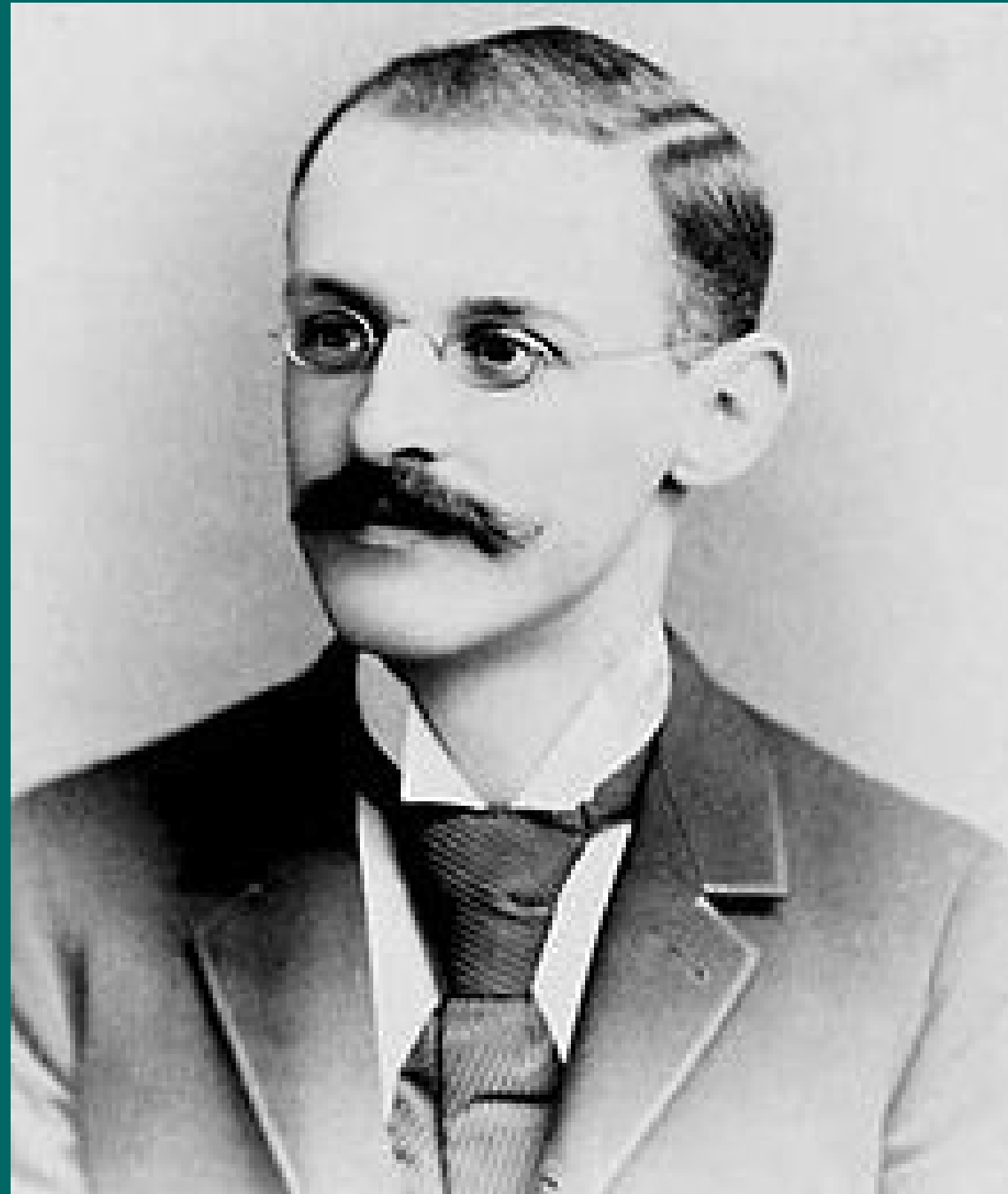


The Lown Hospital Social Responsibility Index: Response to a Crisis

Dr. Vikas Saini, President, Lown Institute

The Flexner Era is over (We just haven't gotten the memo)

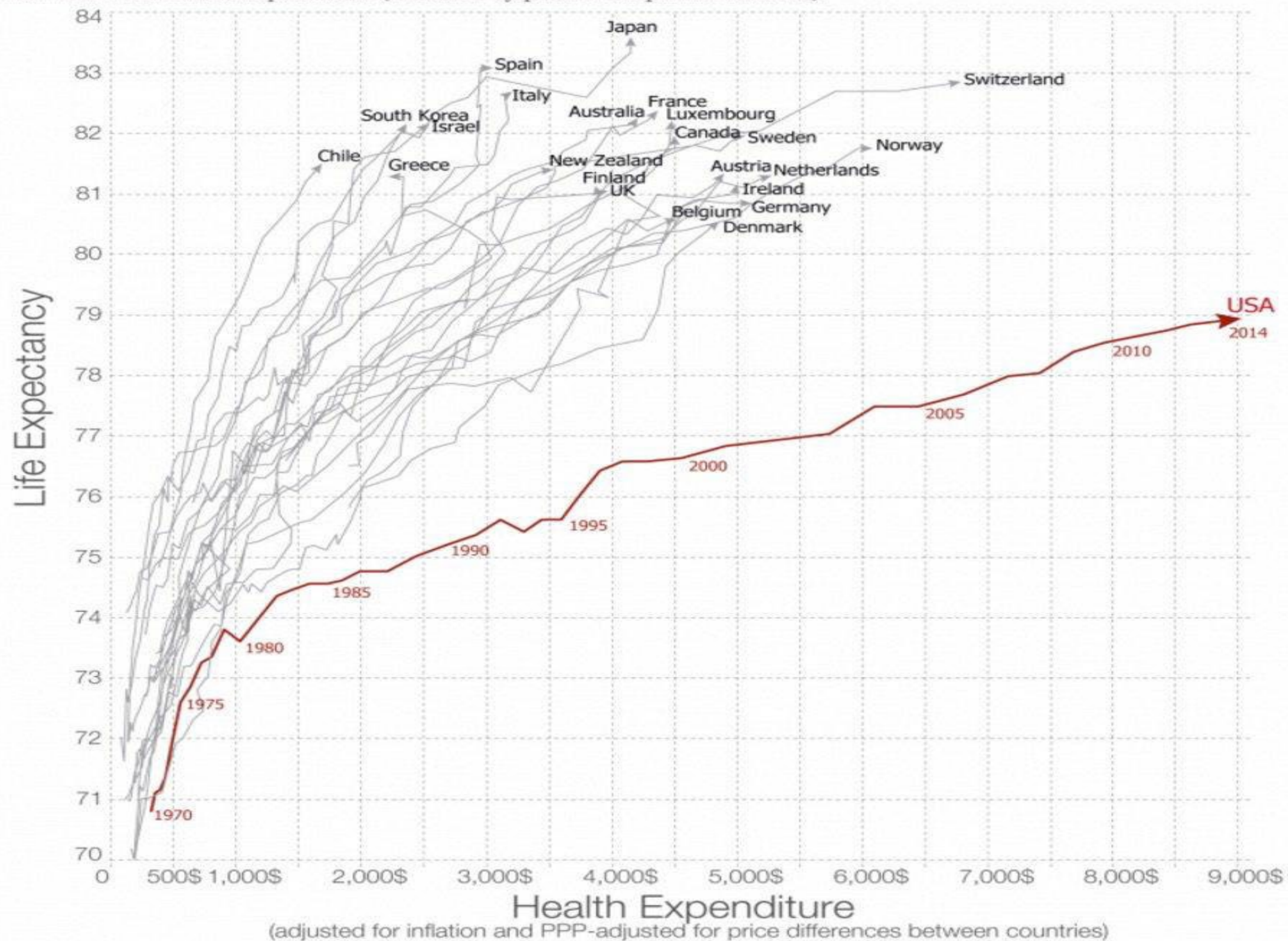


Abraham Flexner (1866-1959)

