

Sarah Brown

Outline for Presentation to Alaska Association of Health Underwriters

September 6, 2018

1. Introduction – “What is BridgeHealth?”
2. The importance of Steering to Quality
3. Plan sponsors struggle in vetting quality -- *Health Affairs Society* study
 - a. Surge in consumer-directed hospital rating systems that assess and compare the relative quality and safety of hospitals.
 - b. To date, research examining relationships between a hospital’s rating and other measures has shown mixed results.
 - c. 4% of hospitals classified as having a “below average” mortality in one rating are classified as having an “above average” mortality in another.
 - d. Bottom line – it’s confusing for patients to figure out which hospital has high quality. Similarly, the hospitals themselves are unsure of actual areas for improvement.
 - e. Who is doing the rating, and how is it financed?
 - i. *U.S. News, HealthGrades, and Leapfrog* allow hospitals to use rankings commercially (and finance them).
 - ii. *Consumer Reports* does not, and finances its reports based on subscribers.
 - f. Methodology overview
 - g. Findings
 - i. *Leapfrog* grades 56% of hospitals with an A or B.
 - ii. *Consumer Reports* scored 85% of hospitals in medium-performance categories.
 - iii. *U.S. News* scored 89% of hospitals in medium-performance categories.
 - iv. 83 hospitals were rated by all four agencies; no hospital received a high ranking from all four.
 - v. Only three hospitals received a high ranking by three out of four agencies.
 - vi. Only 10% of hospitals were rated as high performers by two agencies.
 - vii. *Leapfrog* and *HealthGrades* agreed just over half of the time, while *Consumer Reports* and *US News* agreed on no hospital as a high performer.
 - viii. In all other cases, high performers on one rating were rated as middle performers by the other ratings.
 - i. Of the three agencies that also rank low performance, none of the three agencies ever agreed in their rankings.
 - h. Why the discrepancy?
 - i. Focus on different measures of “quality;”
 1. *Leapfrog* and *Consumer Reports* focused on hospital safety, although each defined safety differently.
 2. *U.S. News* focused strictly on the “best medical centers for the most difficult patients.”
 3. *HealthGrades* focused on general hospital quality over time.
 - ii. Different units of measure
 1. *Leapfrog* and *Consumer Reports* both reviewed the whole hospital in the analysis, but they included different types of measures in their ratings.
 2. *U.S. News* and *HealthGrades* assessed the performance of individual specialties within a hospital to calculate their overall hospital rating. In addition, each system emphasized different measures of performance.
 - iii. So what?
 1. Differences are likely unclear to most stakeholders.

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2. Complexity and opacity of the ratings is confusing patients; it's not driving purchasers to higher-quality, safer care.
 3. "Transparency regarding each rating's measures and methods is needed to help stakeholders understand any individual rating and to compare across ratings."
 4. The four rating agencies have varying levels of transparency regarding their methodologies.
 5. Three of the four agencies are weighted towards judgement calls, as opposed to more data driven methodologies.
 6. Data is, at times, incomplete.
4. What BridgeHealth does to steer to quality
- a. All contracted providers are ranked in the top quartile of providers by surgical specialty;
 - b. BridgeHealth evaluated ten different ranking systems before settling on – *CareChex!*
 - i. Per the study, "Finely grained scores allow for greater differentiation in hospital performance. Higher-level summaries can mask variations within a category."
 - ii. Focus on patient outcomes and complications, not patient feelings – true clinical data!
 - iii. Tracks more than 4,000 diagnostic codes for complications and readmissions;
 - iv. Tracking is for all hospitals, not just the hospital in which the surgery was performed.