



PRESS RELEASE

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KIDNEY HEALTH: WHAT DOES A RANKING HAVE TO DO WITH IT?

Hospital rankings present limited information that may fail to adequately assess all relevant factors.

Washington, DC (July 27, 2021) — Today, yet another set of hospital rankings were released (<https://health.usnews.com/best-hospitals>). Included in these rankings is a limited look at kidney care options in the United States, focused on the less than 2% of Americans whose kidneys have failed, not the 33% of the US population who are at risk for kidney diseases, the ninth leading cause of death in the United States.

Do such rankings help patients get better care?

We think people who see these rankings need all the facts—facts about kidney health and risk as well as kidney failure, and facts about the rankings.

We—the American Society of Nephrology (ASN)—are a non-profit organization of more than 21,000 kidney professionals worldwide, trained experts who are passionate about providing the best possible care to millions of people, and we always put patients first.

We think medical organizations and others should not allocate health care resources based on rankings that present limited information, and that may fail to adequately assess relevant factors, such as social determinants of health, health disparities, and health inequities.

What do kidney experts think people need to know to get the best care?

Know your risk.

In the United States, **one in three people is at risk** of getting kidney diseases. Of those people with kidney diseases, **only 10% know it**. By the time they learn they have kidney diseases, they are often in advanced stages, ever closer to kidney failure.

If you have high-blood pressure, heart disease, diabetes, or a family history of kidney diseases (<https://www.kidney.org/newsletter/are-you-33-percent>), you probably see a doctor on a regular basis. You should ask your doctor to evaluate your kidney health regularly.

But...everyone should ask about kidney health. **Your kidneys keep you alive.**

Know your options.

Anyone who is diagnosed with kidney diseases should be evaluated by a kidney professional. Your primary care physician will help you find one. Kidney experts help keep people at risk, or with kidney disease, as healthy as possible to prevent their kidneys failing.

That is why ASN considers it so important that health care rankings focus on *all* people at risk of kidney diseases. That's the 2 million people worldwide whose kidneys have failed, and the 850 million people worldwide who need to understand the care choices they should be making now to stay as healthy as possible.

And about those rankings...

Hospital rankings are just one factor. If you want to understand a little more about the strengths and limitations of these rankings, ASN has put together some information (*link to pages 3 and 4 below*) that may help you make an informed assessment.

So, check out the rankings. But understand their limitations (same link).

What will ASN do to help?

We pledge to:

Do more to work with other non-profit organizations we trust, and with patient advocates, to make sure credible and comprehensive information from experts is as easy for you to find as these rankings.

Challenge all those preparing health care rankings to focus on *all* people who may need care.

Ask medical organizations, and our own professionals, to avoid using rankings that aren't objective, credible, or fair, especially in reference to underserved populations.

Urge Congress to help evaluate all current rankings (same link to info below), to ensure they present you a comprehensive and objective picture of health care organizations, and of the medical conditions they are evaluating.

“During the past year, the medical community has recognized the important, expansive role nephrologists play in promoting kidney health, treating kidney diseases and kidney failure, and ensuring kidney transplants as well as being on the frontlines in the twin battles against the COVID-19 pandemic and systemic racism in health care,” says ASN President Susan E. Quaggin, MD, FASN. “To reduce hospital rankings from nephrology to kidney failure within this reality tells millions of people that they matter less than these sorts of rankings.”

Hospital Rankings and Your Health—What You Need to Know

NOTE: Detailed methodology for the *US News & World Report's* annual hospital rankings 2020–2021 rankings, which introduced the Kidney Failure rating in the Procedures & Conditions portfolio that replaces adult nephrology rankings were not available at the time this information was prepared.

What are hospital rankings?

Currently, there are four national hospital quality assessments,¹ including *US News & World Report's* annual hospital rankings,² the Centers for Medicare & Medicaid Services (CMS) Hospital Compare,⁸ Healthgrades Top Hospitals,⁹ and Leapfrog Top Hospitals.¹⁰ Although hospital ranking organizations aim to provide patients and their caregivers with the best information to assess their care options, this information may be limited by the underlying data used to compile the rankings. Note that the scope of hospital rankings differs by rating organization. For example, *US News & World Report's* hospital rankings only assess complex areas of care and procedures, and are not focused on non-acute, outpatient care.

How are hospital rankings calculated?

