The Murky Business of US News Hospital Rankings

By Tyler Smith

Each July, hospitals around the country begin to sweat. The source of discomfort is not the summer sun but rather the arrival of US News and World Report’s annual list of “Best Hospitals.”

Endocrinology’s Bryan Haugen, MD, says the program can do things to tweak its US News rankings, particularly making more physicians aware of its successes.

“We believe popularity of a program isn’t the wisest reason for making a decision about health care,” Fixler said. “But people still make decisions based on who is on the list. It’s a classic case of perception becoming reality.”

Who’s in and out? In 2013, five UCH programs made the US News top 50. But two others, Endocrinology/Diabetes and Rheumatology, slipped out of the top ranks. What can or should be done for the two programs to climb back in?

The important role that reputation plays in the total score assigned to a hospital makes the question especially difficult to answer. The US News ballot goes to just 200 American Medical Association (AMA) members – 50 in each of four quadrants of the country – in each of 16 specialties.

A handful of well-known programs have a built-in advantage, partly because of superior name recognition. Mayo Clinic, the number-one Diabetes/Endocrinology program, for example, made 52.5 percent of the ballots; number-five University of California San Francisco earned a spot on 16.2 percent. The program at UCH, by comparison, wound up on 3.5 percent.

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Fuzzy math. But look beyond the top five and the picture is murky. A handful of well-known programs have a built-in advantage, partly because of superior name recognition. Mayo Clinic, the number-one Diabetes/Endocrinology program, for example, made 52.5 percent of the ballots; number-five University of California San Francisco earned a spot on 16.2 percent. The program at UCH, by comparison, wound up on 3.5 percent.

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Each July, hospitals around the country begin to sweat. The source of discomfort is not the summer sun but rather the arrival of US News and World Report’s annual list of “Best Hospitals.”

For many hospitals, finding a program among the top 10 or even the top 50 is cause to set off celebratory fireworks. They hang banners, put up billboard ads and purchase expensive logos trumpeting the news. For some who fail to crack the fabled 50, soul-searching follows the list’s release.

The questions are keenest for programs that make the list one year or even several years running, then drop off. Should more money have been invested in raising the program’s profile or improving quality and safety? Or is it even worth putting precious dollars into what many view as nothing more than a popularity contest?

“Philosophically, it’s a real conundrum,” said Brad Fixler, director of marketing and communications for University of Colorado Hospital. Roughly one-third of the US News ranking formula, he pointed out, rests on reputation (see box).
“We can’t control the comparison of our program to Mayo’s,” said Michael McDermott, MD, medical director of the hospital’s Endocrinology Practice. “That they are number one is a lifelong belief among providers.”

The hospital should instead focus on factors it can control, especially patient service, McDermott maintained, making sure the practice sees patients on time, communicates test results and other vital information in a timely fashion, and promptly corresponds with referring providers.

The program and the hospital could do better on these service fronts, he believes. “If we want to be recognized as clinically excellent, we have to be recognized in all aspects of medicine. Every aspect of the care we provide must be superb,” he said.

Spreading the word. Bryan Haugen, MD, head of CU’s Division of Endocrinology, Metabolism and Diabetes, said there are things that can be done to “tweak” the program’s reputation: encouraging physicians in the division to become AMA members and sending out a quarterly newsletter to referring primary care physicians and endocrinologists, fellows and former patients, for example. Haugen, an expert in thyroid cancers and endocrine neoplasms, also networks with his subspecialty colleagues through the American Thyroid Association, the Endocrine Society and other professional organizations.

“We can let them know more about the good things we’re doing,” Haugen said. That’s especially true, he added, when it comes to diabetes care, which makes up a bigger share of the patient care pie than the division’s other clinical concentrations, thyroid disease and other endocrine disorders.

“In endocrinology, the elephant in the room is diabetes, but our basic job is to deliver top level care and teaching along with our nationally-recognized research, and let the US News rankings fall where they may,” Haugen said.

For his part, Holers acknowledged the reputational clout of programs like NYU Langone and the Cleveland Clinic. His feelings about the rankings are decidedly mixed.

He points out, for example, that his program has frequently been in the top 50 – in 2012 it was 17th – and that the differences between the ins and outs are razor thin. Rheumatology, for example, is one of four specialties US News ranks only on reputation. The cut-off this year was mention on 5 percent of ballots; UCH was named on 4.9 percent, which meant it failed to make the “top 50” list by the tiniest of margins.

“There are three or four huge clinical and research programs everyone would acknowledge are at the top,” Holers said. “We fall in the next rank, which is influenced by the size of the program, training and research, the number of fellows and how much we publish. But in terms of clinical care, if I needed it I would send myself to rheumatologists here – regardless of where I lived. We have several physicians who are among the very best in their profession.”

The hospital’s clinical and training program, led by Rheumatology Clinic Medical Director Sterling West, MD, is also considered elite, Holers said.

