

What role can hospital rankings play in promoting health equity?

Hospitals and health systems can play a major role in addressing healthcare disparities in our nation. In our latest episode – part of our hospitals and health equity series – we zero in on hospital rankings and how the metrics that are used can compel health systems to take much-needed action on health equity.

“If hospitals were to focus more on health equity, they would be fulfilling both a moral responsibility as well as a legal responsibility,” says [Tavia Binger](#), a health data analyst at U.S. News and World Report. “Nonprofit hospitals are actually required to spend portions of their revenue on community benefit activities – like providing care that is free or at a reduced cost for patients who can't afford to pay – in exchange for their tax exempt status.”

In addition to the latest [U.S. News Best Hospitals rankings](#), published on July 16, U.S. News has also introduced [health equity measures](#) and has released a list of [hospitals excelling in health equity](#) by “providing vulnerable populations with substantial access to high-quality care,” Binger says.

Health Disparities podcast host Dr. Mary O'Connor speaks with Binger about how U.S. News and World Report is working to promote health equity. They also discuss how healthcare consumers can use hospital rankings to understand whether the hospitals in their communities are doing their part to provide care that is both high-quality and equitable.

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The transcript from today's episode has been lightly edited for clarity.

Tavia Binger: If you look at many hospitals' mission statements, many of them actually have some kind of verbiage around their communities and around improving the health of people in their communities and helping people live healthier lives. So I think just reassessing their commitment to that overall mission would be really important because at the end of the day, that's really you what we all want, I think we all want people to be able to lead healthier lives, regardless of economic status or location or where they live, you know, things like that.

Mary O'Connor: You're listening to the Health Disparities podcast from Movement Is Life. I'm Dr. Mary O'Connor, Chair of the Board of Movement Is Life, the cofounder and Chief Medical Officer at Vori Health. Hospitals and health systems can play a major role in addressing healthcare disparities in our nation, and it's the focus of our latest podcast

series. Today, we're going to zero in on hospital rankings, and how the metrics that are used can compel health systems to take action much needed action on health equity. We'll also discuss how healthcare consumers can use hospital rankings to understand whether the hospitals in their communities are doing their part to provide high quality and equitable care. I am thrilled to have Tavia Binger as our guest today. Tavia is a health data analyst at U.S. News and World Report, and in that role, she helps create the U.S. News best hospital rankings. She joins us now to talk about her team's efforts to assess how we rank hospitals in terms of health equity, including the introduction of a health equity index in recent years. Tavia, welcome to the Health Disparities podcast. Thank you so much for joining us.

Binger: Thank you so much, Dr. O'Connor, for having me and excited to be on the podcast and to discuss a lot of exciting work that we have at U.S. News.

O'Connor: Great. All right. So let's start with that. Tell us about the work that you're doing at U.S. News, and maybe try and pull back the curtain a bit and talk about hospital rankings that you put out each year.

Binger: So as you mentioned, I'm a health data scientist at U.S. News, I work on the best hospitals team. I've been a part of the team for about five years now. And U.S. News as a company has been evaluating hospitals for over 30 years now. Each year, a team of analysts and scientists analyze millions of health site visits, and admissions to determine the best health care facilities nationwide. So these range from best hospital rankings, we will also look at best hospitals for maternity care. We look at best children's hospitals, and a variety of specialty specialties within best hospitals and specific procedures and conditions. And really, these ratings and rankings of hospitals are fundamentally based on the Donabedian paradigm. And this is commonly used throughout healthcare research. It reflects a relationship between structure, process and outcomes. So for example, outcomes is referring to the results of care, so whether a patient was admitted and then discharged, and then experienced a readmission within a certain period of time after a procedure, or an admission, for example.

O'Connor: And so the data sources that you used to calculate these scores, are those, in general, publicly accessible data sources? Or how do you get all this data to pull together?

Binger: Yes, I would say most of them are publicly available but not easily accessible. So the main data source that we use as the Centers for Medicare and Medicaid Services, CMS, that one's probably like the backbone of our research. So this contains claims data for inpatient admissions for Medicare beneficiaries, we can see a variety of information about that patient's visit or their admission to the hospital. We also use data from the American Hospital Association, and various professional organizations. We

also have a couple of data partners, such as RTI International and CareJourney that helped us so it's really pulling from a lot of various sources.

