Evidence on this is mixed: no effect (Clough et al. 2002; Ghali et al. 1997; Chen and Meinecke 2012), quality improvements (O'Connor et al., 1996; Baker et al., 2001; Dranove et al., 2003; Hibbard et al., 2003; Hibbard et al., 2005, WeigeretASH al., 2009; Lu, 2012; Deore et al., 2023).

Funded by the European Union Programme to collect hospital data on a number of procedures, clinical outcomes



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- Aims to evaluate hospitals, hospital management, improve hospital quality, decrease innappropriateness



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- Based on discharge records (SDO), together with other sources (vital records, etc)
- Started with 47 indicators, now almost 200 (volumes, process, morbidity/outcome)



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- In 2016 made openly accessible to everyone



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- Regional governments organize healthcare systems within the national regulations, they may top-up expenditure
- Primary and Inpatient care are free at the point of consumption, small co-payments for outpatient care, lab/diagnostic tests.



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- Different regions have different structures and reliance on private-accredited hospital/clinics.



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- In case of emergency, an ambulance carries the patient to the closest hospital available for her condition, according to the indication of the regional Emergency and Urgent Care Agency.



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- How do the treatments interact with competition?



• Some patient may have different choice of hospital than others



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Hospital information, Competition, Performance

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- Some patient may have different choice of hospital than others
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- A patient in Rome, Milan or Naples can choose among over 50 hospitals doing femur fracture surgery within 20km
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- Does this shape incentives, behaviors, outcomes?



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■ Hospital level outcomes for over 1,000 hospitals, 2008-2020



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- Dummies for rural hospitals, type of hospital (self-governing, Private-Accredited, Research/Uni)



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- Dummies for rural hospitals, type of hospital (self-governing, Private-Accredited, Research/Uni)
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- Dummies for regions under "debt recovery plan" (piani di rientro)





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- HHI2: HH index based on population (inverted scale) FLASH

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20/30km crow's flight



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- **20**/30km crow's flight
- **3**0min drive



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- **20**/30km crow's flight
- **3**0min drive
- 20km drive
- Competition dummy: competition index larger than pre-treatment median
- Competition index quartile (based on pre-treatment values)



$$y_{it} = \alpha + \beta T_{it} + \gamma C_{it} + \delta T_{it}C_{it} + \lambda X_{it} + t A_i + H_i + \epsilon_{it}$$



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- Competition variable: median dummy, Quartile (discrete), Quartile (three dummies)



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- Area (N-W, N-E, C, S, Island) trends ; OLS/H fixed effects

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Empirical Strategy

Two treatments, toghether (T1=Indicator, T2=Information, 2008-2020)

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• Femur fracture: share of surgery within two days



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- But also look at other indicators



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- Femur fracture: share of surgery within two days
- But also look at other indicators
 - Femur fracture: 30d mortality



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A look at the data



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Femur fracture % surgery within 2 days. 2008 vs 2019



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Femur fracture

% mortality within 30 days of surgery. 2008 vs 2019



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Competition Quartiles





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Tabella 1: Summary statistics

Variable	Mean	Std. Dev.	N
Femur fracture — Surgery within 2 days	48.932	25.141	5713
Femur fracture — Surgery 30-day mortality	6.134	3.593	5692
Competition (median dummy, NHw 20km)	0.485	0.5	5005
Competition (quartile, NHw 20km)	2.729	0.832	7608
Private hospital dummy	0.416	0.493	16138
Self-governing hospital	0.139	0.346	16138
Research/University hospital	0.08	0.271	16138
% elderly	0.217	0.029	16131
rural	0.212	0.409	16138
debt-recovery plan	0.362	0.481	16138



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Competition and Process Efficiency: T1 Indicator effect Femur fracture — Surgery within 2 days (hospital fixed effects, area trends)

	b/se	b/se	b/se	b/se
Treatment1	2.821^{**}	1.740	-1.582	1.064
	(1.08)	(1.23)	(1.98)	(1.63)
T1 x Competition (median)		3.580^{*}		
		(1.60)		
T1 x Competition (Quartiles)			2.067^{**}	
,			(0.71)	
T1 x Competition (2nd Quartile)			· /	1.151
- 、 -				(2.15)
T1 x Competition (3rd Quartile)				2.038
				(2.16)
T1 x Competition (4th Quartile)				6.773**
				(2.21)
Debt-recovery	8.423^{***}	8.794^{***}	8.803***	8.876***
5	(1.76)	(1.80)	(1.79)	(1.81).
Observations	3589	3552	3547	₩ ₃₅₄₇ ASI
R^2	0.373	0.389	0.385	0.386
	0.010	0.000	0.000	Funded by

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Competition and Process Efficiency: T2 Information effect

Femur fracture — Surgery within 2 days (hospital fixed effects, area trends)

	(1)	(2)	(3)	(4)
	b/se	b/se	b/se	b/se
Treatment2	4.368^{***}	2.459^{*}	-2.828	-0.767
	(0.82)	(0.98)	(1.77)	(1.52)
T2 x Competition (median)		5.192^{***}		
		(1.47)		
T2 x Competition (Quartiles)			2.924^{***}	
			(0.65)	
T2 x Competition (2nd Quartile)				4.882^{*}
				(1.97)
T2 x Competition (3rd Quartile)				6.478^{**}
				(2.32)
T2 x Competition (4th Quartile)				9.329^{***}
				(2.02)
Debt recovery plan	2.475	1.087	1.545	1.948
	(2.63)	(2.56)	(2.61)	(2.75)
Observations	4126	4093	4106	4106
R^2	0.321	0.334	0.332	



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Event study: T1 x Competition

Femur surgery within 2 days



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Event study: T1 x Competition

30d mortality after femur fracture



Event study: T2 x Competition

Femur surgery within 2 days



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Event study: T2 x Competition

30d mortality after femur fracture



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Robustness: different competition indices (20km distance)



Femur Fracture - Surgery within 2 days

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Robustness: different distances (NHw index)



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Rural (left) and Competition Quartile (right)



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Heterogeneity Analysis: Rural Hospitals

Hospital fixed effects, macroarea trends, controls

	Rural		Non-Rural	
	(1)	(2)	(3)	(4)
Treatment2	4.054^{**}	4.871^{**}	4.921^{***}	2.349
	(1.51)	(1.78)	(0.97)	(1.24)
Treatment2 x Competition		-4.156		5.642^{***}
		(4.76)		(1.58)
Observations	962	958	3100	3072
R^2	0.276	0.286	0.356	0.371



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Heterogeneity Analysis: North vs Centre-South

Hospital fixed effects, macroarea trends, controls

	North		Centre+South	
	(1)	(2)	(3)	(4)
	b/se	b/se	b/se	b/se
T2	4.265^{***}	-0.278	4.540^{***}	4.365^{**}
	(1.20)	(1.54)	(1.14)	(1.31)
T2*Competition		9.003***		0.928
		(1.85)		(2.12)
Observations	1830	1820	2232	2210
R^2	0.316	0.349	0.340	0.346



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Heterogeneity Analysis: Social Capital

Hospital fixed effects, macroarea trends, controls

	Low SK		High SK	
	(1)	(2)	(3)	(4)
	b/se	b/se	b/se	b/se
T2	4.590^{***}	3.996^{**}	4.742^{***}	2.223
	(1.21)	(1.52)	(1.12)	(1.40)
T2*Competition		1.563		6.333^{***}
		(2.53)		(1.67)
Observations	1813	1799	2240	2222
R^2	0.339	0.349	0.332	0.349



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- Next: analysis on other clinical outcomes

