

# 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)

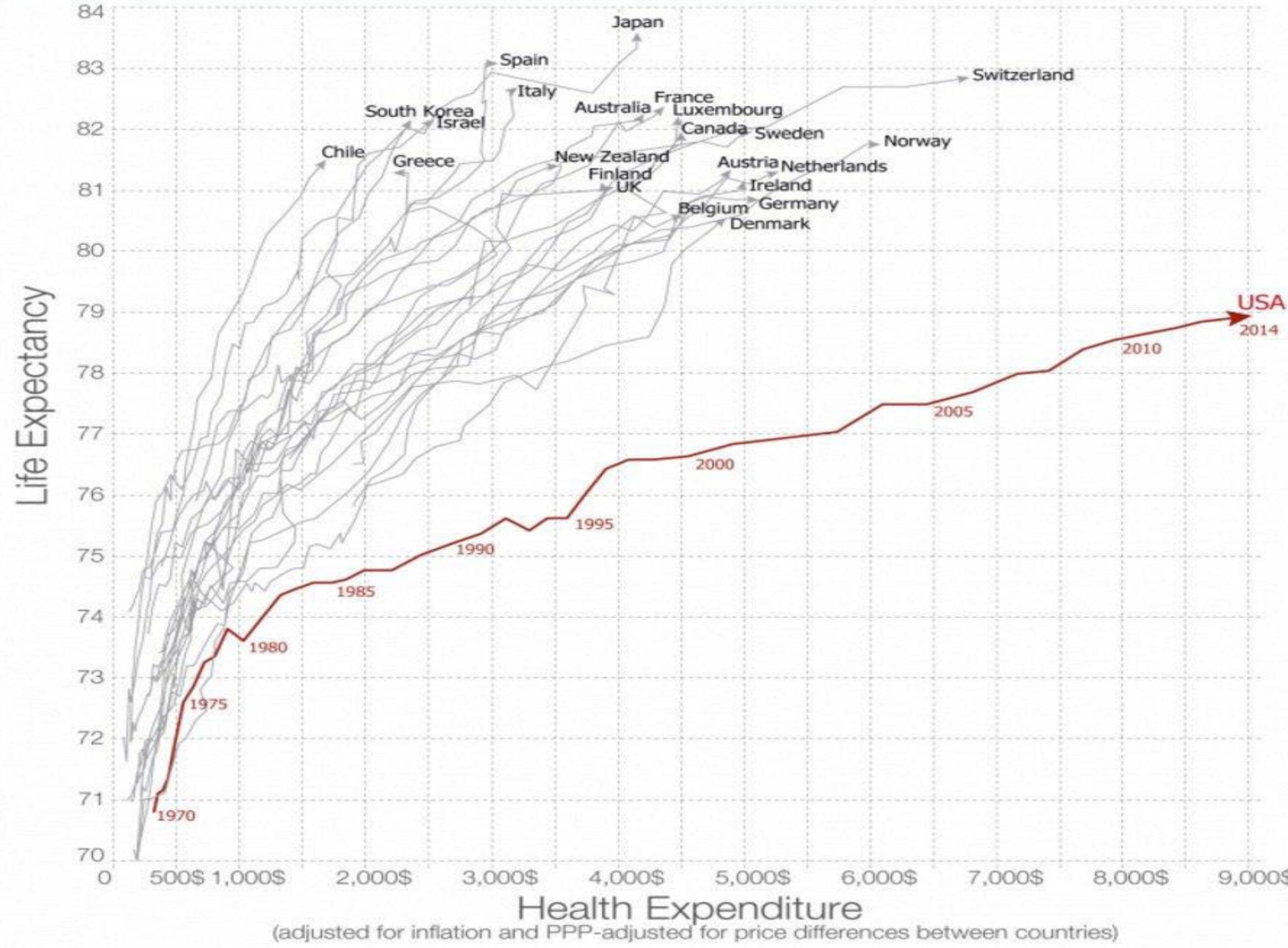


Abraham Flexner (1866-1959)

