

## Grading Hospital Ratings and Tools: A Q&A with Chad VanDenBerg, Chief Quality Officer

By Christina Johnson | June 30, 2017

**E**very month it seems there is a new hospital ranking or award or some new online tool to help engaged consumers make better, informed decisions about their health care. But what does this flood of information really mean?

Chad VanDenberg, chief quality and patient safety officer at UC San Diego Health, is our top expert on collecting and reporting hospital data, then translating it into improved patient care.



We asked him to discuss which hospital rankings, awards and comparison tools are most useful and meaningful to consumers and why.

**Question:** What hospital awards or ratings do you think are most valuable for consumers?

**Answer:** I recommend looking for a convergence of performance across multiple ratings. Initially, I encourage consumers to start with ensuring the organization is accredited by [The Joint Commission](#). Accreditation establishes a baseline of processes and outcomes that all health care organizations should meet. It's important to note that some health systems, such as UC San Diego Health, hold advanced certifications in specific areas of specialty care, which demonstrates an additional layer of excellence. I would also

point consumers to ratings published by [The Leapfrog Group](#) and [US News and World Report](#). These organizations continually refine their ratings methodologies for better "apples-to-apples" comparisons. UC San Diego Health this year received an "A" for patient safety from The Leapfrog Group. In addition to being nationally ranked in eight adult medical and surgical specialties, UC San Diego Health has been ranked the No. 1 health system in the San Diego metropolitan region for six consecutive years.

**Q:** Is it accurate to assume that highly rated hospitals deliver better care and have better patient outcomes with fewer medical complications?

**A:** Yes, most of the published ratings take into account different forms of complications for the clinical conditions they are reporting on. However, it is a challenge to account for variations among patient populations and how these variations affect outcomes. Specifically, the risk-adjustment methodology is complex and doesn't fully account for socio-demographic factors or patients with extremely complex medical conditions. These confounding factors can limit one's ability to meaningfully compare hospitals' performances.

**Q:** What types of information are not typically included in hospital ratings?

# Grade



**A:**  
Most ratings rely heavily on insurance claims data, which involves the

translation of information on patients' medical records to a series of codes enabling payment. Organizations, such as The Leapfrog Group, augment this information with surveys on safe practices, patient satisfaction questionnaires and patient volume data to make their methodology more relevant to consumers.

**Q:** Do you anticipate changes in how hospitals are rated in the future?

**A:** I am hopeful that the various ratings agencies will begin to align their methodologies for determining a "score" and do so in concert with health care providers. We all want additional transparency and tools to help inform consumers, but the inconsistency in methodology and the sheer volume of agencies professing to "grade" health care providers may actually be leading to more confusion than clarity. I also anticipate that the data used to compute these ratings will become more contemporary as more organizations adopt electronic health records. Adding consistency in methodology and using current data from electronic health records will add to the trustworthiness of these ratings. However, I would always encourage choosing a hospital or health system based on your unique health needs and guidance from a physician you trust.