O'Connor: I loved your term, publicly, what was it, publicly accessible, but you wouldn't be able to understand it if you didn't know how to get in there and use it. So let's switch to the health equity index that you all introduced a few years ago. So what was the impetus for that? And how do you determine how well hospitals are doing when it comes to advancing health equity?

Binger: Yeah, so this is health equity, extremely important topic. So in 2019, we've started exploring different data sources that we could use to measure health equity at the hospital level, like how do we actually attribute a hospital with how they're doing on health equity. So we started exploring some different data sources. And prior to COVID, at this time, U.S. News held an annual conference called Healthcare of Tomorrow. Various health care stakeholders, and you know, hospital leaders would attend this conference. And we held a session in 2019 that was focused on health equity, and some of the methodological ideas that we were exploring about how to, you know, what data sources we can pull, how comprehensive is this data that we can look at. So that's kind of how it started.

And then shortly after that, during the COVID pandemic, I think this is when we really started to see just a lot of conversation around health equity, I mean, in the research community, but I also feel like the general public also just kind of like they became aware, and we're just there was just this increase in dialogue happening about health equity and about disparities, especially that minorities are experiencing. So that kind of was this motivation to, let's not like delay this any longer, we are just going to try to hit the ground running and move forward with this momentum.

O'Connor: Yeah that was just a great addition to the armamentarium that you use for hospital rankings and such an important one. So you all, meaning U.S. News and World Report, just announced a new recognition for hospitals, Best Hospitals for Equitable Access. I think that's very exciting. So what distinguishes this list from the long standing best hospital list?

Binger: Yes. So this list is unique in that we wanted to identify hospitals that were doing well in two different areas. It's sort of like a combination of these two analyses. We have our best hospitals, which is like, focused on quality. And then we've been developing these health equity metrics. So we wanted to identify hospitals that were excelling on quality, and also providing access to care for communities that are more marginalized and more socially at risk in the healthcare system. And so this is definitely not a definitive list of all the hospitals that are doing hard work towards health equity, but this

list identifies hospitals that are providing vulnerable populations with substantial access to high quality care.

O'Connor: And that's just so important. And I personally think that any additional recognition that can be provided to those hospitals to help support them in this mission is just critically important. So, I was just really, really excited to read that you were basically creating this additional list, which will promote this higher level of recognition for these hospitals that are truly serving, working to serve all the members in their communities. So as I know you know, here at Movement Is Life, you know, we're very interested in advancing health equity, and raising awareness about health disparities, including racial gaps in healthcare. And you've written about this topic for U.S. News in recent years, and found that racial and ethnic minorities are underrepresented among patients who access many common services. This includes certain procedures like cancer surgery, as well as joint replacement, which of course, is more near and dear to my heart as an orthopedic surgeon, and because Movement is Life, we're focused on movement and musculoskeletal health and how critical that is for avoiding the development of comorbidities like obesity and hypertension, diabetes, heart disease and depression. So what would you say, you know, your extensive background and all this data that you've looked at, how can hospitals and health systems at a very practical level help to mitigate these disparities? We can focus on joint replacement, for example.

Binger: Yeah, so this, it's definitely a very complex issue, health equity, it's not an easy thing to measure or to try to address. But given that it's such a complex issue, we would expect that the solutions might also need to be as complex as the problem itself. So there are a couple of things that just talking with experts that I think that we've identified that hospitals can do to help alleviate disparities, one being partnership. Hospitals can leverage partnerships with other organizations. So working with community organizations, nonprofits, especially ones that are, you know, working, doing a lot of on the ground work and interacting with the community, social service organizations, other hospitals, safety net hospitals. So collaboration, I think, is important. And we understand that, you know, it does take several actors to try to solve disparities and work on improving health disparities. And I think hospitals can be a really key and important player in that partnership and collaboration. And then another thing that hospitals could do, would just be thinking about access to outpatient and specialty services. So, many patients lack access to routine and adequate outpatient care. So this could be, you know, identifying a disease or a condition, managing a chronic condition on an outpatient basis. And, you know, communities with a higher prevalence of certain conditions might need more specialists to help them manage those care, those types of care. So I think in this case, especially hospital systems, that might have multiple locations or different kinds of locations, can consider how the location of their outpatient

facilities can, you know, impact the persistence of health disparities. You know, clinics, primary care facilities and things like that.