Life expectancy vs. health expenditure over time (1970-2014)

Our World
in Data

Health spending measures the consumption of health care goods and services, including personal health care (curative care, rehabilitative care, long-term care, ancillary services and medical goods) and collective services (prevention and public health services as well as health administration), but excluding spending on investments. Shown is total health expenditure (financed by public and private sources).



Data source: Health expenditure from the OECD; Life expectancy from the World Bank. Licensed under CC-BY-SA by the author Max Roser. The interactive data visualization is available at OurWorldinData.org. There you find the raw data and more visualizations on this topic.

MEDICAL EDUCATION
IN THE
UNITED STATES AND CANADA

A REPORT TO
THE CARNEGIE FOUNDATION
FOR THE ADVANCEMENT OF TEACHING

BY
ABRAHAM FLEXNER

WITH AN INTRODUCTION BY
HENRY S. PRITCHETT
PRESIDENT OF THE FOUNDATION

BULLETIN NUMBER FOUR (1910)
(Reproduced in 1960)
(Reproduced in 1972)

100 Years After the Flexner Report

Can we reframe what
it means
to be a high
performing
hospital?

EQUITY

VALUE



LOWN INSTITUTE
HOSPITALS INDEX
FOR SOCIAL RESPONSIBILITY

ACCOUNTABILITY

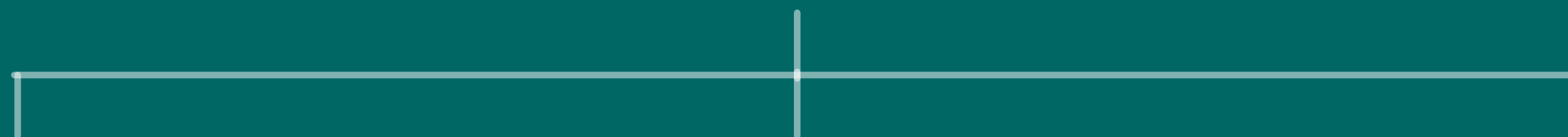


LOWN
INSTITUTE



LOWN INSTITUTE HOSPITALS INDEX

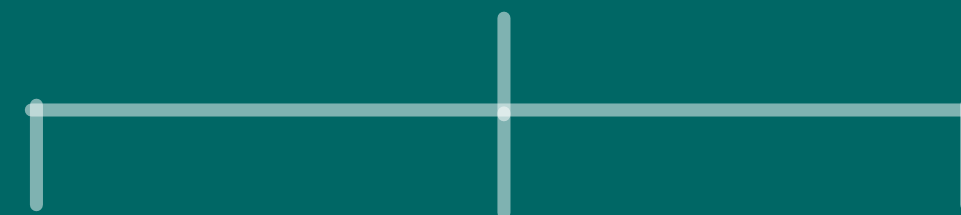
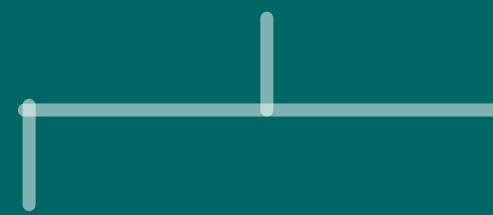
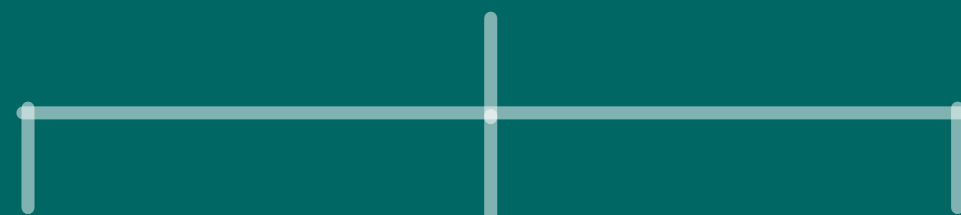
for SOCIAL RESPONSIBILITY



EQUITY

VALUE

OUTCOMES



INCLUSIVITY

PAY
EQUITY

COMMUNITY
BENEFIT

COST
EFFICIENCY

AVOIDING
OVERUSE

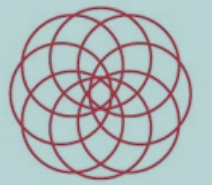
CLINICAL
OUTCOMES

PATIENT
SATISFACTION

PATIENT
SAFETY



LOWN INSTITUTE HOSPITALS INDEX for SOCIAL RESPONSIBILITY



LOWN
INSTITUTE

EQUITY

VALUE

OUTCOME

INCLUSIVITY

PAY EQUITY

COMMUNITY BENEFIT

COST EFFICIENCY

AVOIDING OVERUSE

CLINICAL OUTCOMES

PATIENT SATISFACTION

PATIENT SAFETY

Medicare FFS

IRS Form 990

IRS Form 990

All claims across
acute & post acute
settings

IRS Form 990

CMS Healthcare
Cost Reports

MEDPAR
inpatient
database

CMS HCAHPS
survey

CMS Patient
Safety
indicators

Census ACS
Data

SEC filings

CMS Healthcare
Cost Reports

CMS Geographic
Variation Public
Use File

CMS Healthcare
Cost Reports

Medicare
outpatient
claims

CMS Healthcare
Cost Reports

Bureau of Labor
Statistics

Clinical Outcomes
Sources

EQUITY

COMMUNITY BENEFITS

How tax - exempt dollars are spent.

PAY EQUITY

Low created...How fairly are staff paid compared to leadership?

INCLUSIVITY

Low created...How well do hospitals serve people of color, lower incomes, lower education?