# 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](http://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*

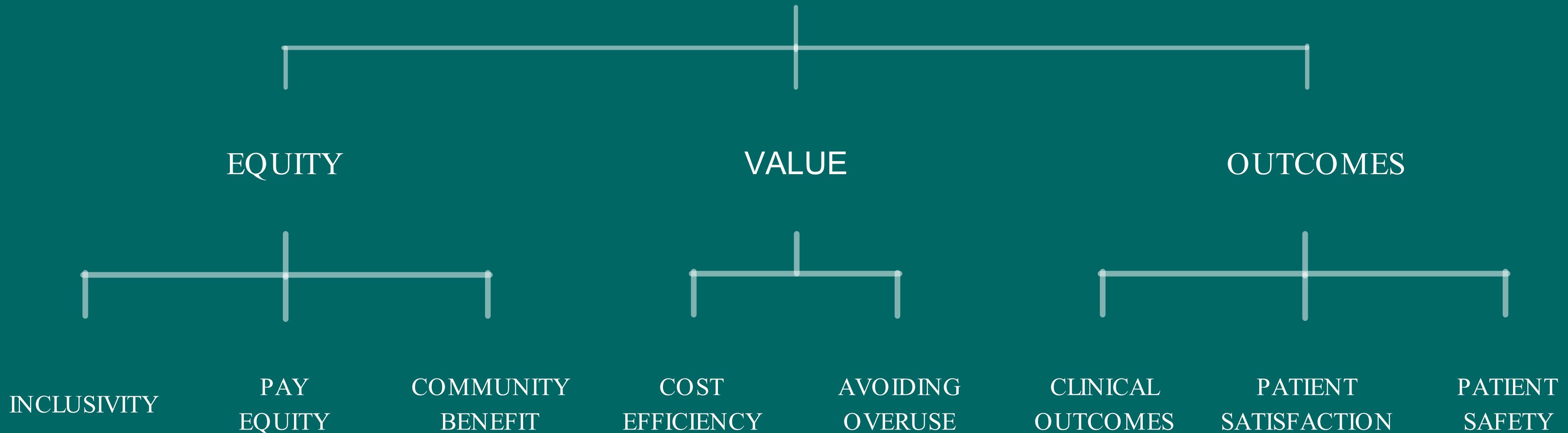


**LOWN INSTITUTE  
HOSPITALS INDEX  
FOR SOCIAL RESPONSIBILITY**

*ACCOUNTABILITY*



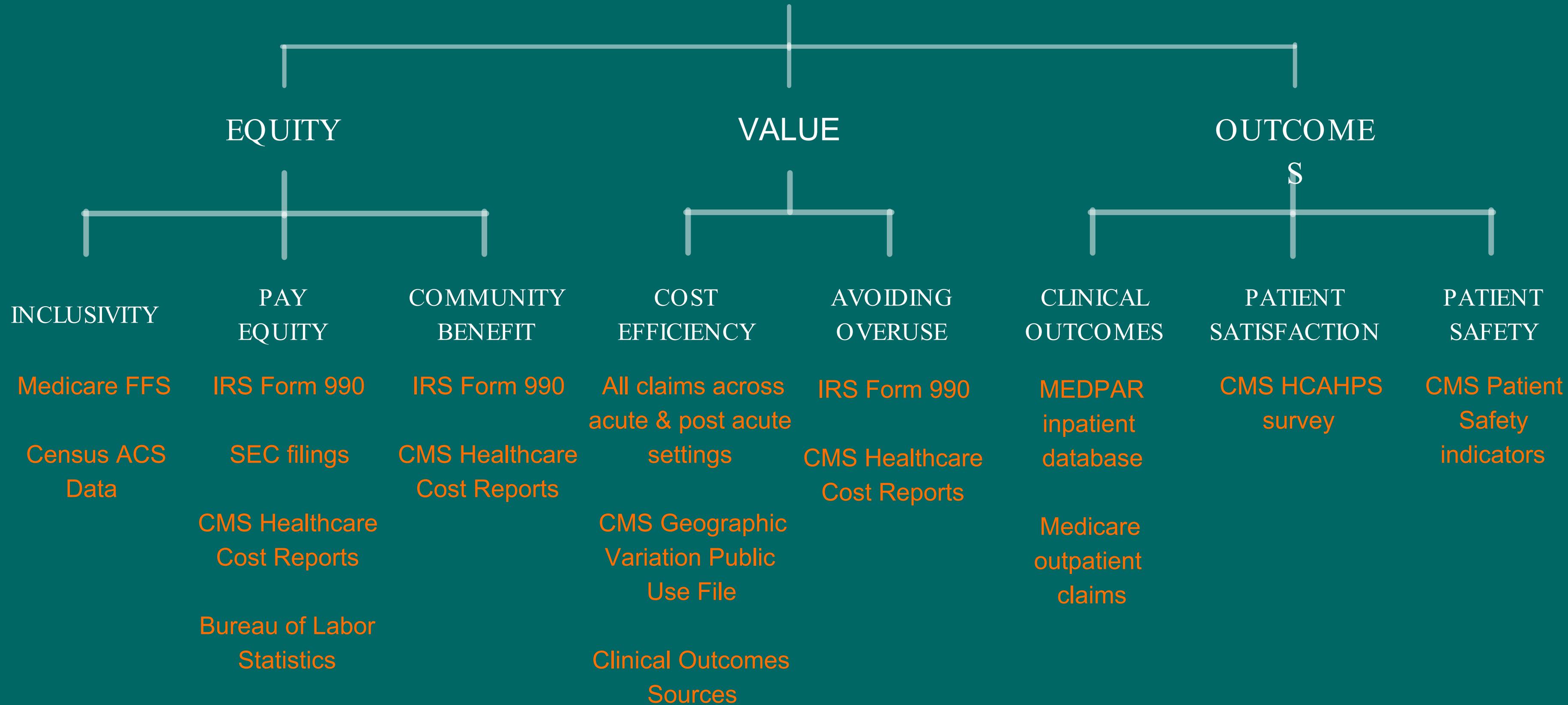
# LOWN INSTITUTE HOSPITALS INDEX for SOCIAL RESPONSIBILITY





# LOWN INSTITUTE HOSPITALS INDEX

for SOCIAL RESPONSIBILITY



# EQUITY

## COMMUNITY BENEFITS

How tax - exempt dollars are spent.