O'Connor: That is really an excellent point, Tavia. I think that is, you know, so important. A few years ago, we looked at musculoskeletal urgent care centers in the state of Connecticut and found that, you know, the vast majority of them would not accept, I'll use the term 'underinsured' patients, so, patients with Medicaid, or no insurance. A few of them would accept them if they were from their county or their kind of their direct community. And of course, most of these were built in more affluent areas, you know, regions, which also then makes access for those who are already disadvantaged in the system makes it harder for them to access those kinds of urgent care centers. So it's, you're absolutely correct. It's a very complex problem, but there are things that everyone in the system can do to help make improvements.

Binger: Yeah, exactly. And definitely acceptance of different kinds of insurance is one thing that we've, you know, found to come up in our research, but also speaking with experts as a potential driver of some of these disparities.

O'Connor: There's no question about that. And I'll just, for our viewers and listeners, the context there is Medicaid payments tend to be lower than Medicare payments. And so some physicians will not accept patients that have Medicaid because of the low reimbursement for their services. So this further exacerbates the disparities and access issues in the ambulatory or outpatient setting for those individuals. So it's really it's a complex problem, one that we just, we simply have to start tackling head on.

So I want to turn to a second about the awareness that U.S. News has created regarding access, further along this concept of access, right? We know that hospitals are unfortunately closing in record numbers, particularly in rural America. And so we see access to certain services, like maternity care discontinued at hospitals. And you all did an amazing job back in December, of putting out a list that talked about maternity care access hospitals. And given the conversations that have started, or I've just been more aware of them lately about the declining birth rate in this country, I'm like, well, duh, you know, like, if you're not going to support women with facilities where they can safely go to have babies, then that's could be one factor that's going to influence families to know either not have children, or not have additional children. So can you take us through some of those findings with the maternity care access report?

Binger: Yeah, so we introduced this maternity care access hospitals designation in December of 2024. So a maternity care access hospital is a hospital that provides essential maternity services to parents and to communities that otherwise would not have access to those services. So without these hospitals, communities would become maternity care deserts or, you know, areas with no hospitals, providing obstetric care.

So this is, you know, an extremely important topic, as you mentioned. So the goal of these ratings is to assist expectant parents, in consultation with, you know, their families in their prenatal care team in making informed decisions about what is best for them to get care. As you you know, mentioned just the point about raising awareness many times when we publish, you know, this kind of work or something like this, we accompany the announcement with an article or a blog post on the website to help frame the issue and that way, it gets information out to the public, you know, whether someone is a patient or family or just interested in the topic, I think, you know, we are trying to think very intentionally about not just putting up a list, and that is the end all be all we really do want to raise an awareness and help communicate the importance of this topic to the public.

O'Connor: I think it's Incredible work that you're doing. It's much needed work. And I think that it's also important for our policymakers to be aware of this, and community leaders. Like why would you want to go live in a community if you're a young couple and you want to start a family that had, let's say, a maternity access desert? That just doesn't make any sense. So, yes, it speaks to the kind of broader question of access to critical services. And I often think of a quote from actually a physician in Philadelphia when they were closing down one of the major inner city hospitals. And I'm blanking on his name at the moment, or I'd give him full credit, but it stayed with me, which was no, we think of firefighters and police as essential services for any city, and we would never have a city where we wouldn't have those services for the citizens. But yet somehow we're thinking that access to urgent medical services doesn't fall along those same lines, which I thought was just a very insightful way to look at it, right? You want to start a family. How could you not have essential maternity services in your area?

Binger: Yeah, that's, I've never heard that analogy. But I think that's really useful to think about, you know, just keeping an eye on maternity care, deserts, I think is really important.

O'Connor: Yeah. Well, Tavia, you can credit me even though it's not my quote. But I'll find the name, I'll find the name of the Philadelphia physician who quoted that. Okay, so are you also looking at access in rural America aside, or separately from maternity access?

