Rating the Raters – Strengths and Weaknesses Assessment of the Four Public Hospital Quality Rating Systems

The comments in the table below reflect the discussion that the Rating-the-Raters group had about each rating system. These comments for each rating system were provided to the leaders of that rating system to solicit feedback.

Potential for Misclassification of Hospital Performance

(CMS) Hospital Compare Overall Star Ratings	Healthgrades Top Hospitals	USNWR (U.S. News & World Report) Best Hospitals	Leapfrog Hospital Safety Grade and Leapfrog Top Hospitals
Pro			
Some data integrity checks in place to determine anomalous data		 Least likely of the major rating systems to misclassify hospital performance 	Some data integrity checks in place to determine anomalous data
Con			
 High potential for misclassification Inclusion of PSIs Use of NHSN measures High risk of misclassification due to the inclusion and comparison of heterogeneous hospital types that do not report the same numbers and types of measures. (e.g., Critical Access Hospitals and Specialty hospitals do not report most of the measures used) Concerns regarding adequacy of risk adjustment with administrative data Many measures lead to paradoxical misclassification, and thus likely demonstrate the inverse of quality (PSI-3, PSI-12) NHSN data are not rigorously audited 	 High potential for misclassification Inclusion of PSIs Evaluating all hospital types together is a major issue A lot of potential misclassification and noise in codes included in outcomes measures Concerns regarding adequacy of risk adjustment with administrative data Administrative data are not rigorously audited Many measures lead to paradoxical misclassification, and thus likely demonstrate the inverse of quality (PSI-3, PSI-12) 	 Lower likelihood of misclassification Inclusion of some PSIs Some rankings based on "reputation" only Administrative data are not rigorously audited Concerns regarding adequacy of risk adjustment with administrative data 	 High potential for misclassification based on issues with self-reported Leapfrog survey (gaming, lack of robust audit) and some outcomes subject to surveillance bias and ascertainment issues Inclusion of PSIs, particularly PSI-12 Use of NHSN measures Concerns about self-report of process measures Administrative data are not rigorously audited Concerns regarding adequacy of risk adjustment with administrative data Many measures lead to paradoxical misclassification, and thus likely demonstrate the inverse of quality (PSI-3, PSI-12) NHSN data are not rigorously audited Use of non-risk adjusted infection measures

Source: The Authors. Details of the rating process are available at www.RatingTheRaters.org NEJM Catalyst.nejm.org) © Massachusetts Medical Society