

Goodhart's Law and its Impact on Quality Metrics

Goodhart's Law, named for the British Former Chief Economist Charles Goodhart, essentially refers to what can happen when, in an effort to abide by a new policy or work plan, the individuals who are performing the actions alter the outcome¹. Basically, "when a measure becomes a target, it ceases to be a good measure", as the British Anthropologist Marilyn Strathern was once quoted as saying. Which is similar to the phrase we often use in healthcare, "What gets measured, gets improved" as quoted by the leadership author, Robin Sharma (that's simply a re-work of Peter Drucker's (management consultant in the 20th century) phrase "What gets measured, gets done").

Unfortunately, one of the disadvantages of value-based quality management is there is a finite amount of metrics that can be focused upon at any given time. Otherwise, there will be no way to incentivize specific behavioral change among healthcare providers or the communities that they serve. Yet, all too often it is the economists' perspective that is foremost in the determination of what "counts" and, depending on what organization is setting the standard, will be rewarded. PhD candidate, Daniel Bojar² wrote last year about hospital readmission rates, "*By nominally fulfilling requirements set by regulators (such as Government agencies), the regulated actors can pursue their own aims and effectively weaken the connection between the metric and the regulator's goal (improved healthcare).*"

From a more community health center perspective, this could apply to any of our quality measures. For example, by focusing on getting colorectal cancer screening documented and quantified for HRSA, an organization could neglect the care that necessarily surrounds patients with abnormal testing, thereby partially decreasing the efficacy of the measure that Federal regulators were pursuing. "But... (I know, I know) how can we determine if our patients need further care if we don't perform these screenings??!" No one is advocating that one stop performing cancer screenings. The key is to make sure that the screening completion doesn't draw resources from other critical CHC functions. Otherwise, it ceases to be what it's designed to be: a measure of the cancer prevalence among the population.

However, the question that still bears a response is: what about what's NOT getting measured? In the vein of Dr. Strathern's perspective that once measured, the metric is no longer ideal, are there other ways to identify the intended outcome? As we move into a new grant cycle for HCCN and more value-based programming in general among community health centers, let's not forget the impact that Goodhart's law can have. When the British National Health System (NHS) pushed for decreased ED wait times, hospitals forced patients to wait in ambulances instead of the ED waiting room. They succeeded in decreasing the time in the waiting room, but to what benefit? There was also this practice when looking at referrals³:

"When the NHS started measuring performance against the 18 week target in 2007, something perverse happened. If faced with a choice between treating a patient who had missed the 18 week target or someone who had not yet reached it, the incentive was to treat the person who had not yet missed the target rather than someone who had – because that would help the performance statistics, whereas dealing with the long waiter would not. So a target intended to do the right thing ended up incentivising precisely the wrong thing."

Neither of these would be considered "quality healthcare", but the hospitals were meeting the measure set forth by NHS.

1. Goodhart, C. A. E. (1975). "Problems of Monetary Management: The U.K. Experience". *Papers in Monetary Economics. I. Reserve Bank of Australia*
2. Bojar, Daniel (2018). Are Healthcare Metrics Hurting Healthcare? Published online- <http://nautil.us/blog/are-healthcare-metrics-hurting-healthcare>
3. Morris, Jessica (2018). The growing problem of treatment waiting times". Published online-<https://www.nuffieldtrust.org.uk/news-item/the-growing-problem-of-treatment-waiting-times>