

# The Debate Over How to Rate Doctors and Hospitals

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#hdatapalooza

**May 9, 2016**  
**Health Datapalooza**  
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## Moderator's disclosures

- **Employer.** U.S. News receives advertising and other revenue from various healthcare organizations
- **Personal.** Senior fellow at GuideStar, a data-transparency organization serving the nonprofit sector
- **Other.** Wife is a MedStar Health-employed physician; sister is a Brigham & Women's-employed physician

## THE WALL STREET JOURNAL.

### POLITICS

# U.S. to Delay Release of New Hospital Ratings

Release date pushed back to July amid questions about methodology



News



#### Medicare Delays Plans For New **Star Ratings** Of Hospitals

NPR - Apr 20, 2016

The new "overall hospital quality" **star rating** aimed to combine the government's disparate efforts to measure **hospital** care into one easy-to-grasp metric. The Centers for Medicare & Medicaid Services now publishes more than 100 measures of aspects of ...

#### CMS Delays **Hospital Star Ratings**

Bloomberg BNA - Apr 21, 2016

April 20 **AP** After strong opposition from Congress, the CMS decided to delay its planned rollout of overall quality **star ratings** on its **Hospital Compare** website by several months, an agency notification to congressional staff said April 20. Reps. James B.



#### Feds delay rollout of **hospital star ratings**

Atlanta Journal Constitution (blog) - Apr 20, 2016

Federal health officials announced Wednesday that they are delaying the rollout of a **star-rating** system for the nation's **hospitals**. The Centers for Medicare & Medicaid Services (CMS) had planned to publish an overall **star rating** this week for every ...

#### CMS delays overall **hospital star ratings** release: 4 things to know

Becker's Hospital Review - Apr 20, 2016

Just one day before its scheduled public launch, CMS postponed the release of its overall **hospital star ratings** program to July, according to a statement from CMS. Here are four things to know about the program, its controversy and its future. 1. CMS ...

#### CMS Delays **Hospital Star Ratings** System Announcement

Morning Consult - Apr 20, 2016

The Centers for Medicare and Medicaid Services will push back the public release of a new **hospital star ratings** system until July. The agency shifted the timeline for the system's release after increased pressure to do so from lawmakers and providers ...

#### CMS Postpones **Hospital Star Ratings**

MedPage Today - Apr 21, 2016

Bowing to industry and Congressional pressure, the Centers for Medicare & Medicaid Services announced Wednesday it has postponed the scheduled April 21 release of its controversial five-**star hospital ratings** until July. Other quality measures scheduled ...

#### CMS delays new **hospital quality ratings** amid pressure from Congress, industry

ModernHealthcare.com - Apr 20, 2016

**Hospitals** reviewed the ratings earlier this year. Only 87 of more than 3,600 U.S. **hospitals** got the highest five-**star rating**, according to the American **Hospital** Association. Just over half of the **hospitals** fell within the three-**star** range. A total of ...

United States Senate  
WASHINGTON, DC 20540

April 11, 2016

The Honorable Andy Slavitt  
Acting Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Acting Administrator Slavitt:

We are writing to express our concerns with the Centers for Medicare and Medicaid Services' (CMS) upcoming release of the Hospital Compare Star Ratings, scheduled to be publicly released in April 2016. While we support the public reporting of provider quality data, we are concerned that the current Star Ratings system may not accurately take into account hospitals that treat patients with low socioeconomic status or multiple complex chronic conditions. We appreciate CMS's recognition in previous rulemaking of the effects these patient populations have on Medicare Advantage and Part D plans and urge CMS to give similar consideration to the similar effects on the Hospital Compare Star Ratings system.



