

## **First-Ever National Summit On Hospital Rankings Demonstrates Impact And Explores Possibilities For Change**

The Associated Press

At a summit on hospital ranking systems, leaders from the nation's top hospitals and U.S. News & World Report agreed that its annual "Best Hospitals" list is among the most comprehensive and useful available. The distinguished group also explored a broad range of ways in which the methodologies could continue to be improved. Possible improvements that were discussed include risk adjustment for socioeconomic factors and projected health outcomes, measurement of scientific and medical innovation, clinical trial participation, investment in and use of cutting-edge information such as genomics, and overall patient experience.

The discussion took place at The Mount Sinai Medical Center in New York City, during a first-ever summit-titled "Shaping Health Care Decisions: An Inside Look at Hospital Rankings"-that explored U.S.

News & World Report's "Best Hospitals" rankings. It brought together editors and statisticians from U.S. News and more than 125 representatives from leading hospitals across the country.

Panelists and audience participants made it clear that rankings matter for hospitals and consumers. Rankings drive care improvements and give consumers important information upon which to base decisions. But it was also evident that not all rankings measure the same things, essentially leaving to consumers the responsibility to examine what the various methodologies are designed to reflect.

"This is a critical conversation to shape the future of hospital rankings and ensure consumers have access to the full range of information they need to make informed choices about their care," said Kenneth L. Davis, MD, President and Chief Executive Officer of The Mount Sinai Medical Center. "Rankings are just one part of the equation when it comes to consumer choice, but as millions of aging baby boomers seek specialty care, and 30 million more Americans enter the health care system, they are becoming increasingly important to the decision-making process." The summit featured three panel discussions, moderated by Brian Kelly, U.S. News Editor and Chief Content Officer, in which hospital executives explored how current rankings assess quality and what quantifiable data could complement and correlate to reputational criteria. They also discussed how the rankings could be expanded to respond to advances in technology and biomedical science, as well as the impact of socioeconomic status on health outcomes.

"There is a new kind of consumer very interested in diving deep," said Mr. Kelly. "In our role as a data provider we want to take advantage of the flood of new health care data becoming available and do it in a responsive and responsible way." Avery

Comarow, U.S. News Health Rankings Editor, told the audience that the rankings are designed to help people who are "in trouble," facing complex medical conditions requiring the finest specialty care.

He noted that given new data sources, the time may be at hand to create companion rankings for community hospitals delivering routine care, which makes up the lion's share of health services today.

Peter Slavin, MD, President of Massachusetts General Hospital, pointed out that hospitals often respond to rankings in an effort to improve their grade.

"To some degree they help shape our quality and safety priorities," Dr. Slavin said. "People want to be in a place that is advancing medicine (and) rankings could take this into account by assessing things like clinical trials, NIH [National Institutes of Health] funding, and breakthrough research." Mount Sinai's Dr. Davis offered this specific observation: "Where are the best places to get the innovation and the care of tomorrow? If you are a patient with colon cancer, we now know from genomic screening that a subset of patients will respond to a certain drug. Only the best hospitals will have genomic capability to choose the right drug for a patient's tumor." In concluding remarks, Dr. Davis stressed that it is important for the rankings to account for institutions that are fully wired and capable of sharing patient data across teams, as well as the level of clinical trial participation. These, he said, are indicators of centers that are conducting breakthrough research and delivering the latest care.

In addition, rankings should reflect hospitals that are caring for patients who have comorbid conditions that affect their health status, such as patients who are waitlisted for a liver transplant but who die from coronary arrest that is related to their overall poor health.

Rankings could adjust for these cases by using V-codes, or standard chart annotations that detail multiple conditions for each patient.

Dr. Davis and others agreed that there should be adjustments for the geographic availability of nursing home and hospice beds, because in their absence, patients die in hospitals, affecting the institution's mortality rates. Lastly, as many of the participants noted, socioeconomic variables must be looked at more closely so so-called "safety-net hospitals" are not disadvantaged because they care for the sickest and most impoverished patients.

"We view rankings as a benchmark and a roadmap for us to get better," said panelist Meri Armour, President and Chief Executive Officer of Le Bonheur Children's Hospital, in Memphis. "The challenge for all of us is to make certain that what we are all doing is improving our processes and outcomes. The point is to take these measures and ask, how do we get to where we want to be?" Summit panel participants included Meri Armour, President and Chief Executive Officer, Le Bonheur Children's Hospital (Memphis, TN); Vinita Bahl, DMD, MPP, Director of Clinical Information and Decision Support Services, University of Michigan (Ann Arbor, MI); Steven J.

Corwin, MD, Chief Executive Officer, New York-Presbyterian Hospital (New York, NY); Kenneth L. Davis, MD, President and Chief Executive Officer of The Mount Sinai Medical Center (New York, NY); Timothy J.

Gardner, MD, Medical Director, Center for Heart & Vascular Health, Christiana Care Health System (Wilmington, DE); Brent C. James, MD, MStat, Chief Quality Officer and Executive Director, Institute for Health Care Delivery Research, Intermountain Healthcare (Salt Lake City, UT); Bradley J. Narr, MD, Chair, Department of Anesthesiology and Chair, Surgical and Procedural Committee, Mayo Clinic (Rochester, MN); Sharon O'Keefe, President, University of Chicago Medical Center (Chicago, IL); Philip O. Ozuah, MD, PhD, Executive Vice President and Chief Operating Officer, Montefiore Medical Center (Bronx, NY); and Peter L. Slavin, MD, President, Massachusetts General Hospital (Boston, MA).

The Summit marks the first time U.S. News editors have discussed their hospital ranking system in an extensive public forum with the leaders of the institutions being ranked.

About The Mount Sinai Medical Center? The Mount Sinai Medical Center encompasses both The Mount Sinai Hospital and Mount Sinai School of Medicine. Established in 1968, Mount Sinai School of Medicine is one of the leading medical schools in the United States. The Medical School is noted for innovation in education, biomedical research, clinical care delivery, and local and global community service. It has more than 3,400 faculty in 32 departments and 14 research institutes, and ranks among the top 20 medical schools both in National Institutes of Health (NIH) funding and by U.S. News & World Report.

The Mount Sinai Hospital, founded in 1852, is a 1,171-bed tertiary- and quaternary-care teaching facility and one of the nation's oldest, largest and most-respected voluntary hospitals. In 2012, U.S. News & World Report ranked The Mount Sinai Hospital 14th on its elite Honor Roll of the nation's top hospitals based on reputation, safety, and other patient-care factors. Mount Sinai is one of 12 integrated academic medical centers whose medical school ranks among the top 20 in NIH funding and by U.S. News & World Report and whose hospital is on the U.S. News & World Report Honor Roll. Nearly 60,000 people were treated at Mount Sinai as inpatients last year, and approximately 560,000 outpatient visits took place. For more information visit <http://www.mountsinai.org>.

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