FAIR SHARE: A lens on community benefit spending

Charity Care

Community Health Improvement

Community Organizations

Community Building

Subsidized Health Services

TAX EXEMPTION

5.9% of Expenses



Reframing hospitals, Rethinking Flexner: Community Benefits Spending

Without research & physician training included

NAME	CITY	COMMUNITY BENEFIT SPENDING, % OF TOTAL EXPENSES	FAIR SHARE DEFICIT
CLEVELAND CLINIC	CLEVELAND	1.4%	-\$261 M
NEW YORK-PRESBYTERIAN HOSPITAL	NEW YORK	1.9%	-\$237 M
UCSF MEDICAL CENTER	SAN FRANCISCO	0.9%	-\$208 M
MASSACHUSETTS GENERAL HOSPITAL	BOSTON	1.2%	-\$179 M
UNIVERSITY OF MICHIGAN HEALTH SYSTEM	ANN ARBOR	1.1%	-\$169 M
NEW YORK UNIVERSITY LANGONE MEDICAL CENTER	NEW YORK	2.5%	-\$163M
VANDERBILT UNIVERSITY MEDICAL CENTER	NASHVILLE	2.3%	-\$157 M
BRIGHAM AND WOMEN’S HOSPITAL	BOSTON	1.0%	-\$142 M
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	PHILADELPHIA	0.5%	-\$142 M
CEDARS-SINAI MEDICAL CENTER	LOS ANGELES	1.6%	-\$138 M

\$14.2 billion

Total Fair Share Deficit in
2020

(77% of hospitals had a deficit)

INCLUSIVITY Metric

Measures disparities in access for vulnerable patients by showing how well hospitals serve people of color, lower incomes, lower education within their catchment area.

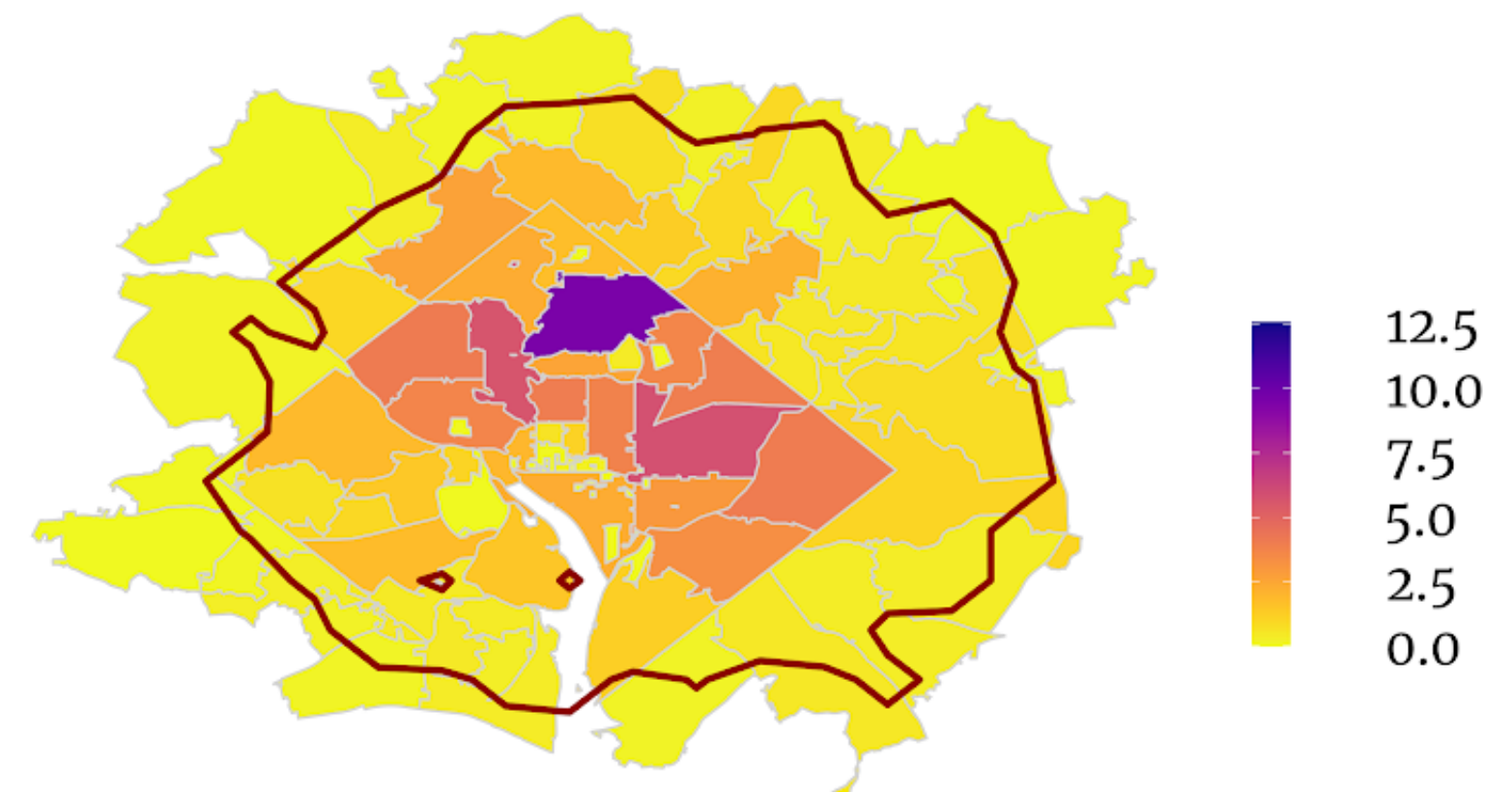
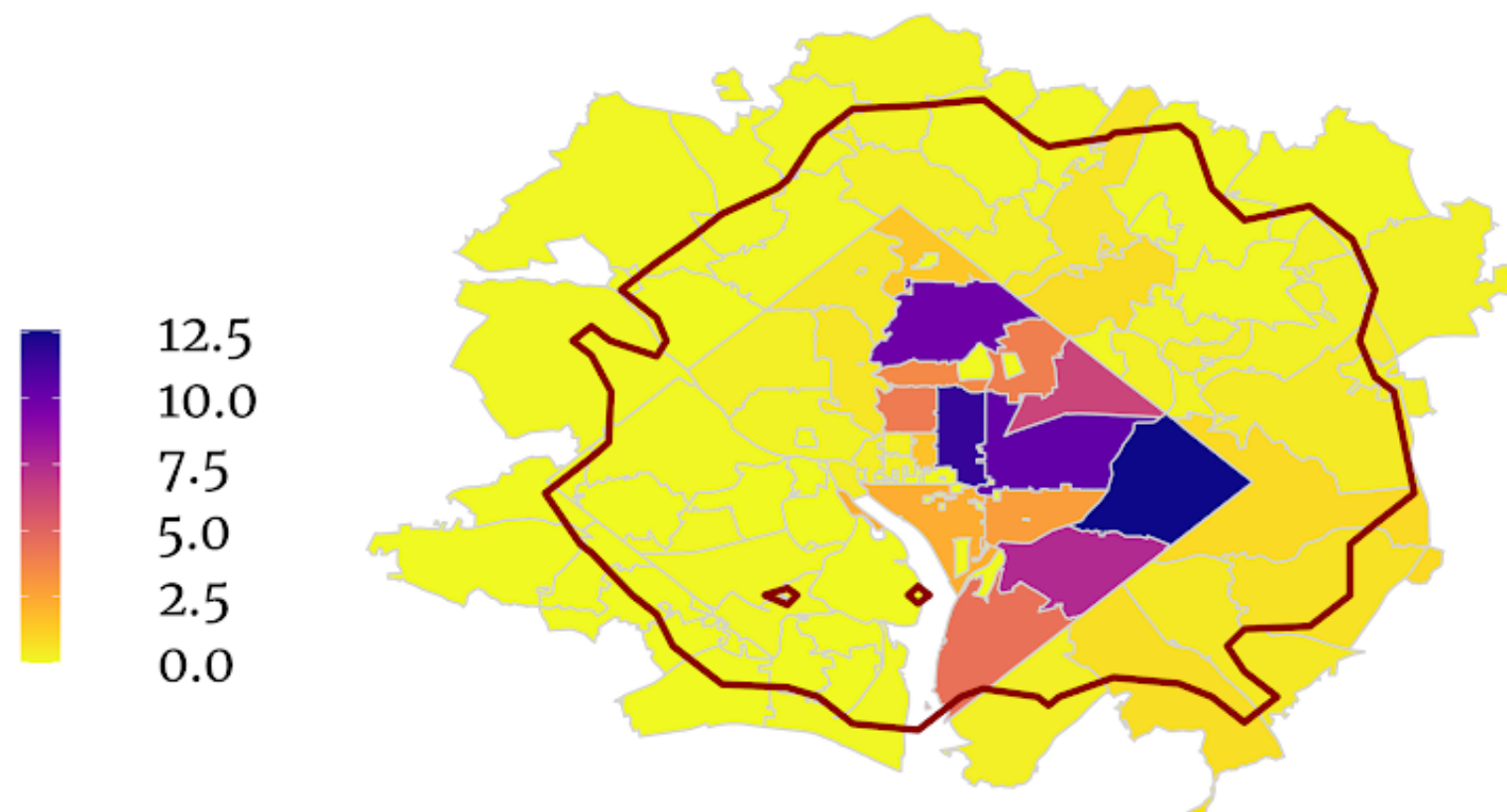
Compares each hospital's surrounding community characteristics of race, income, and education to the same characteristics of its patients.