## PAY EQUITY

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

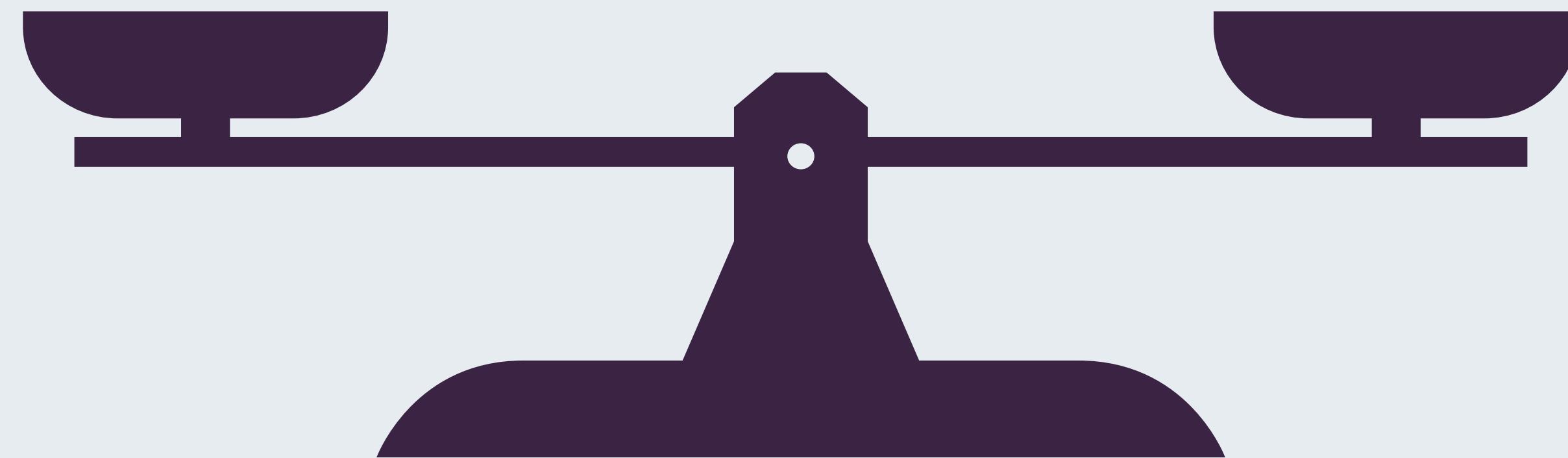
## INCLUSIVITY

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



LOWN  
INSTITUTE

# 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.

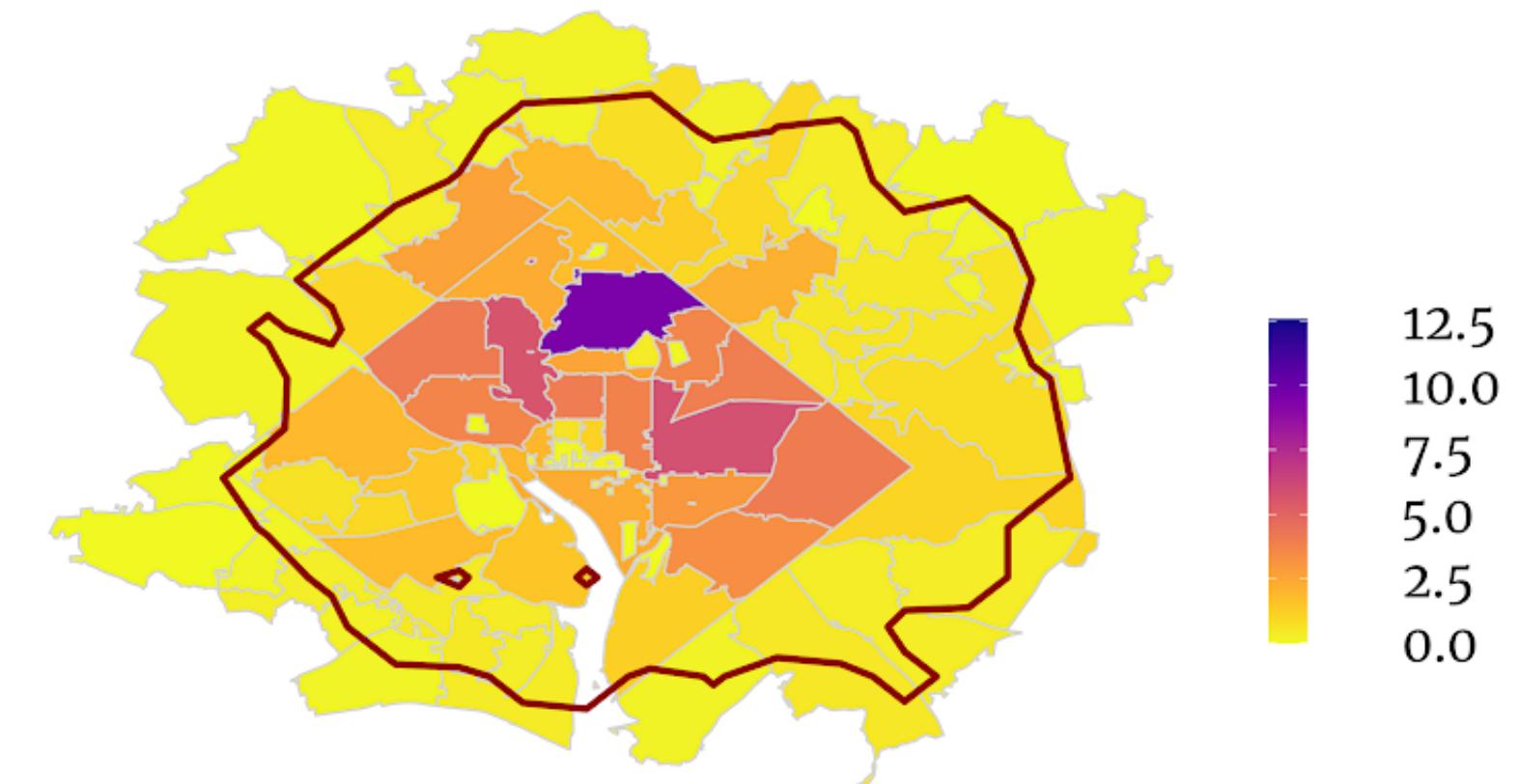
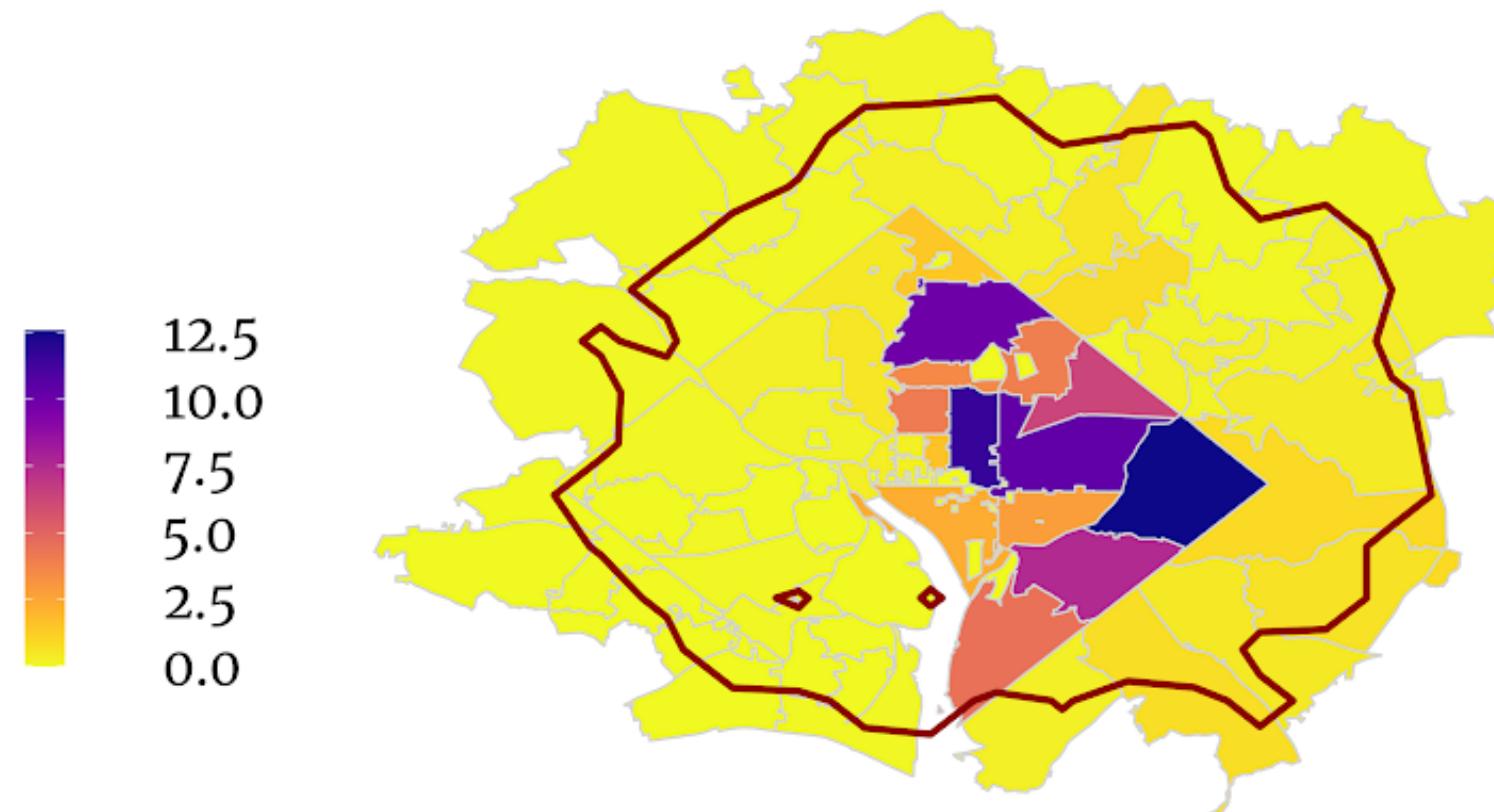
Compares each hospital's surrounding community characteristics of race, income, and education to the same characteristics of its patients.