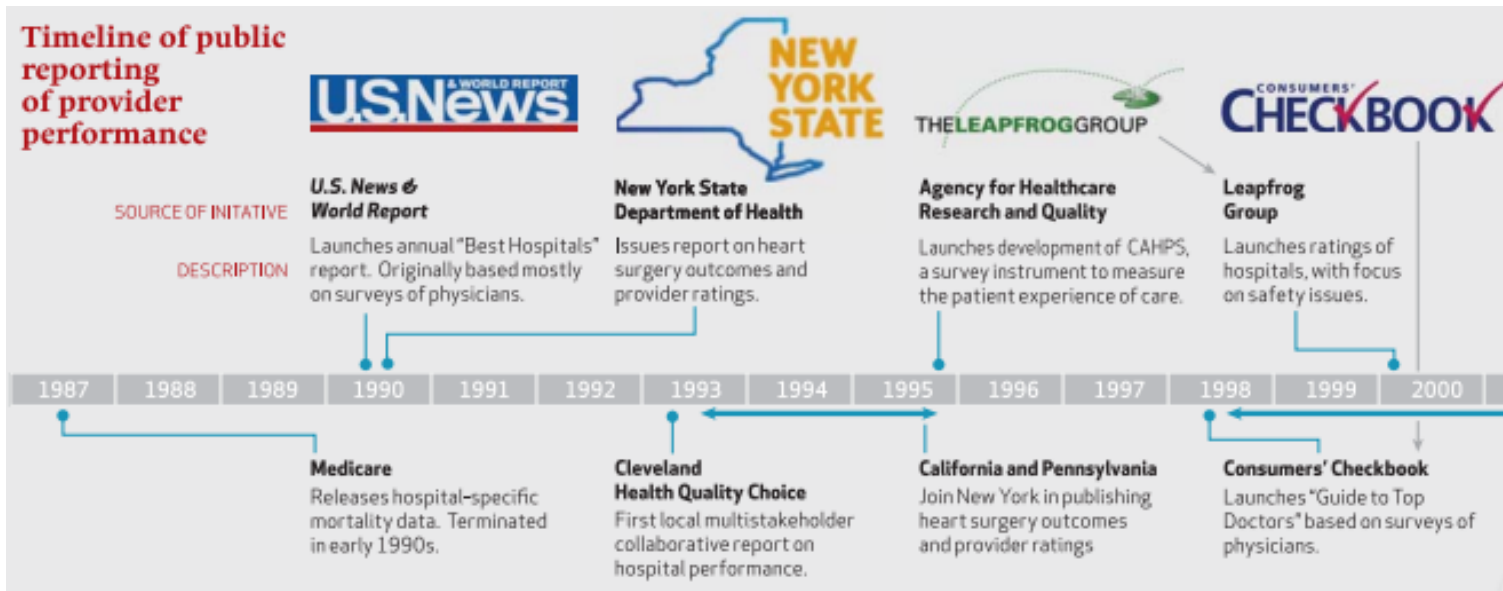
## RATINGS & REPORT CARDS

By Steven D. Findlay

### ANALYSIS & COMMENTARY

# Consumers' Interest In Provider Ratings Grows, And Improved Report Cards And Other Steps Could Accelerate Their Use

## Timeline of public reporting of provider performance



## Applications of Provider Ratings

- **Patient/consumer decision support.** Ratings facilitate informed decision-making and patient engagement.\*
- **Performance improvement.** Measurement can help doctors and hospitals identify opportunities for improvement.
- **Pay-for-performance.** Value-based payment or contracting may incentivize delivery of higher quality at lower cost.
- **Accountability.** Performance measurement can identify unwarranted and/or unacceptable variation.

*\*Giving consumers decision-support is U.S. News & World Report's objective. Other entities' ratings programs may have a different objective, or multiple objectives.*

## Limitations of Provider Ratings

- **Potential unintended consequences**

- Risk aversion by providers

- **Potential misclassification**

- Are the measures valid?
- Are the detectable differences important?
- Are important differences escaping detection?


“Not everything that can be counted counts,  
and not everything that counts can be counted.”

## U.S. News Hospital Ratings (May 2015)

n = hospital count	COPD	Heart Failure	Heart Bypass Surgery	Hip Replacement Surgery	Knee Replacement Surgery
<i>Better than expected</i>	301	434	143	224	262
<i>Not statistically different</i>	3,400 (76%)	3,399 (76%)	792 (67%)	1,809 (55%)	2,301 (68%)
<i>Worse</i>	232	237	127	197	234
<i>Insufficient volume</i>	533	422	119	1,044	591
<i>Total</i>	4,466	4,492	1,181	3,274	3,388

Results not shown for 16 adult specialties and 10 pediatric specialties.

# ProPublica Surgeon Scorecard (July 2015)

n = surgeon count	Prostate removal	Prostate resection	Gall-bladder (lap.)	Spinal fusion (neck)	Spine (lumbar, anterior)	Spine (lumbar, posterior)	Hip	Knee
<i>Better than expected</i>								
<i>Not statistically different</i>	 <p><b>Surgeon Scorecard</b> by Sisi Wei, Olga Pierce and Marshall Allen, ProPublica, Updated July 15, 2015</p>							
<i>Worse</i>								
<i>Total</i>	<b>16,019 surgeons rated</b>							





# A Methodological Critique of the ProPublica Surgeon Scorecard

Mark W. Friedberg, Peter J. Pronovost, David M. Shahian, Dana Gelb Safran, Karl Y. Bilimoria, Marc N. Elliott, Cheryl L. Damberg, Justin B. Dimick, Alan M. Zaslavsky

### Summary

On July 14, 2015, ProPublica published its *Surgeon Scorecard*,<sup>1</sup> an online tool that displays “Adjusted Complication Rates” for individual, named surgeons for eight surgical procedures performed in hospitals.

Public reports of provider performance (or, *performance reports*) have the potential to improve the quality of health care that patients receive. Valid performance reports (i.e., reports that truly measure what they are advertised as measuring) can stimulate providers to make quality improvements and can help patients make better selections when choosing among health care providers. However, performance reports with poor measurement validity and reliability are potentially damaging to all involved. Therefore, it is important to critically examine the methods used to produce any performance report.

Measuring provider performance is challenging, but methods exist that can help ensure that performance reports are valid and display true differences in performance. This methodological critique of the ProPublica *Surgeon Scorecard* has three goals: to explain methodological issues in the *Scorecard*, to suggest ways in which the *Scorecard* can be improved, and to inform the public about these aspects of the *Scorecard*. An overview of our conclusions with respect to the first two goals follows. The third—to inform the public—exists because the *Scorecard* is currently available to the public, and, based on our critique, we hope patients who are choosing a surgeon will be better able to decide how much weight to give the data presented in the *Scorecard*.

## PATIENT ENGAGEMENT

By J. Matthew Austin, Ashish K. Jha, Patrick S. Romano, Sara J. Singer, Timothy J. Vogus, Robert M. Wachter, and Peter J. Pronovost

# National Hospital Ratings Systems Share Few Common Scores And May Generate Confusion Instead Of Clarity

**ABSTRACT** Attempts to assess the quality and safety of hospitals have proliferated, including a growing number of consumer-directed hospital rating systems. However, relatively little is known about what these rating systems reveal. To better understand differences in hospital ratings, we compared four national rating systems. We designated “high” and “low” performers for each rating system and examined the overlap among rating systems and how hospital characteristics corresponded with performance on each. No hospital was rated as a high performer by all four national rating systems. Only 10 percent of the 844 hospitals rated as a high performer by one rating system were rated as a high performer by any of the other rating systems. The lack of agreement among the national hospital rating systems is likely explained by the fact that each system uses its own rating methods, has a different focus to its ratings, and stresses different measures of performance.

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