Metrics Fraud

They have committed atrocities that most people cannot fathom. This particular experience, and it was not an isolated incident at Beth Israel either, is described here as **“metrics fraud.”** Yet behind the numbers are real patients, real bodies, and real human consequences. When institutional performance metrics become more important than the actual condition and treatment of patients, the consequences are devastating.

Please review this story from ProPublica concerning Darryl Young and his heart-transplant experience at Beth Israel:

Source: https://www.propublica.org/article/fbi-investigating-newark-beth-israels-transplant-program-for-possible-fraud

What Is Metrics Fraud?

Metrics fraud generally refers to the intentional manipulation, falsification, misrepresentation, or selective reporting of quantitative measurements or performance indicators in order to create a false or misleading impression.

Examples may include:

- **Inflating numbers** — reporting more customers, cases, completed tasks, procedures, or successful outcomes than actually occurred.
- **Fabricating data** — creating measurements, records, or outcomes that were never actually collected or observed.
- **Altering measurements** — changing legitimate data to produce a desired result.
- **Cherry-picking metrics** — reporting favorable measurements while deliberately excluding unfavorable results.
- **Changing the denominator** — presenting percentages in a misleading manner by changing the population against which the result is calculated.
- **Double-counting** — counting the same person, transaction, incident, procedure, or outcome more than once.
- **Manipulating benchmarks** — changing criteria, definitions, or methodology so that performance appears better.
- **False attribution** — claiming that an outcome was caused by a particular program, person, institution, or intervention when the available evidence does not support that conclusion.
- **Gaming performance metrics** — changing behavior primarily to improve a reported metric while the underlying quality or outcome does not actually improve.

- **Backdating or falsifying timestamps** — making activities appear to have occurred within a required reporting period when they did not.
- **Misrepresenting statistical significance** — presenting weak, uncertain, or inconclusive findings as definitive results.

The Human Cost Behind the Numbers

Metrics are supposed to measure reality. They should never become a substitute for reality.

In healthcare, this distinction is particularly important because a hospital's reported statistics can represent much more than abstract numbers. Behind every mortality rate, complication rate, transplant outcome, readmission rate, or quality indicator is a human being whose body and life are affected by the underlying care.

If measurements are manipulated to protect an institution's reputation, preserve funding, satisfy regulatory requirements, improve rankings, or create the appearance of successful performance, the resulting numbers can conceal **serious problems**. The public may see an acceptable statistic while patients experience something entirely different.

That is why allegations involving the manipulation of healthcare metrics deserve careful examination of the underlying records, methodology, definitions, timestamps, patient outcomes, and decision-making processes.

Fraud Requires Evidence of Intent

The term **“metrics fraud” should not be applied merely because a statistic appears inaccurate or because an institution has poor outcomes**. A bad metric, calculation error, inadequate methodology, or misunderstanding does not automatically constitute fraud.

Fraud generally involves intentional deception or knowing misrepresentation. Establishing that requires evidence concerning what was known, what was reported, how the information was generated, who controlled the reporting process, and whether material information was deliberately concealed or altered.

The central question should therefore be:

Did the reported metric accurately represent what was actually happening to the people being measured?

When the answer is no, the next question is whether the discrepancy resulted from ordinary error, methodological failure, negligence, deliberate manipulation, or intentional fraud.

The numbers should never be allowed to erase the people behind them.

This experience relates to Modern War and Modern Human Cost