# INCLUSIVITY METHODOLOGY

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

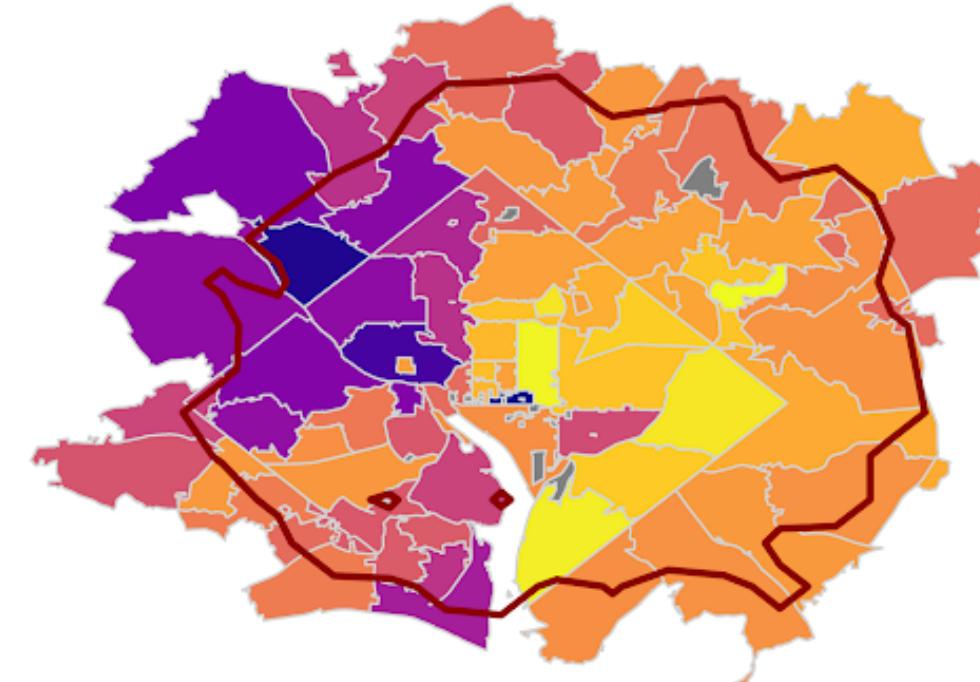
Inclusivity= the gap between the weighted demographics of the community area and the hospital patients (based on American Community Survey data)