Binger: Yeah, that's actually that has definitely come up a few times people have asked us this question. But unfortunately, right now, rurality is not something that we have looked at in terms of the health equity metrics. And I think, you know, the maternity care access hospitals is a great, you know, initial, first stab at it. I think there's challenges with the data in terms of identifying a high enough volume of patients from rural areas in order to draw conclusions about that. But I think that's something we are keeping an eye on, you know, we're always looking for ways to improve that analysis or expand our data

sources. We know that there's so much, again, it's such a complex issue, and there's so much about health equity that could be measured, or that could be reported on that's definitely something an area that we would like to dig into more in the future.

O'Connor: Well certainly at Movement is Life, we would strongly encourage you to do that. I think that, you know, some people kind of broadly think of health disparities as being focused or isolated to individuals that are socioeconomically disadvantaged, who live in cities, the inner cities, poor neighborhoods in the inner cities. But the disparities extend far beyond that, as you well know. And we see huge disparities in rural America as well. And so, you know, we just, we don't want disparities to exist anywhere. And so it's, it's keeping people reminded of that broader picture, that the disparities are both in, you know, urban and rural America that I think is important. So, I would love to see you all be working on at some equivalent of, you know, rural hospital, rural health care access along the lines of what you've done with maternity care access. And I do appreciate the challenges of the data. So I'm just going to plant that seed there. You've already got it. Alright, so let's step back for a moment. So, for the average person who's thinking about hospital rankings and what to make of them, someone has looked at the U.S. News rankings, What's your general advice to them on how these rankings can help them make decisions regarding health care for themselves and their loved ones?

Binger: Yeah, so we offer patients, their families and anybody who's really interested, you know, many resources to help them find information about hospitals and to make informed decisions about their health care. So patients can go to [usnews.com](https://www.usnews.com) and they can look at our rankings for hospitals. We rank hospitals nationally, but we also rank hospitals within each state and metro area. So they can, you know, narrow it down to a geographic level of interest to see which hospitals are high performing in their area. Many times people are not traveling far and wide to get care, they want something that is close in proximity to them. And also from there, people can identify which services they need, or they're interested in finding care for. So we do the rankings, which are primarily focused on specialties like cardiology, for example. But we also rate more specific procedures about dozens of specific procedures. So a hospital that's good for spinal fusion might, you know, you might want a different hospital for knee replacement surgery or a heart bypass surgery. So you can look for specific procedures, or conditions or broader specialties to really narrow down your search. And I think that it's a really powerful tool that patients can leverage. A lot of times in your health, you might feel like you're not in control. And you know, it's not always easy to navigate the healthcare system. And I think the information that we have and the resources that we have, it's just, it's one tool, it's a powerful tool, I think, because it is objective data, and giving you a lot of information that otherwise would be challenging to find about hospitals, so you can sort of take that aspect and make some informed decisions.

O'Connor: Yes, I think that it is really a helpful tool for patients. One of the things that, I find that just as a general statement, some patients may not appreciate, is the association between a hospital that does a reasonably moderate to high volume of a surgical procedure and the quality outcome. And, you know, you and I appreciate that those are linked, right, because the hospitals typically have better protocols, they have more experience and those things all matter, as opposed to you having your knee replacement surgery in a hospital that does, you know, 40 a year as opposed to 400 a year. And those things can matter because it's not just the surgeon that impacts the outcome of the operation. It's the entire hospital ecosystem, the entire system that's going to influence the outcome for that individual patient. So I appreciate the work that you all put into that, because I agree, I think it is actually a very good source of information for patients.

Binger: Yeah, and I think we try to do, I think we do a pretty good job, like you mentioned the volume and quality relationship. Which, you know, is cited several times and it's been researched in academic literature pretty extensively, but maybe the average person isn't aware of, and I think we try to convey that information on the website. So if you're looking at a hospital's page on the website, and you are, you know, looking at their scores and all the use metrics, we have descriptions there that conveyed to the person that's reading, like what we're measuring and also like, why is it important, why should they care about it, why should they care about their volume of knee replacement surgeries. And so I think that making that connection and communicating that to patients and to users is also something that is really, really important. And we do a pretty good job of taking these technical data points and explaining them on the website.

O'Connor: Yes, yes, I agree. I think you do. So two questions. Two last questions. How do you envision the health equity index metric kind of being incorporated into the best hospital rankings? Or are you thinking of that? I mean, how should an individual take the hospital best rankings, and the health equity index best rankings and use them together?