Outspent. But even clinical excellence has a hard time competing with deep financial resources, he maintained. Cleveland Clinic, for example, has made it an “institutional priority” to invest heavily in promoting all its programs, he said. He recently learned of a competitor given a $100,000 grant from its hospital to advertise the rheumatology program. He regularly leafs through glossy advertising pieces designed to keep programs top of mind at voting time – support the Rheumatology program here doesn’t receive.

He does not necessarily support that approach, however. “I would invest in maintaining and building excellence in the clinical programs and access, not advertising, and know those efforts will ultimately lead to increased recognition,” Holers said. But he adds
that he understands the pressures programs are under to improve or maintain their US News rankings.

“One thing that is different about us is we have no academic competition down the street,” he said. “Many of the other programs in cities such as Boston and New York face huge competition and are therefore fighting for patients. In that kind of setting, the rankings probably have some value.”

Digging for data. To be fair, the US News rankings for larger clinical programs such as Diabetes/Endocrinology involve more than simply identifying who has the biggest name or reputation. More than a third of the total score relies on hard Medicare data culled from the Centers for Medicare and Medicaid Services. The information includes survival rates and patient safety measures, particularly effectiveness in limiting surgical complications.

But where does that leave Haugen’s Endocrinology program, which does not have an inpatient service? Surgical complications in a diabetes patient who has, say, a cardiac procedure could result in a hit to the division’s overall score. And, in fact, UCH’s Diabetes/Endocrinology program received just a 7 of 10 in the Survival category and a 2 of 3 in Patient Safety.

Incomplete or inaccurate documentation of the medical record complicates the question. Perioperative punctures might be a routine part of the procedure, for example. Post-surgical respiratory failure might, in fact, be respiratory insufficiency. But without the proper documentation, CMS may view the procedures as resulting in complications.

This was identified as an issue in 2010 when UCH convened a committee to review what, if anything, it could do to improve its US News rankings, Fixler said.

One answer was to tighten the process of entering and reviewing the CMS and American Hospital Association survey data the hospital submits, Fixler said. The Clinical Excellence and Patient Safety Department, which is responsible for extracting medical record data submitted to CMS, was already at work pinpointing holes in the hospital’s clinical documentation.

The hospital did so well at that that it earned two consecutive number-one quality rankings from the University HealthSystem Consortium, the organization of academic medical centers, in 2011 and 2012. But the organizational goal remains ensuring that providers throughout the system document each record thoroughly and accurately, every time.

“Reputation is a soft target and trying to improve it could be a waste of resources,” Fixler said. “We can, however, make sure the data we report back to CMS is buttoned up as much as possible.”

Testing the waters. Still, in 2010, the hospital decided to conduct a pilot to at least test whether or not it could influence the reputation of an important program. The target was the Cancer program, which had bounced in and out of the US News top 50 for several years.

“The idea was to get the program in front of the voting bloc – the AMA physicians,” Fixler said. To that end, Marketing and Communications worked with the Cancer Center to produce a memorable marketing piece that featured hand-drawn illustrations of cancer cells. The pieces, which included the hospital’s logo and Cancer program outcomes data, went out to 18,000 oncologists to ensure that the 200 who received a US News ballot would receive a copy.

“We cast a wide net for a small audience,” Fixler said. “We created something we felt would be a memory trigger and something so cool that people wouldn’t throw it away.” Because the US News rankings are based on a three-year average, the pilot produced striking new mailings in 2011 and 2012.

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In 2010, the Cancer program ranked 44th, a position that improved each of the next three years. In 2013, the program ranked 23rd. But the results of the pilot were inconclusive, Fixler added.

“We did better in patient safety and volumes during that time,” he said. “It didn’t impact our reputation that much.” Still, he added, the technique of attracting attention to a program with eye-catching graphics continues. Today, outcomes data for the Cancer, Cardiology, Endocrinology and Neurology programs, clothed in brilliant graphics, resides on an e-publishing Web site maintained by the Marketing and Communications Department.

In the end, the US News rankings will likely remain a source of controversy.

“Do the rankings help our recruitment, referrals and research enterprise? Sure, everybody looks to them and they have some impact,” Holers said. “It’s unfortunate to have fallen out of the top list, but it’s hard to get too bent out of shape about it. We have lots of patients to take care of, lots of training programs to administer, and a large research program to continue expanding.”

Haugen, who admitted to being, well, a bit bent out of shape when he saw the 2013 Endocrinology rankings, has “made peace with it. Rather than contorting ourselves to have the nicest dress or suit, we’re going to concentrate on the good things we’re doing.”

Weighting the Factors

The US News and World Report Best Hospitals rankings are based on four factors:

- Reputation (32.5 percent)
- Survival rates (32.5 percent)
- Patient safety (5 percent)
- Others (30 percent)

“Others” include volume, nurse staffing, Magnet nursing status, advanced technologies and whether or not a program has intensivists. The combined factors produce a maximum possible score of 100.