Surgeon Scorecard / Source: ProPublica.org

HIP REPLACEMENTS: SAFEST HOSPITALS, SAFEST DOCTORS, RANKED

Robin Young • Mon, July 27th, 2015 **Print this article**

ProPublica, an independent, non-profit newsroom that produces investigative journalism in the public interest, created a searchable web app which allows anyone to search the Medicare database for specific hospitals or doctors and then to see their complication rates per CMS (Centers for Medicare and Medicaid Services).

Additionally, the app ranks both the hospitals and physicians against their peers.

This data is okay, not great. There are many confounding reasons for any particular complication rate. There are patient specific issues. This data does not account for co-morbidities like obesity, diabetes, prior surgeries, heart disease and other diagnosis which are associated in the literature with higher rates of complications. Some physicians will not perform revision surgeries, so their complication rates will be lower.

This data should be treated as more interesting and entertaining than useful for actually selecting a care provider.

We know from our sister company PearlDiver Technologies, Inc. that the data coming from CMS has a lot of noise in it.

Here is how *ProPublica* described their methodology:

> *Our analysis is based on billing data hospitals submitted to Medicare from 2009-2013. We analyzed 2.3 million procedures: hip and knee replacements, three types of spinal fusion, gallbladder removals, prostate removals and prostate resections. ProPublica's analysis accounted for factors such as patients' health and age. We focused only on elective cases because they typically involve healthier patients with the best odds of a smooth recovery.*
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> *Sources: Centers for Medicare and Medicaid Services; ProPublica Analysis*
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> *Authors and researchers: Marshall Allen, Olga Pierce, Mike Tigas, Al Shaw, Lena Groeger, Annie Waldman, Ryann Grochowski Jones, Jonathan Stray, Cecilia Reyes, Tobin Asher, Mariana Barbosa.*
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> *If you spot an error, please let us know at scorecard@propublica.org.*

The *ProPublica* researchers found that the overall complication rates in the United States are low, ranging from 2% to 4%, depending on the type of surgery.

Furthermore, *ProPublica* found 756 surgeons in the data who each performed at least 50 operations and who did not record a single complication in the five years covered by the analysis. Another 1, 423 surgeons had only one.

If there is an obvious conclusion from this data, it is that U.S. surgeons are excellent and have very low complication rates.

So, for the ten largest metropolitan areas in the United States; here are the best of the best. We listed the five hospitals (as measured by the *ProPublica* data) in each metropolitan area and one surgeon at each hospital with the lowest complication rates.

Metro Area	Hospitals With the Lowest Complication Rates and the Physician Associated With Each Hospital With the Lowest Complication Rate
10 San Jose, California	1. Washington Hospital, Fremont (John Dearborn) 2. O'Connor Hospital, San Jose (Jeffrey Anderson) 3. Stanford Hospital, Stanford (William Maloney) 4. Dominican Hospital, Santa Cruz (James Spiegel*) 5. Sutter Maternity & Surgery Center of Santa Cruz (Howard Schwartz)
9 Dallas, Texas	1. Texas Health Presbyterian, Dallas (Michael Champine) 2. Baylor University Medical Center, Dallas (Richard Shubert*) 3. North Central Surgical Center, Dallas (Paul Peters) 4. Texas Health Presbyterian, Plano (John Barrington)

	5. Baylor Medical Center Uptown, Dallas (Charles Rutherford)
8 San Diego, California	1. University of California San Diego Medical Center, San Diego (Scott Ball) 2. Scripps Memorial Hospital, Encinitas (James Helgager) 3. Grossmont Hospital, La Mesa (Peter Hanson) 4. Scripps Green Hospital, La Jolla (Steven Copp) 5. Sharp Memorial Hospital, San Diego (Mark Mcbride)
7 San Antonio, Texas	1. Christus Santa Rosa Hospital, San Antonio (David Templin*) 2. South Texas Spine and Surgical Hospital, San Antonio (Adam Harris) 3. Methodist Hospital, San Antonio (Richard Steffen*) 4. Methodist Stone Oak Hospital, San Antonio (Bryan Kaiser) 5. Baptist Medical Center, San Antonio (David Fox*)
6 Phoenix, Arizona	1. Scottsdale Healthcare – Thompson Peak Hospital, Scottsdale (Theodore Firestone) 2. Scottsdale Healthcare – Shea Medical Center, Scottsdale (Brian Miller*) 3. St. Lukes Medical Center, Phoenix (James Chow) 4. Banner Boswell Medical Center, Sun City (James Kort*) 5. Arrowhead Hospital, Glendale (Joseph Janzer)
5 Philadelphia, Pennsylvania	1. Crozier Chester Medical Center, Upland (Stuart Gordon) 2. Cooper University Hospital, Camden (Dino Nicol Dejusus*) 3. Kennedy University Hospital – Stratford Div, Stratford (Alvin Ong) 4. Riddle Memorial Hospital, Media (Peter Sharkey*) 5. Main Line Hospital Bryn Mawr Campus, Bryn Mawr (Joseph Vernance)
4 Houston, Texas	1. Methodist Hospital, Houston (Leland Winston) 2. Texas Orthopedic Hospital, Houston (Gregory Stocks) 3. Memorial Hermann Hospital (Kelly Blevins) 4. Christus St. John Hospital, Nassau Bay (Michael Monmouth) 5. Houston Physician's Hospital, Webster (Terry Siller)
3 Chicago, Illinois	1. Evanston Hospital, Evanston (James Kudrna) 2. Franciscan St. Margaret Health – Hammond, Hammond (Upendra Patel*) 3. Elmhurst Memorial Hospital, Elmhurst (Lawrence Lieber) 4. Advocate Good Samaritan Hospital, Downers Grove (Kevin Walsh*) 5. Community Hospital, Munster (Gregory Mccomis)
2 Los Angeles, California	1. Saint John's Health Center, Santa Monica (Andrew Yun) 2. Good Samaritan Hospital, Los Angeles (William Long) 3. Santa Monica – UCLA Medical Ctr & Orthopaedic Hospital, Santa Monica (Brad Penenberg) 4. Cedars Sinai Medical Center, Los Angeles (Jason Snibbe*) 5. Huntington Memorial Hospital, Pasadena (Paul Gilbert)
1 New York City, New York	1. Riverview Medical Center, Red Bank (Anthony Costa) 2. Hospital for Special Surgery, New York (Chitranjan Ranawat) 3. NYU Hospitals Center, New York (Roy Davidovitch) 4. Beth Israel Medical Center, New York (David Drucker) 5. Staten Island University Hospital, Staten Island (John Reilly*)