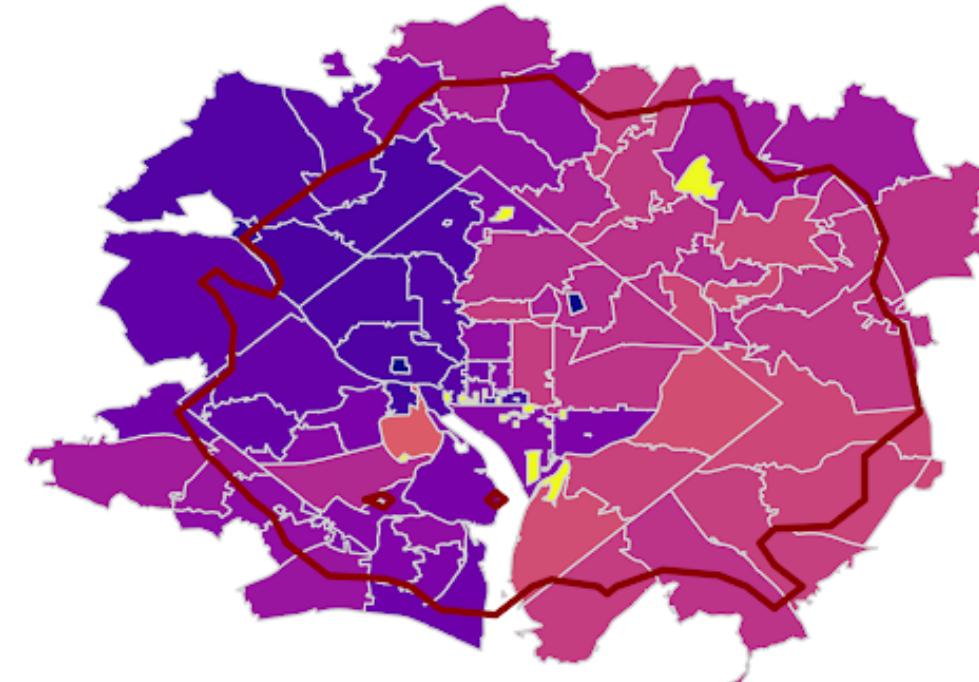
# INCLUSIVITY METHODOLOGY

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

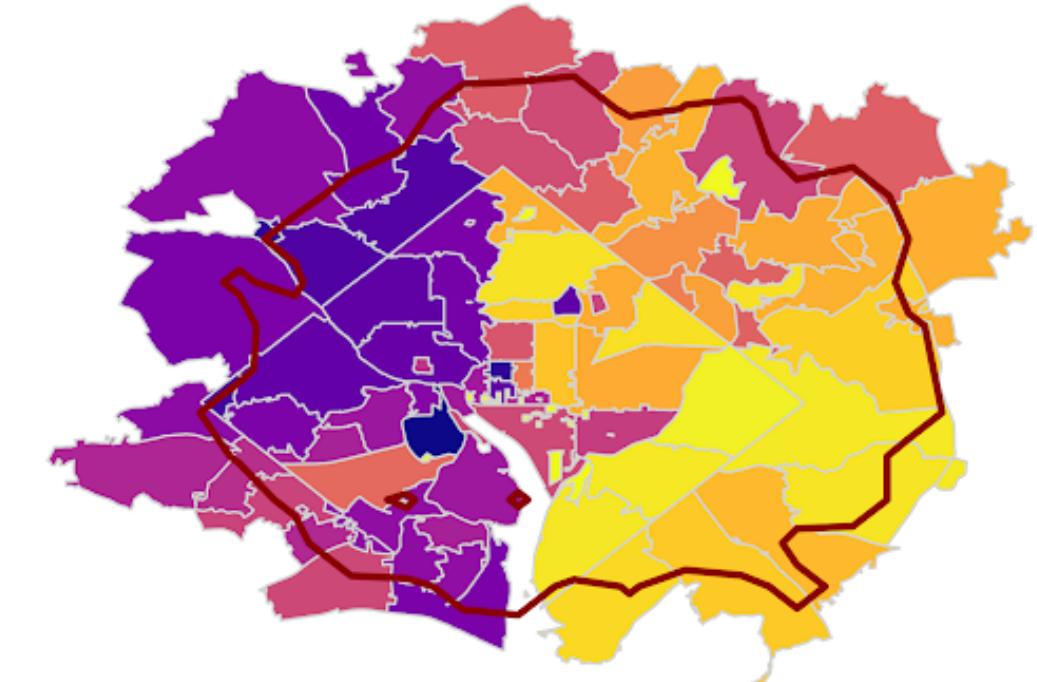
Median income



Education level



White population (%)



\$80,000

\$160,000



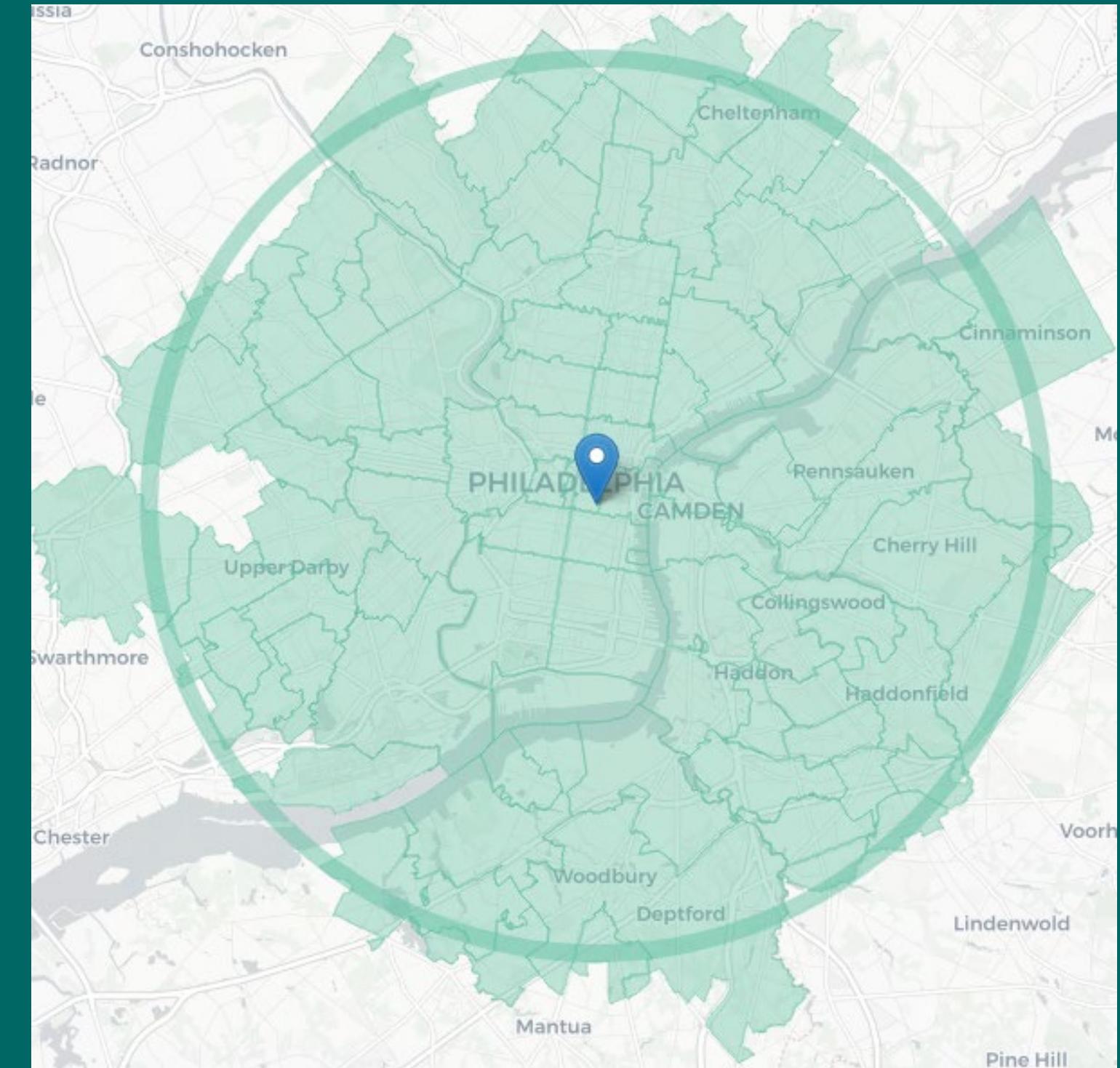
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0 25 50 75 100