INCLUSIVITY METHODOLOGY

Community area: based on the zip codes of its actual hospitalized patients, the area of potential patients surrounding it

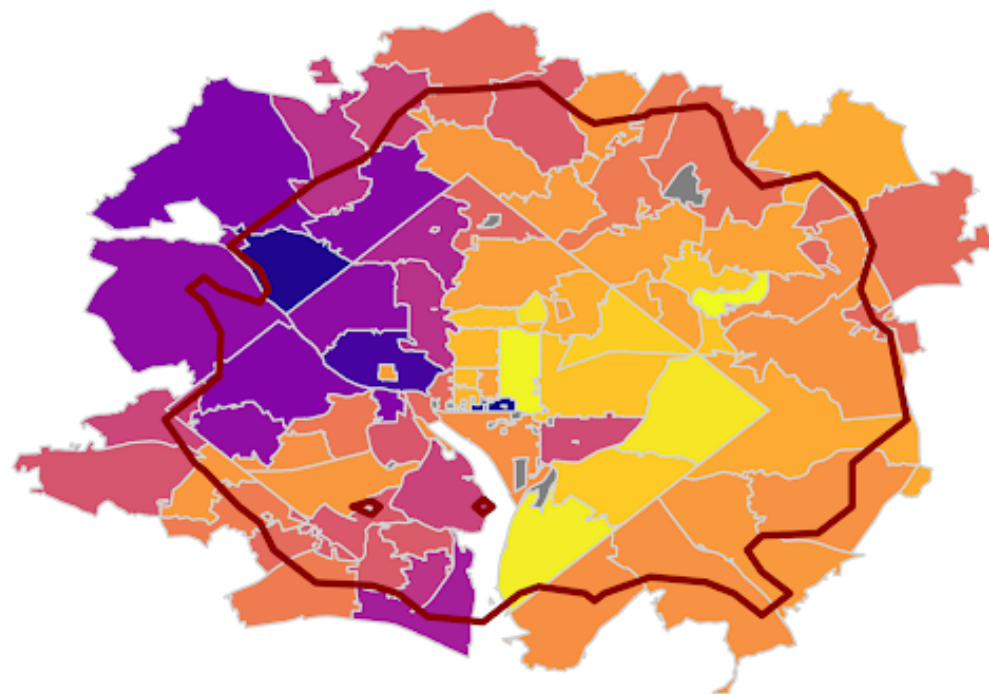
Inclusivity= the gap between the weighted demographics of the community area and the hospital patients (based on American Community Survey data)



INCLUSIVITY METHODOLOGY

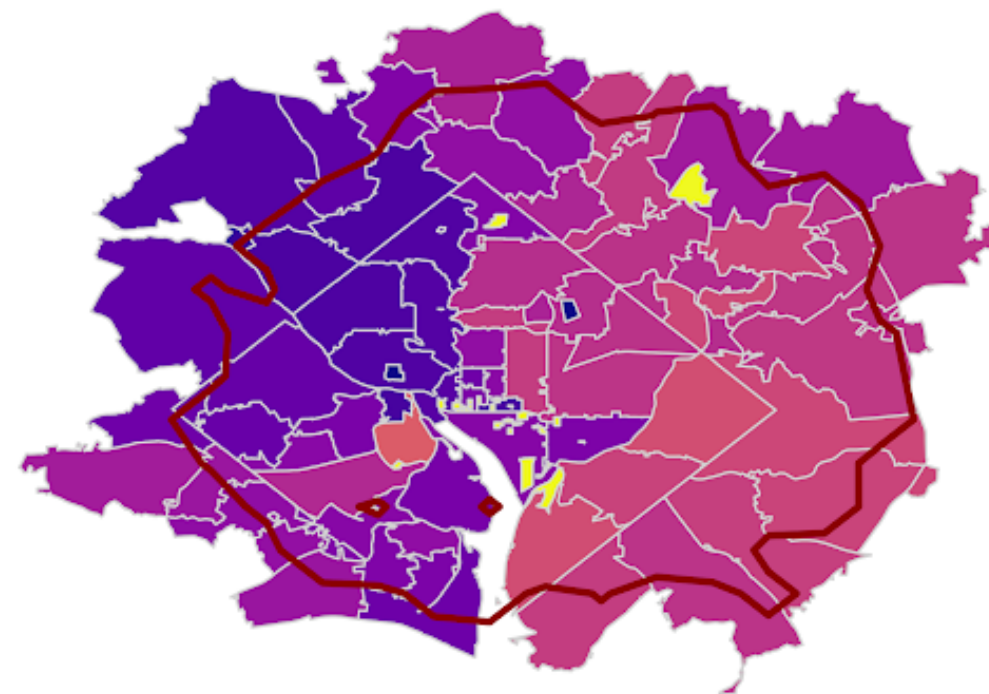
The Lown Inclusivity score is a composite of income, education level and racial gaps

