LETTERS—CONCISE RESEARCH REPORTS

Health Equity Metrics for the US News and World Report Honor Roll Hospitals

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INTRODUCTION

Health equity has become a focus for value-based care in the pursuit of optimal health outcomes.[1] Every year, the US News and World Report (USNWR) ranks US hospitals on several quality and reputation factors, and identifies top hospitals to be included in the "honor roll" list. Recently, the USNWR included a set of hospital-level health equity parameters[2], which have not been previously reported, but these metrics were not used in the ranking methodology. We sought to examine the pattern of health equity metrics among the USNWR honor roll hospitals.

METHODS

In the 2022 USNWR report, more than 4100 hospitals were evaluated. Sources of data included Medicare administrative claims, Medicare Cost Reports, Primary Care Access and Quality Measures developed by Dartmouth Atlas, American Hospital Association annual survey, and publicly available population information.[2] A total of 13 health equity metrics were listed, falling under 4 domains. Briefly, domain I (racial disparities in unplanned readmission) uses the Medicare data to determine the difference in unplanned readmissions between Black and White patients. Domain II (charity care) examines a hospital's proportion of total costs directed towards charity care for uninsured patients. Domain III (community residents who accessed elective care) measures how a hospital's patient population compares to the demographics of the surrounding community. Domain IV (preventive care) analyzes the rate of Ambulatory Care Sensitive Conditions discharges among Black and non-Black Medicare beneficiaries within each Hospital Service Area (HSA).[2] Eligible population was limited to patients residing in the HSA and the metrics accounted for the differences in the racial composition of the community that the hospital served. The sources of the data, definition of terminolog,y and approach for constructing the healthy equity measures can be referenced in the USNWR working methodology report.[2] We examined the pattern of the health equity metrics across the 4 domains among the top 20 honor roll hospitals.

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RESULTS

The vast majority of honor roll hospitals had substantial racial disparity across multiple domains. Only 1 of 20 honor roll hospitals had representation of non-Hispanic Black patients that was comparable to the proportion of community residents. Regarding preventive care for the Black community, 60% and 45% of the top 20 hospitals were "substantially less" and "less" equitable compared to the community, and national average, respectively. Sixty percent of the top 20 hospitals' expenditures on uninsured patients were less than other hospitals and 40% had lower representation of low-income patients (Fig. 1).

DISCUSSION

This study highlights that leading medical institutions in quality and reputation are lagging behind in providing equitable healthcare resources to low-income and minority groups, reflecting an aspect of structural racism. Many of these hospitals disproportionately deliver care to the wealthy, leading to revenue increases and facilitating a cycle of reinvestment in resources which improve quality and reputation. These rankings can also result in patient acquisition and higher reimbursements with insurers.[3,4] The observed imbalance between the characteristics of populations receiving care and those residing in a community (implicitly a form of racial and income segregation) is a driver of disparate outcomes while likely inflating perceived quality of care metrics. An important first step to address this is via acknowledgement that these disparities exist within the walls of the institution. Most hospitals are already required to conduct community health needs assessments,[5] and moving forward these assessments need to more explicitly examined and plan for elimination of racial and socioeconomic health disparities in their communities. Additionally, the USNWR could augment their existing health equity portfolio through involvement of researchers, community leaders, and health care representatives in order to refine their methodology and identify additional sources to measure equity dimensions. Public reporting of these measures and trending them over time would highlight areas that could benefit from interventions to achieve health equity.[6] There needs to be a call for a strategic leadership-driven priority to break the towers of institutional racism, enhance resources to promote equity, and use disparities data to drive policy making.[7] In conclusion, the majority of USNWR "honor roll" hospitals have poor or lagging results on equity metrics, driven by lack of minority representation, and disparities in health outcomes.