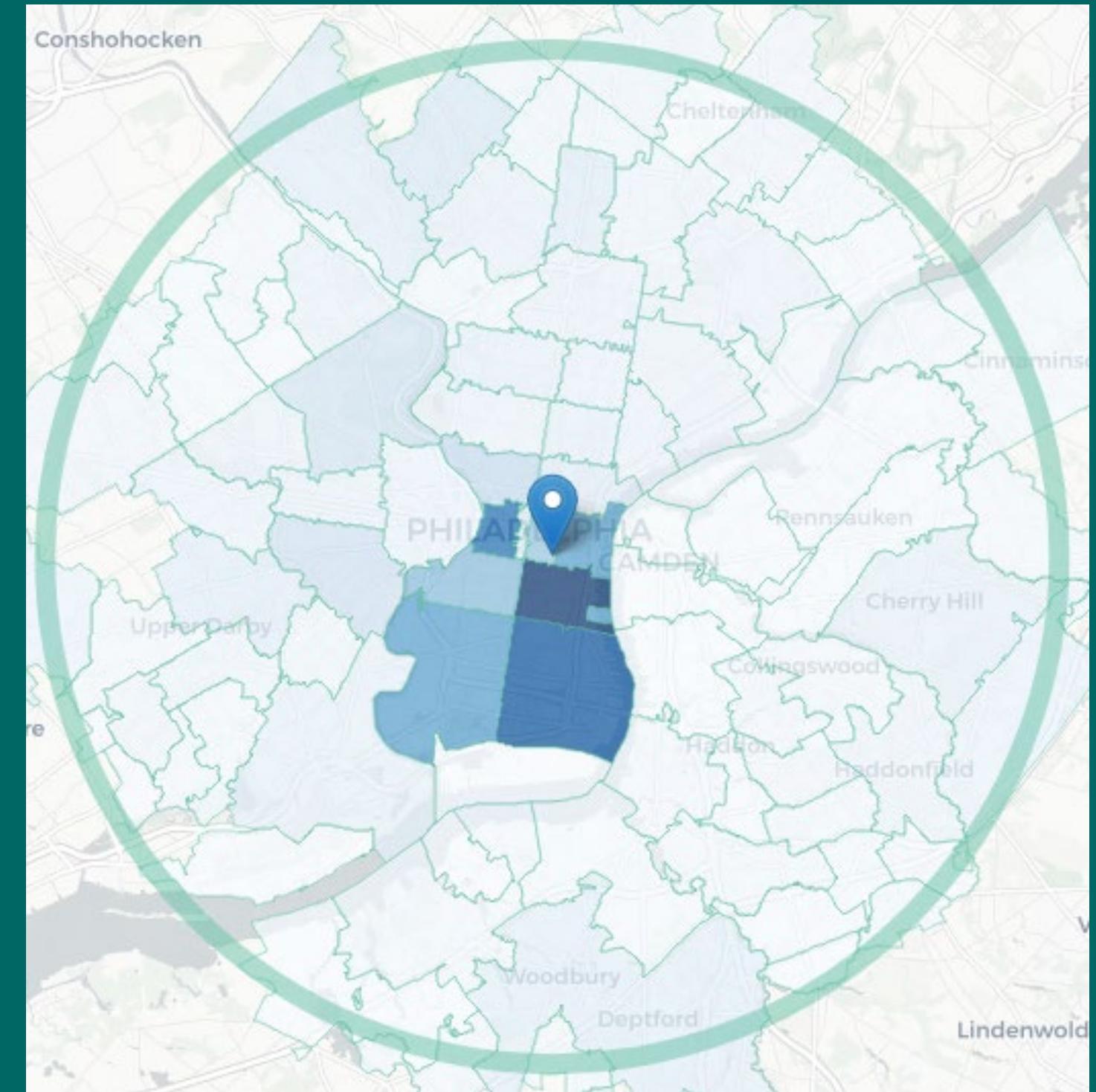
# CASE STUDY: PENNSYLVANIA HOSPITAL

Community Area



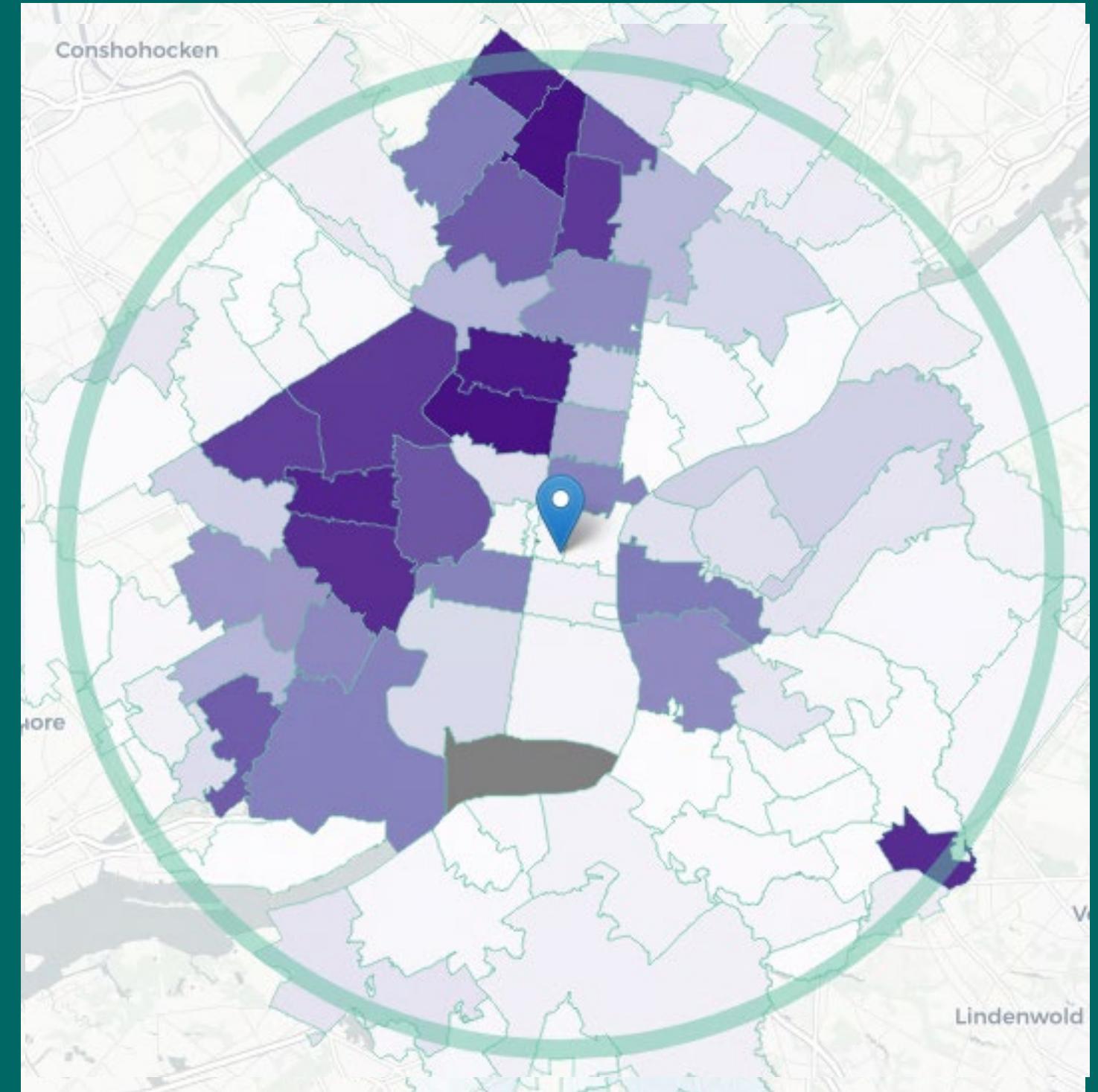
# CASE STUDY: PENNSYLVANIA HOSPITAL

Medicare patients served

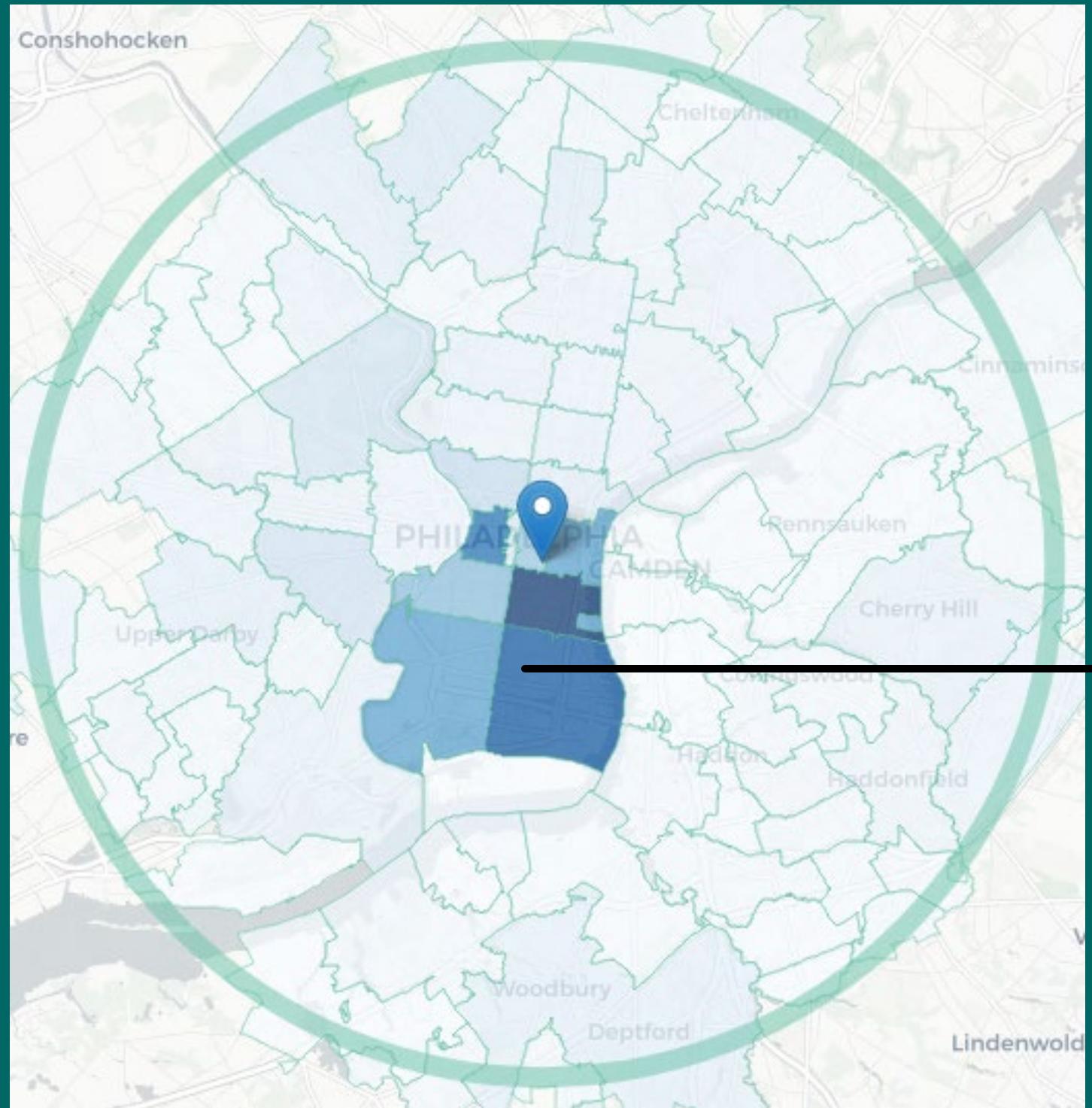