Binger: Yeah, that's a good question. Right now, the health equity measures are not incorporated into best hospitals, they're sort of like two, you know, side by side, but different analyses. So I think, as we were mentioning, just the website and going to U.S. News and looking, you know, researching for hospitals that are high quality care, but I think, along with that, you know, if you're patient, and you are part of one of the underrepresented communities that we focus on, in analyzing for Health Equity metrics, you might want to know, also, if a hospital is, is treating patients that are similar to you, you might want to understand if they have treated other patients like you, especially maybe if you live in an area where you know, there that maybe there aren't as many minorities, for example. So you might want to know, understand if a hospital has treated

minority patients, and that's all on the same page. So if you're looking at a hospital, you can easily see, you know, how they did on their quality metrics, and how they did on their equity metrics. And again, I think it's just another additional tool, a powerful tool, that is giving you objective data that you can use and helping make your decision. I'm definitely looking at both and trying to understand both right now, they're not melded together. So you would have to, you know, look between the health equity metrics and the quality metrics. But again, I think it's just a powerful tool with information that you might not be able to find elsewhere.

O'Connor: Yes, I believe you already kind of answered my question that you don't know if or when you would blend them all together, correct?

Binger: Yes, we don't know.

O'Connor: All right, I'll just make my little commentary on that for which you do not have to respond. And that would be the resistance of hospitals and health systems that are currently ranked very highly now. Because they may not be ranked so highly in the health equity space. And so if you combined all of that, that would lower their rankings. So they may not, they may not be excited if you fundamentally changed your ranking system that way, although I personally would support you doing so because I think that it's important for all our hospitals and health systems to address health equity, particularly for those people in their communities where they really need to access those facilities because those are the facilities where they live. But that's just my personal comment on it, and I don't expect you to have a response. So last question. What's your advice to hospitals and health systems that want to make a difference in addressing health disparities in the communities they serve?

Binger: Yeah, so I think we kind of touched a little bit on partnership. You know, working with community based organizations, I think some hospitals can, you know, improve on that, definitely focus on partnership and collaboration. If hospitals were to focus on more on health equity, they would be fulfilling both a moral responsibility as well as a legal responsibility because nonprofit hospitals are actually required to spend portions of their revenue on community benefit activities in exchange for their tax exempt status. So these are things like providing care that is free or at a reduced costs for patients who can't afford to pay. So we know that sometimes patients might delay care, or forgo care because of financial concerns. And that's a choice, but it's not really so much of a choice when you can't afford to pay. And that's an area that I think that hospitals could focus a little bit more on. And then just, you know, talking more about the moral responsibility. If you look at many hospitals' mission statements, many of them actually have some kind of verbiage around their communities, and around improving the health of people in their communities and helping people live healthier lives. So I think just reassessing their commitment to that overall mission would be really important, because

at the end of the day, that's really, you know, what we all want. I think we all want people to be able to lead healthier lives, regardless of you know, economic status, or location, or where they live, you know, things like that.

O'Connor: Absolutely. So I'm going to say to our viewers and listeners, you can learn more about U.S. News and World Report hospital rankings at the link in our show notes. And I want to just remind everyone to mark their calendar for our upcoming annual summit. The Movement is Life Summit, registration is now open. This year our summit will be held in Atlanta, Georgia, on Thursday, November 14, and Friday, November 15, at the Whitley Hotel, which is in the Buckhead area of Atlanta. You can go to our website, see lots of information and register.

I want to thank my wonderful guest Tavia Binger, thank you for being with us, and more importantly, for all of the work that U.S. News and World Report is doing in terms of recognizing the importance of health equity, in hospitals and healthcare systems. And, you know, shining a light on the status of that because it's the old saying, you know, we can't improve what we don't measure. So I think that it's just really critical that you're doing this and it's such a prestigious report that you put out that it will really help highlight our need to continue in this journey to improve health equity for everyone.

Binger: Thank you so much for having me.

O'Connor: Our pleasure. So this brings us to the end of another episode of the Health Disparities podcast, brought to you by Movement is Life. If you like what you hear, be sure to subscribe, wherever you get your podcasts and take a moment to leave us a rating. It really makes a difference, we love hearing from you. I'm Dr. Mary O'Conner. Until next time, be safe and be well.