All hospital rankings rely in part on CMS data, with most using 30-day mortality rates in their calculations.^{1,7–10} However, mortality rates may not accurately quantify patient care delivered.⁶ For example, although detailed methodology for the *US News & World Report's* 2020–2021 rankings was not available at the time this information was prepared, previously the bulk of a hospital's overall score (67%) in their rankings came from ratings of 12 “data-driven” specialties (including nephrology) comprising components for patient experience (patient surveys, 5%), discharge to home metric (7.5%), reputation (27.5%), structure (capturing staffing and patient services, 30%), and 30-day mortality rate (30%). The reputation component—contributing 27.5% of each specialty's score—was calculated using a survey that asks physicians their opinion on which five US hospitals “provide the best care ...for patients who have the most challenging conditions and/or surgical procedures.”⁷ The latter is a concern as a recent assessment of hospital ratings systems found “... a considerable disconnect between the top hospitals identified by the rating systems and those thought by clinicians to be major referral centers. Thus, the potential misclassification of hospital performance is a major concern in need of evaluation.”¹

How open are hospital rankings?

Although some data used to calculate the ratings are publicly available (for example CMS claims data), the level of transparency varies between rating organizations.¹ In the case of *U.S. News & World Report's* rankings neither the physician survey data—source of the reputation component accounting for 27.5% of a “data-driven” specialty's (including nephrology) rating—nor the weightings of some variables (from publicly available data) used in the logistic regression modeling calculating a hospital's score have been made public.⁶ Given that some hospital ratings are calculated using proprietary methods, they have not undergone the rigors of peer-review, the gold standard in ensuring the highest quality of scientific and medical research.

How comprehensive are hospital rankings?

Hospital ratings rely in large part on limited data—cause of death. Mortality cases can often be misattributed—where deaths can be assigned to a specialty based solely on the coding in the health record instead of the actual care a patient received or didn't receive from a specialist. More importantly, “... hospital mortality

rates have been shown to be lacking in predicting the quality of care delivered....”⁶ Other data used to compile rankings could be subject to biases, such as the “reputation” data in *US News & World Report’s* ranking.⁷

How are hospital rankings used?

While the ratings methodology and any external organizations involved in compiling hospital rankings (e.g., for *U.S. News & World Report*, RTI International, <https://www.rti.org>) are independent from commercial influence, patients and their families should be aware that *US News & World Report*,³ Leapfrog,¹¹ and Healthgrades¹² monetize rankings through licensing their respective marks and offering marketing and advertising services associated with their rankings to rated hospitals.¹ Often, the cost to license these marks in advertising is not publicly disclosed.¹

What are their limitations?

While there is no gold standard for assessing hospital ratings,¹ there are important limitations that patients and their caregivers should be aware of. The Medicare claims data used may not accurately represent all populations that hospitals serve.⁴ Furthermore, the mortality data may not accurately reflect a specialist physician’s involvement with a patient, with deaths attributed to subspecialists based on hospital codes and not a physician’s care.⁶ While the potential for bias in the Hospital Ratings may be less than for *US News & World Report’s* College Ranking (where reciprocity bias can skew the expert opinion portion of the rating) it still is a concern.⁷ And hospital rankings do not undergo peer-review, the gold standard in the scientific and medical publishing that helps ensure the accuracy and validity of the underlying science and conclusions. A recent assessment of hospital ratings systems found they “... frequently publish conflicting ratings: Hospitals rated highly on one publicly reported hospital quality system are often rated poorly on another. This provides conflicting information for patients seeking care and for hospitals attempting to use the data to identify real targets for improvement.”¹

How should patients and caregivers use hospital ratings?

Caveat emptor. Be aware of the limitations in the underlying data, the lack of transparency, and the potential biases involved in calculating the ratings.^{4,5} A recent assessment of all four current hospital rating systems “found that [they]

should be used cautiously as they likely often misclassify hospital performance and mislead.”¹

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*NB: While some of these resources are publicly available, others may require paid access. Check your local library to find your viewing options.

Since 1966, ASN has been leading the fight to prevent, treat, and cure kidney diseases throughout the world by educating health professionals and scientists, advancing research and innovation, communicating new knowledge, and advocating for the highest quality care for patients. ASN has more than 21,000 members representing 131 countries. For more information, please visit www.asn-online.org or contact the society at 202-640-4660.

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