Median income



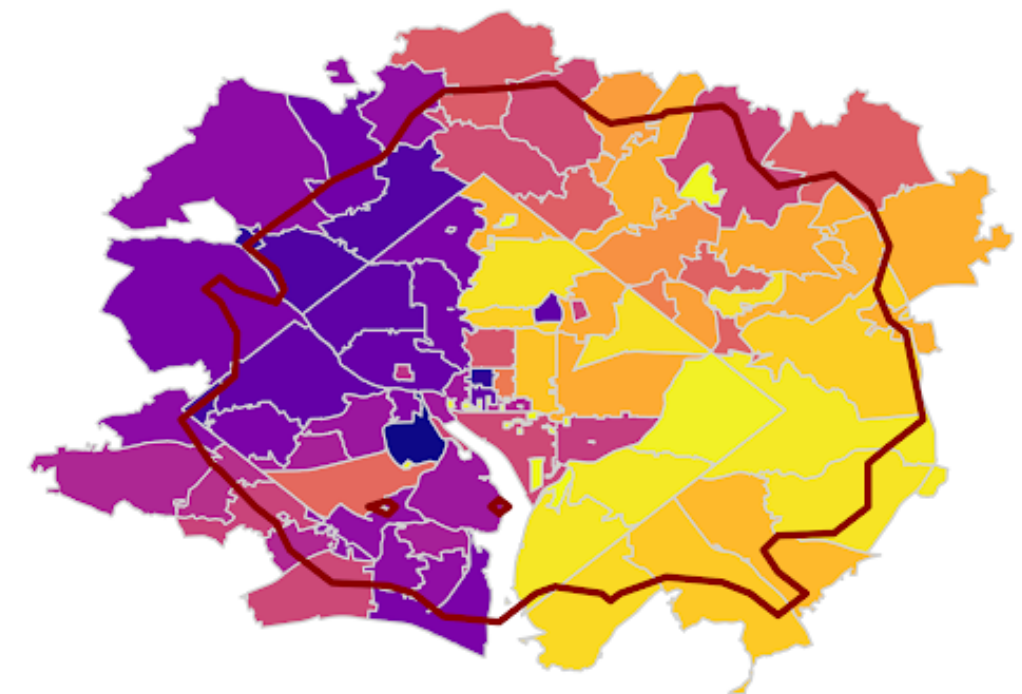
\$80,000 \$160,000

Education level



0 2 4 6

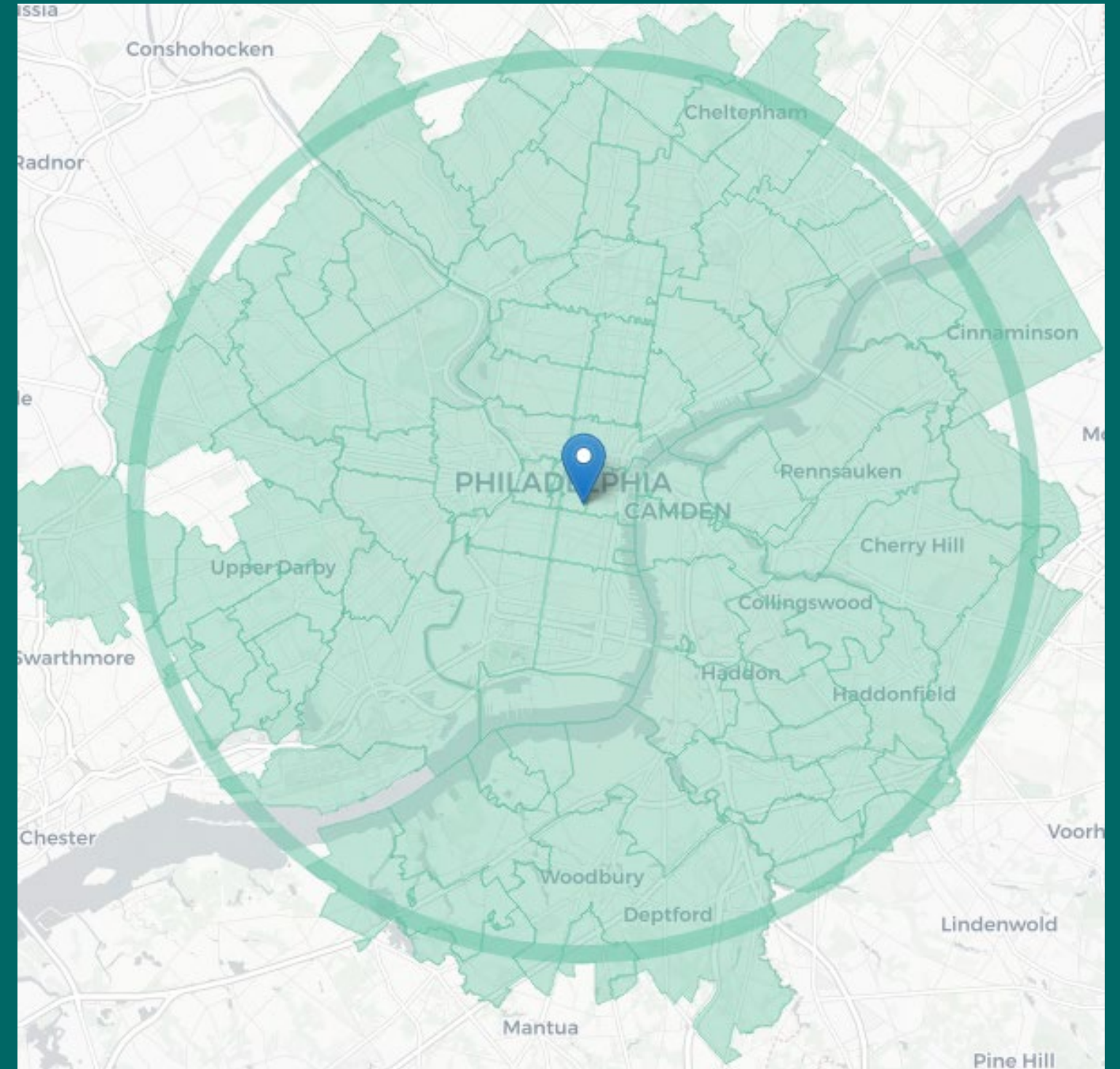
White population (%)



