Painting a false picture in high definition: Attributing Cesarean Sections to Individual Clinicians

Kathleen Pine[1] and Melissa Mazmanian[2]

[1]Arizona State University
[2]University of California at Irvine

Abstract

As pay-for- performance schemes at the macro, meso, and micro policy levels are implemented, hospitals are impacted as they attempt to both meet certain target numbers and demonstrate improvement on target quality initiatives. In maternity care, consequential rewards and sanctions are being tied to a quality measurement that calculates the rate of low-risk C-Sections being performed on first time mothers. Our multi-sited ethnographic study examines how hospitals are turning this quality measurement on individual doctors in an attempt to lower their overall C-section rate. We show how the C-section measurement functions as a blunt but effective instrument when applied to organizations as a unit of analysis, but is distorted to the point of perversion when the unit of analysis is changed to individual clinicians, calling into question how measurements can distort the very realities they are meant to reflect and the potential consequences of doing so.