# CASE STUDY: PENNSYLVANIA HOSPITAL

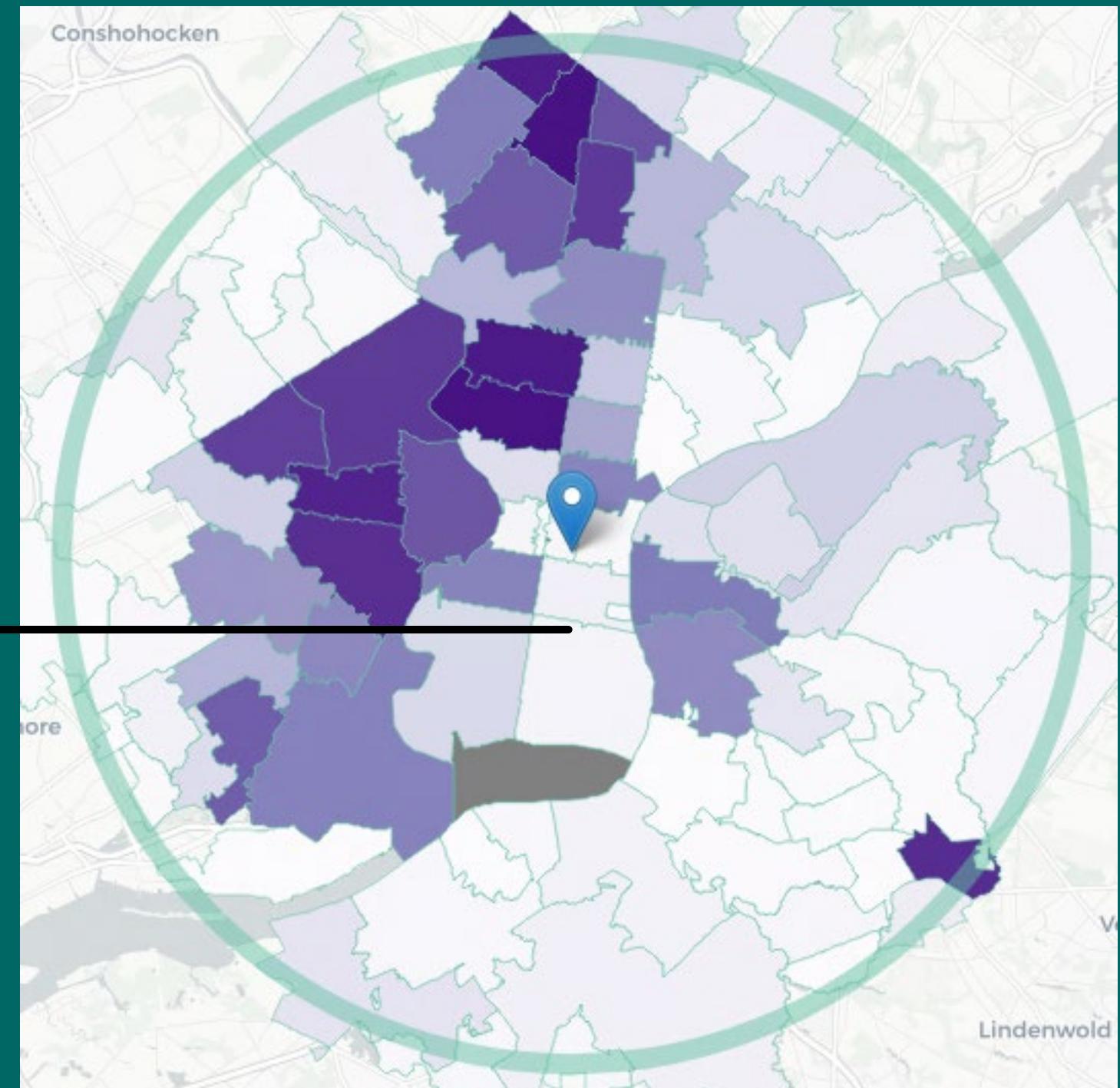
Where Black, Medicare -eligible people live



Medicare patients served



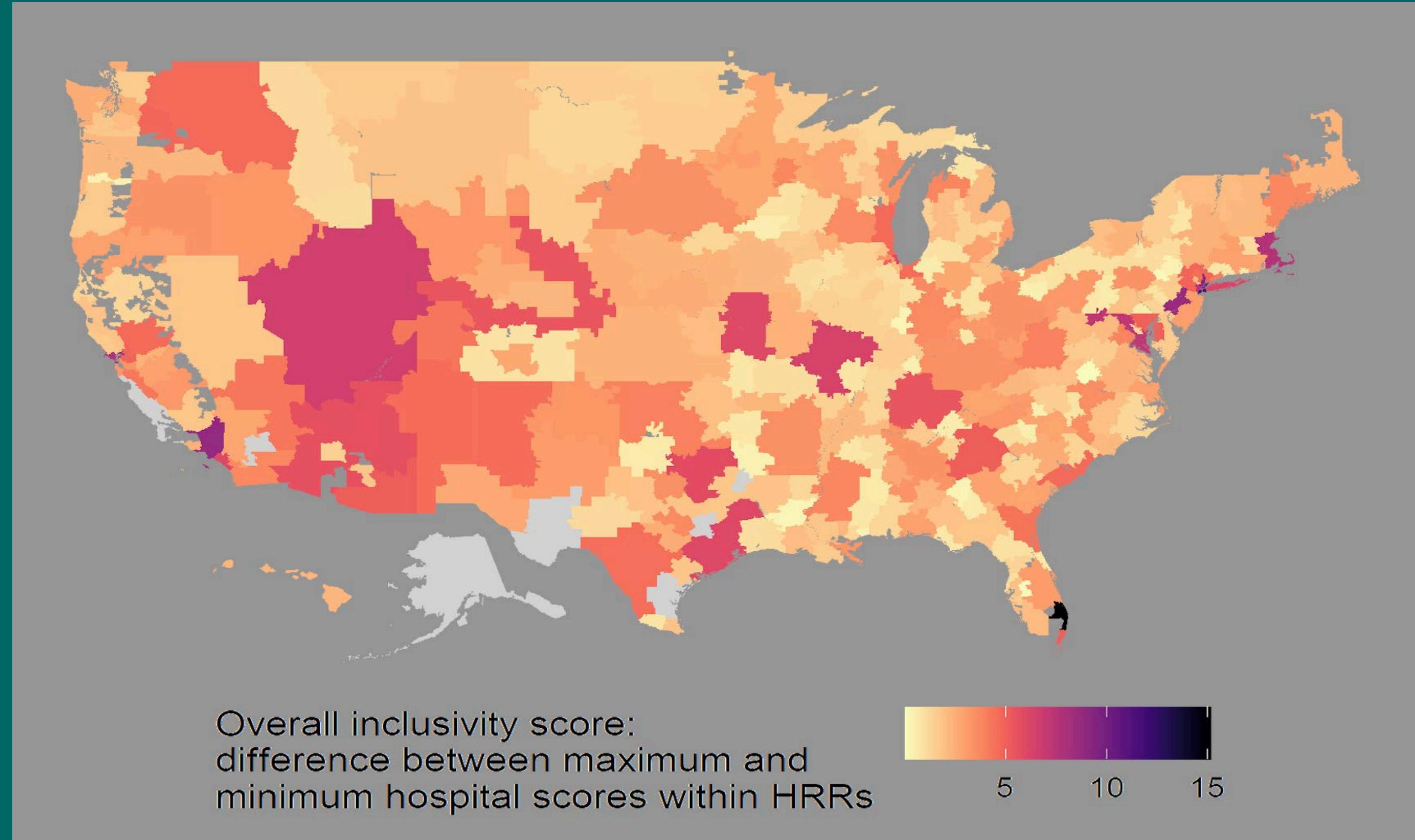
Where Black, Medicare -eligible people live



# 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



# 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

# 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

Bold ideas for a just and caring  
system for health.

# LOWN INSTITUTE

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