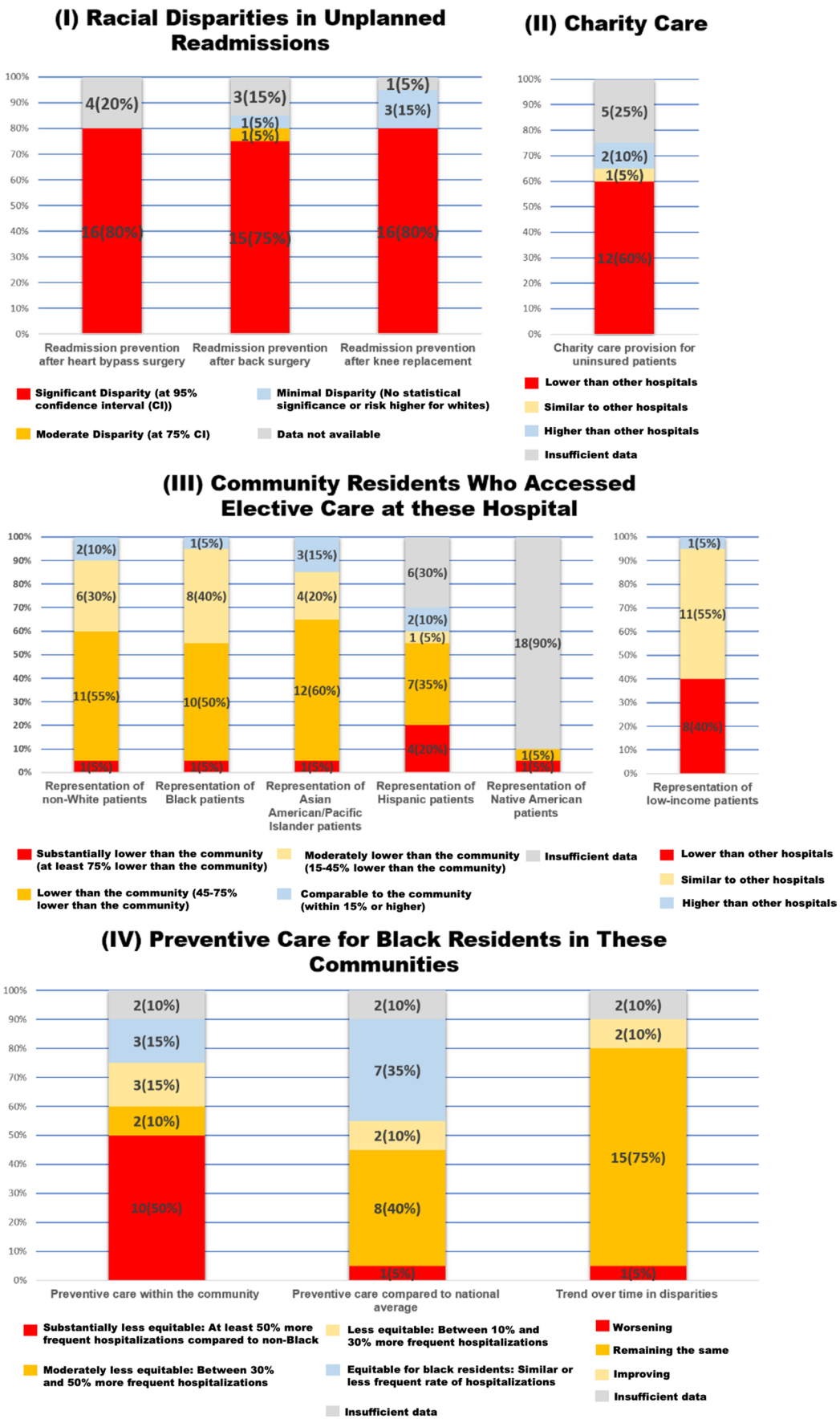
(I) Racial Disparities in Unplanned Readmissions
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
4(20%)
16(80%)
3(15%)
1(5%)
1(5%)
15(75%)
1(5%)
3(15%)
16(80%)
Readmission prevention after heart bypass surgery
Readmission prevention after back surgery
Readmission prevention after knee replacement
Significant Disparity (at 95% confidence interval (CI))
Minimal Disparity (No statistical significance or risk higher for whites)
Moderate Disparity (at 75% CI)
Data not available
(II) Charity Care
5(25%)
2(10%)
1(5%)
12(60%)
Charity care provision for uninsured patients
Lower than other hospitals
Similar to other hospitals
Higher than other hospitals
Insufficient data
(III) Community Residents Who Accessed Elective Care at these Hospital
2(10%)
6(30%)
11(55%)
1(5%)
1(5%)
8(40%)
10(50%)
1(5%)
3(15%)
4(20%)
12(60%)
1(5%)
6(30%)
2(10%)
1 (5%)
7(35%)
4(20%)
18(90%)
1(5%)
1(5%)
1(5%)
11(55%)
8(40%)
Representation of non-White patients
Representation of Black patients
Representation of Asian American/Pacific Islander patients
Representation of Hispanic patients
Representation of Native American patients
Representation of low-income patients
Substantially lower than the community (at least 75% lower than the community)
Moderately lower than the community (15-45% lower than the community)
Insufficient data
Lower than other hospitals
Similar to other hospitals
Higher than other hospitals
Lower than the community (45-75% lower than the community)
Comparable to the community (within 15% or higher)
(IV) Preventive Care for Black Residents in These Communities
2(10%)
3(15%)
3(15%)
2(10%)
10(50%)
2(10%)
7(35%)
2(10%)
8(40%)
1(5%)
2(10%)
2(10%)
15(75%)
1(5%)
Preventive care within the community
Preventive care compared to national average
Trend over time in disparities
Substantially less equitable: At least 50% more frequent hospitalizations compared to non-Black
Less equitable: Between 10% and 30% more frequent hospitalizations
Worsening
Remaining the same
Moderately less equitable: Between 30% and 50% more frequent hospitalizations
Equitable for black residents: Similar or less frequent rate of hospitalizations
Improving
Insufficient data
Insufficient data

Figure 1 Health equity metrics for the 20 honor roll USNWR hospitals. Domain I describes how well the hospital keeps Black patients who had the following procedures from being readmitted in the first 30 days after discharge, compared to White patients. Domain II describes how well hospital spending on free and discounted care for uninsured patients aligns with the proportion of uninsured in the surrounding community. Charity measures were created using random intercepts of multilevel models, and do not have explicit score cutoff values. Domain III describes how well the surrounding community is represented in the population treated by the hospital. Domain IV describes how effectively preventive care for Black residents in this hospital's service area reduces potentially avoidable hospitalizations. Scores are determined for the hospital service area (HSA) as a whole, not individual hospitals, and all hospitals in a given HSA received the same score.

Incorporation of health equity metrics into USNWR hospital ranking may provide hospitals an incentive to reduce disparities.

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Data Availability *The data used in this analysis is publicly available.*

Declarations

Disclosures *Dr Perzynski is a co-founder and co-owner of Global Health Metrics, LLC.*

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