

## BURDA ON HEALTHCARE

# New Ratings and Rankings Make Hospitals Accountable for Everything



By David Burda

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If you know me or have read anything I've written about healthcare over the past 38 years, you know I'm no apologist for any incumbent healthcare organization, especially hospitals and doctors. I'm pro-patient and pro-healthcare consumerism.

Yet, I admit to feeling a twinge of sympathy for incumbents when a new rating or ranking comes out as each holds incumbents responsible for a wider and wider range of healthcare's shortcomings.

It's not like incumbents aren't responsible, at least in part, for those shortcomings. They are. I get it. But it's just that the bar on their performance keeps getting raised well beyond what they signed up for.

We know the feeling. It's the "you did a great job **but**" comment. We've experienced it so many times in our personal and professional lives that we know it's coming a third through the opening compliment.

I loved the article but. The legal brief was thorough but. That was the right color but. The seven-course dinner was delicious but. You saved the world from Nazism but.

In healthcare, it's you saved the patient's life but.

Let's look at healthcare's "buts" based on some recent healthcare ratings and rankings.

## RESPONSIBLE FOR COMMUNITY HEALTH

In April, Fortune and IBM Watson released the duo's latest annual list of the 100 Top Hospitals. You can download this year's list [here](#).

To judge hospitals' performance, they used data from Medicare cost reports, the Medicare Provider Analysis and Review file, and CMS' Hospital Compare website. As in past years, they looked at clinical outcomes, operational efficiency, patient experience and financial health. But this year, Fortune and IBM added a fifth performance measure: community health. Specifically, Fortune and IBM Watson:

- Assessed a hospital's contribution to community health as a provider of critical services for community health and preventive care.

- Identified ways that a hospital contributes to community health by partnering with local organizations to implement critical programs.
- Looked at ways that a hospital promotes community health through practices as an anchor institution that supports local economic and social progress.

"Hospitals save lives both by caring for individuals who are sick and by working to keep their communities healthy," said Joshua Sharfstein, M.D, vice dean for public health practice and community engagement and director of the Bloomberg American Health Initiative at the Johns Hopkins Bloomberg School of Public Health, in a press statement. Bloomberg helped Fortune and IBM Watson create the new community health measure for the annual 100 Top Hospitals ranking.

## RESPONSIBLE FOR LOW-VALUE CARE

In early May, the Lown Institute released its first-ever ranking of hospitals based on their overuse of low-value medical services. You can download the rankings [here](#). The overuse ranking is now part of Lown's annual Hospital Index.

For its new ranking, Lown looked at Medicare claims from more than 3,100 hospitals that performed 12 low-value medical

services from 2016 through 2018. Low value means the medical service offers little or no therapeutic value to patients based on the latest medical research and, in fact, may be harmful.

### Low-Value Medical Services Lown Considered

- Arthroscopic knee surgery
- Carotid artery imaging for fainting
- Carotid endarterectomy
- Coronary artery stenting
- EEG for fainting
- EEG for headache
- Head imaging for fainting
- Hysterectomy
- Inferior Vena Cava (IVC) filter
- Renal artery stenting
- Spinal fusion / laminectomy
- Vertebroplasty

Lown published a ranked list of 50 hospitals that did the best job avoiding the 12 low-value medical services and a ranked list of the 50 hospitals that did the worst job avoiding low-value services.

"Overuse in American hospitals is a pervasive problem that needs to be addressed," said Vikas Saini, M.D., president of the Lown Institute, in a press statement. "Hospitals want to do better, and these objective measures of performance can help them move forward."



## RESPONSIBLE FOR RACIAL INCLUSIVENESS

In late May, Lown followed up its low-value care rankings with rankings on hospitals' racial inclusiveness. You can download the racial inclusive rankings [here](#).

For this new ranking, Lown defined racial inclusiveness as the degree to which the racial composition of a hospital's Medicare patient population matched the racial composition of the hospital's service area. Lown used Medicare claims data and U.S. Census Bureau community data from 2018 for its analysis. It scored hospitals higher if the non-white percentage of their Medicare patient population exceeded the non-white percentage of people living in their communities. It scored hospitals lower if the non-white percentage of their Medicare patient population

fell below the non-white percentage of people living in their communities.

Lown analyzed data from more than 3,200 hospitals and came up with a top 50 and bottom 50 list of hospitals based on its racial inclusivity metric. Per Lown, on average, patients of color represented 61 percent of the patients at the top 50 hospitals compared with 17 percent at the bottom 50 hospitals.

"As the nation reckons with racial injustice, we cannot overlook our health system. Hospital leaders have a responsibility to better serve people of color and create a more equitable future," Dr. Saini said in a press statement.

## RESPONSIBLE FOR BROADBAND ACCESS

Not specifically about hospitals, the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation in late May released their annual county health ranking. You can download the new county health ranking [here](#).

Among the 35 health outcome and health factor measures that the Institute and RWJ use to determine a county's health are things like preventable hospital stays, number of primary-care doctors and mammography screenings. They also use more than 40 extra measures to fine-tune the final rankings.

This year, for the first time, the Institute and RWJ added "broadband access" to the list of the additional measures to consider when deciding how healthy a county is. It's a recognition by the pair that access to the internet ties directly to health via virtual care, and ties indirectly to health as a social determinant of health affecting education, food and transportation.



"The COVID-19 crisis highlighted the inequities many communities have faced for far too long, and the pandemic has illustrated just how fundamental internet access is to our society," said Marjory Givens, County Health Rankings and Roadmaps co-director, in a press statement. "Broadband touches every part of life – from children being able to log on for remote classroom instruction, or adults being able to access telehealth services, to families being able to order groceries or apply for public assistance."

## SYMPATHY FOR THE CAREGIVER

Don't get me wrong. Hospitals should be responsible for community health. They should reduce if not eliminate low-value care. They should reflect both in their patients and their staff the racial and ethnic composition of their communities. They should work to reduce the digital divide that prevents patients from accessing virtual care models and other resources linked to better health.

With these new and updated ratings and rankings, consumer-focused organizations are trying to hold hospitals accountable for their performance in those important areas and more, and that's a good thing.

But I can't help feeling a moment of sympathy for hospitals as they try to meet everyone's expectations while at the same time trying to save someone's life who just staggered into their emergency room with crushing chest pain or a gunshot wound.

Thanks for sewing my severed finger back on but your Wi-Fi is slow.

No stars for you.

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## AUTHOR



**Dave Burda** began covering healthcare in 1983 and hasn't stopped since. Dave writes his own column, "Burda on Health," for us, contributes to the weekly 4Sight Health blog and manages our weekly e-newsletter, 4sight Friday. Dave believes that healthcare is a business like any other business, and customers—patients—are king. If you do what's right for patients, good business results will follow.

Dave's personnel experiences with the healthcare system both as a patient and family caregiver have shaped his point of view. It's also been shaped by covering the industry for 35 years as a reporter and editor. He worked at Modern Healthcare for 25 years, the last 11 as editor.

Prior to Modern Healthcare, he did stints at the American Medical Record Association (now AHIMA) and the American Hospital Association. After Modern Healthcare, he wrote a monthly column for Twin Cities Business explaining healthcare trends to a business audience, and he developed and executed content marketing plans for leading healthcare corporations as the editorial director for healthcare strategies at MSP Communications.

When he's not reading and writing about healthcare, Dave spends his time riding the trails of DuPage County, IL, on his bike, tending his vegetable garden and daydreaming about being a lobster fisherman in Maine. He lives in Wheaton, IL, with his lovely wife of 35 years and his three children, none of whom want to be journalists or lobster fishermen.

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