0 25 50 75 100

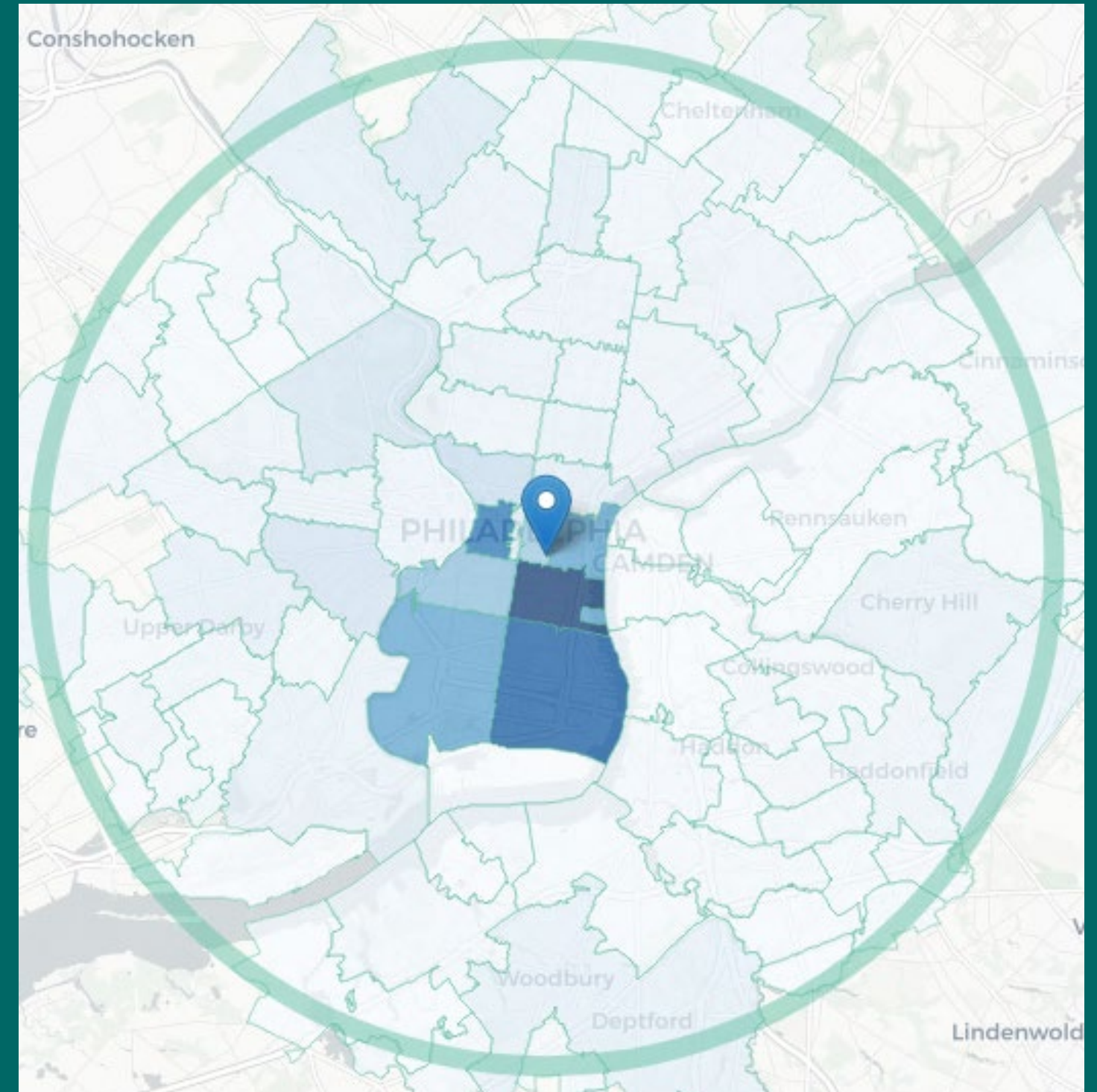
CASE STUDY: PENNSYLVANIA HOSPITAL

Community Area



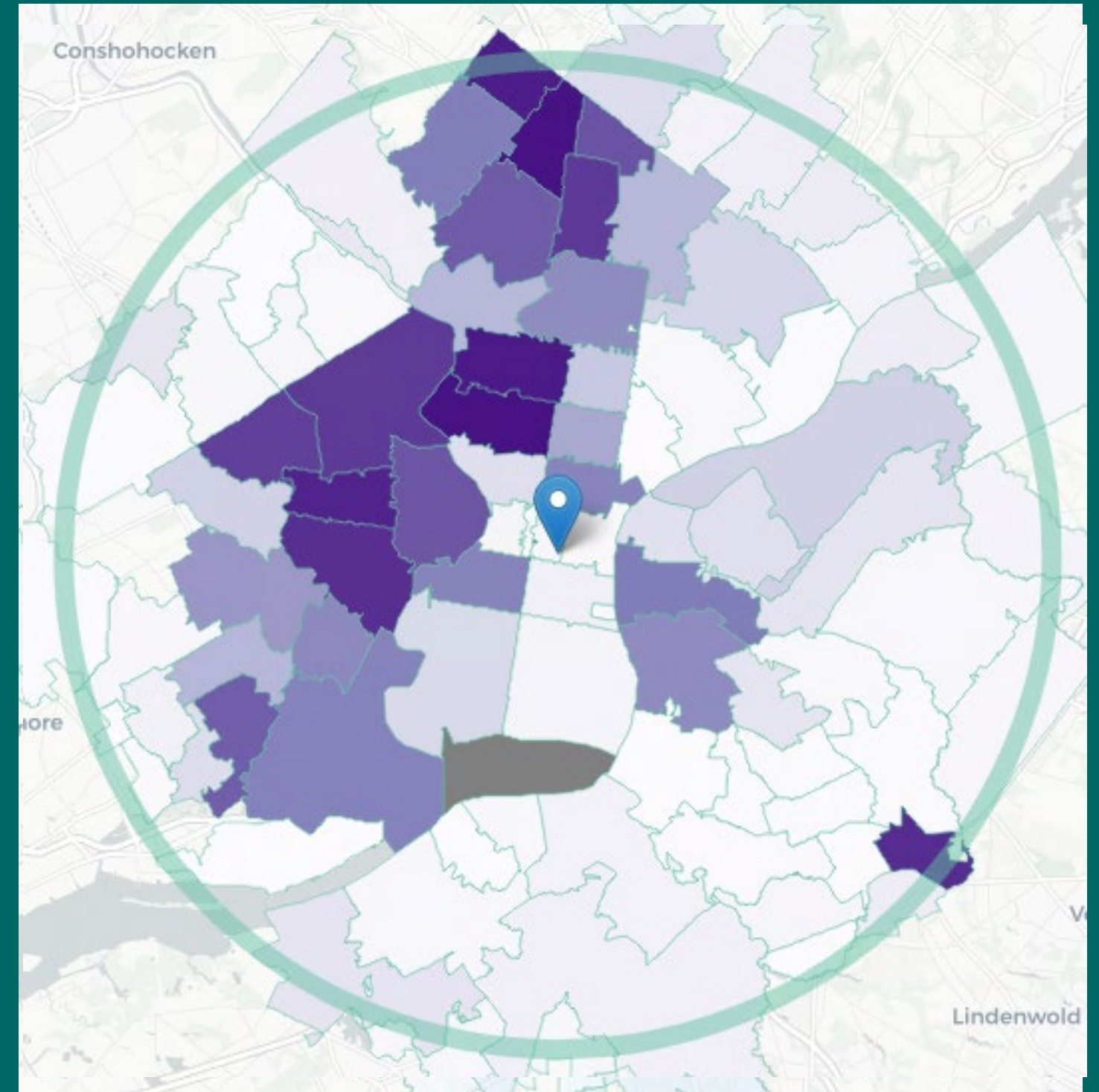
CASE STUDY: PENNSYLVANIA HOSPITAL

Medicare patients served

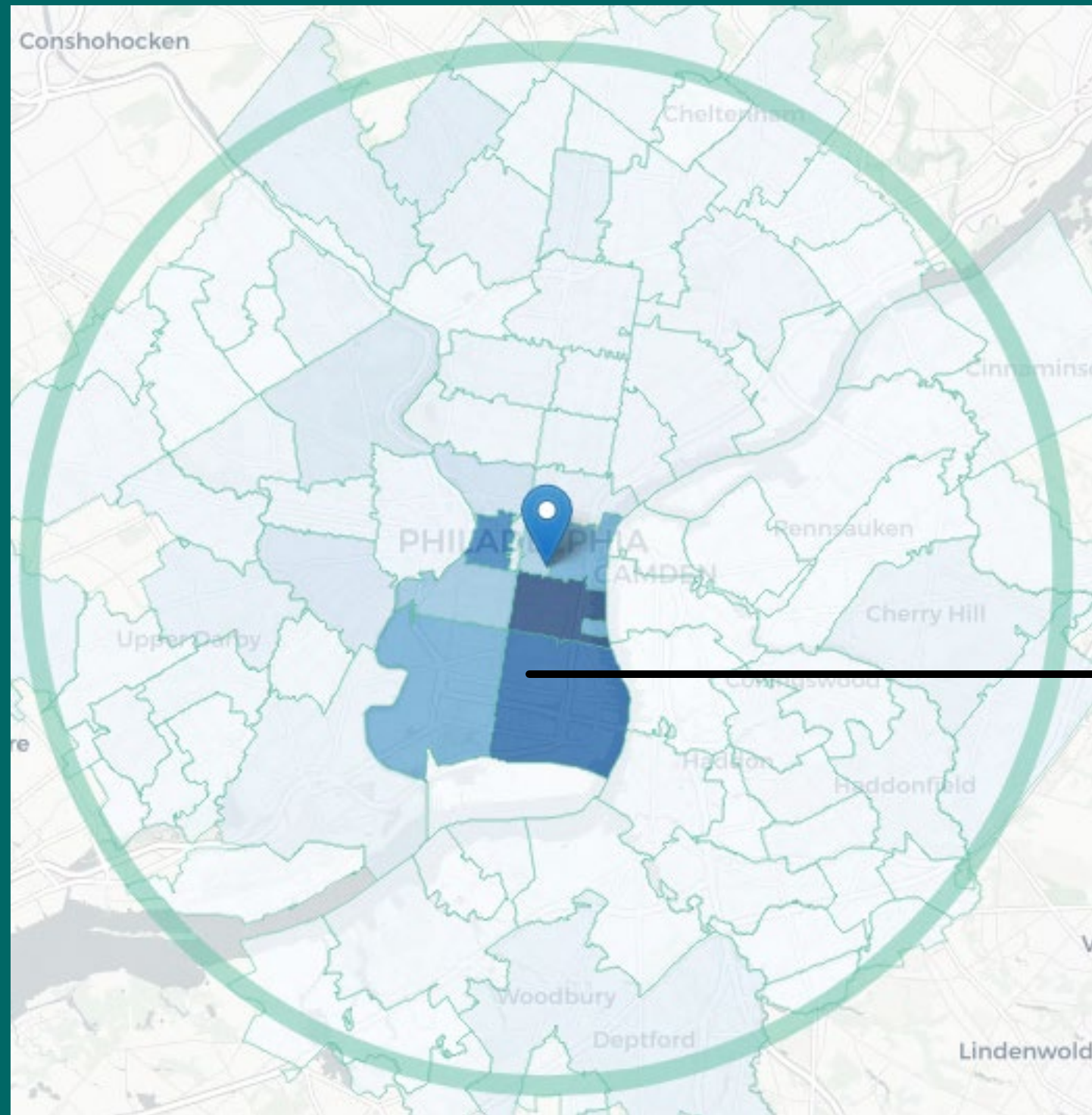


Where Black, Medicare -eligible people live

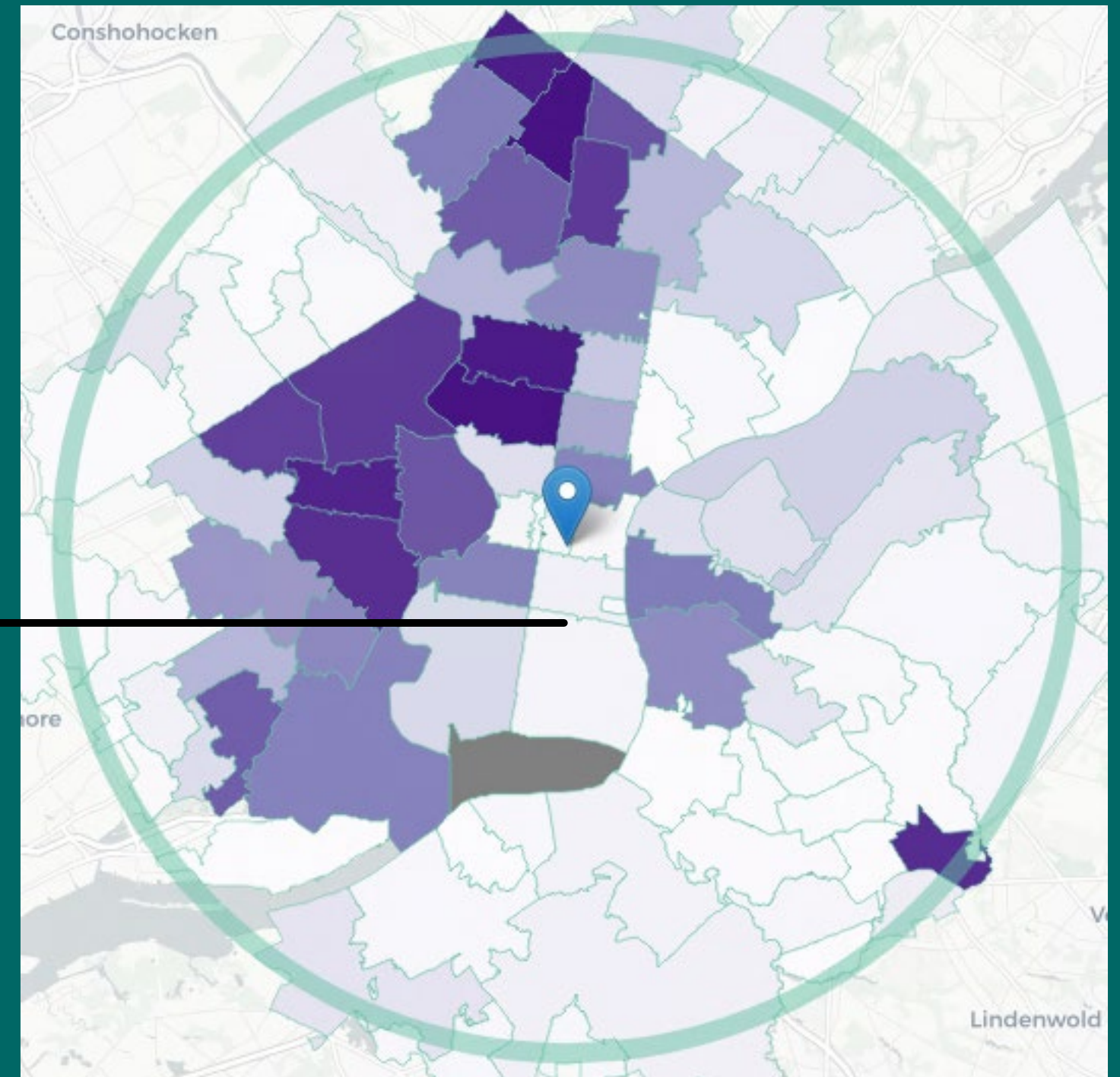
CASE STUDY: PENNSYLVANIA HOSPITAL



Medicare patients served



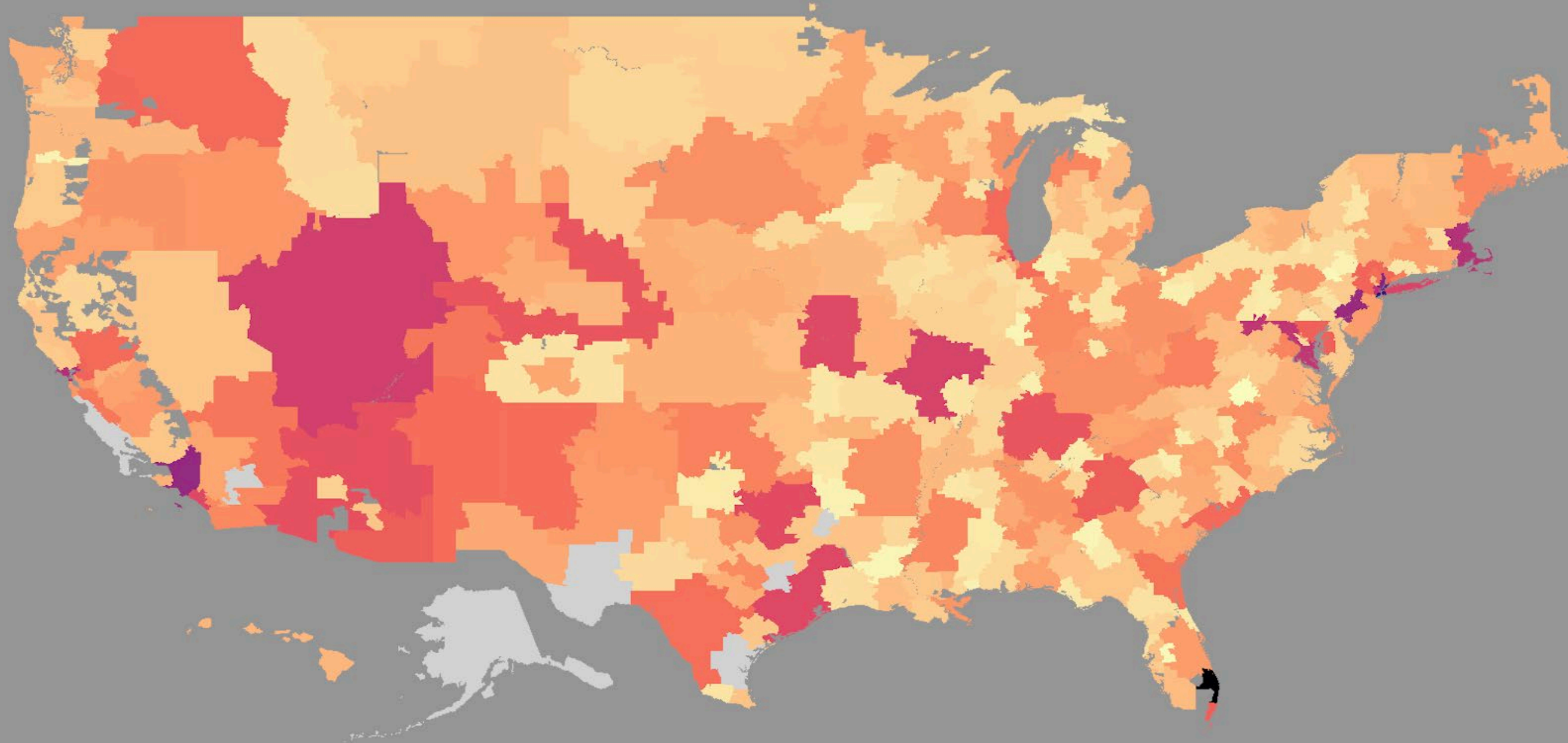
Where Black, Medicare -eligible people live



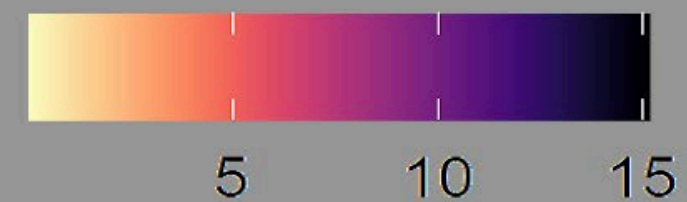
CASE STUDY:
PENNSYLVANIA
HOSPITAL

VARIABLE	COMMUNITY	HOSPITAL
Education value	3.7	4.1
Median income (\$)	39,674	43,623
American Indian (%)	0.3	0.4
Asian (%)	4.8	7.8
Black or African American (%)	35.7	25.9
Hispanic (%)	6.6	4.0
Other race (%)	3.1	1.5
Pacific Islander (%)	0.0	0.1
Two or more races (%)	1.2	0.9
White (%)	51.9	61.2

National Patterns



Overall inclusivity score:
difference between maximum and
minimum hospital scores within HRRs



Data Limitations

- Lack of bricks and mortar level claims data
- Effects of consolidation on CB spending assignment
- Claims data lacks clinical nuance for assessing overuse
- Lack of income or education at the patient level
- Outsourced low-end labor is invisible to us
- Lack of commercial data



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The data we'd like

- Commercial data
- Capital allocation decisions and budgets
- Primary Care vs specialty care
- Family visitation policies
- Debt -collection and lawsuits against patients
- Workforce diversity data across all categories of jobs



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Bold ideas for a just and caring
system for health.

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