**Occasionally, the same physician is listed at different hospitals but with the same CMS data. When that occurs, we selected the physician with the next lowest complication rate and designated this person with an asterisk.*

Coming in future articles are the rankings for knee replacements, lumbar spine fusion posterior approach, lumbar spine fusion anterior approach and cervical spine fusion.

The ProPublica app may be accessed here.

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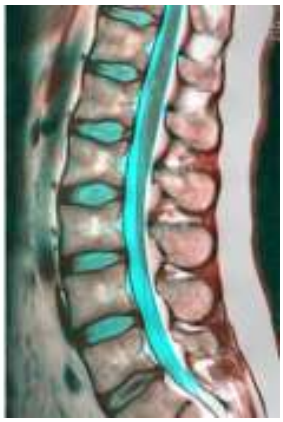

LUMBAR SPINE FUSION (POSTERIOR): SAFEST HOSPITALS, SAFEST DOCTORS, RANKED

Robin Young • Tue, August 25th, 2015

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Additionally, the app ranks both the hospitals and physicians against their peers.

This data is okay, not great.

To being with, this is Medicare data. It excludes patients under 65 years old which, for spine surgery, is the bulk of the market.

Also, there are many confounding reasons for any particular complication rate. This data does not account for co-morbidities like obesity, diabetes, prior surgeries, heart disease and other diagnosis which are associated in the literature with higher rates of complications. Some physicians will not perform revision surgeries, so their complication rates will be lower.

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HERE COME THE QUALITY POLICE

Robin Young • Fri, May 10th, 2013

No hospital wants to land in the bottom 25% of CMS' (Centers for Medicare and Medicaid Services) quality rankings. But for more than 750 hospitals, it will be unavoidable. Twenty-five percent of all hospitals receiving Medicare reimbursements will be penalized by CMS starting FY2015. In total, more than 3, 000 U.S. hospitals receive inpatient payments from Medicare each year. CMS has started to measure these hospitals according to eight metrics and those who land in the bottom quartile will be penalized financially. There's no way around it. CMS grades on a curve.

Effects of Sequester on CMS's Payments

On April 26 the Centers for Medicare and Medicaid Services released the 2014 Medicare Inpatient Prospective Payment System (IPPS) rule. The federal government's fiscal year starts in October, so these new prospective payments would—if they survive in the their proposed form—take effect in the final quarter for 2013 and for the first nine months of 2014.

In its press release, CMS announced that proposed payments overall for fiscal 2014 would increase by 0.8% from current levels but…because of the government sequester earlier this year, the base line dropped 2.0% meaning that the proposed new levels are still 1.2% ***below*** payment rates on December 1, 2012.

Because of the sequester, facilities receiving Medicare funds face a negative 0.8% "recoupment adjustment" and CMS alerted its healthcare provider network that it will make similar reductions in FY2015, 2016 and 2017. In total, CMS is trying to cut costs by $11 billion in order to meet the mandate in the American Taxpayer Relief Act of 2012—aka: The Sequester.

Orthopedics Did OK

Three aspects of the FY2014 proposed payments stand out, we think:

1. Orthopedics was treated well—at least as compared to other specialties
2. CMS is putting hospitals on a grading curve and penalizing them for *comparatively* poor quality of care
3. The definition of "inpatient" is narrowing so that more and more patients will be treated as "outpatient" even if they are spending a couple or three nights at the healthcare facility.

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ORTHOPEDIC REGISTRY CALLS FOR GOOD CITIZENSHIP TO IMPROVE PATIENT CARE

Tracey Romero • Mon, April 10th, 2017

In today's medical landscape, data collection and analysis are crucial to creating quality benchmarks that improve patient care, but not all hospitals, ambulatory surgery centers (ASCs) and surgeons have the necessary access to valuable information like national data on patient outcomes, complication rates and interventions. That is where the American Joint Replacement Registry, the official registry of the American Association of Hip and Knee Surgeons, comes in.

The American Joint Replacement Registry (AJRR) is dedicated to collecting hip and knee total joint replacement data nationwide to help hospitals, ASCs and surgeons improve the quality of care. The registry was founded in 2009 and started collecting data in 2013 because of the success of joint replacement registries in other countries, including Sweden, the United Kingdom and Australia, which helped improve the healthcare for patients at a nationwide level.

Daniel J. Berry, M.D., chair of the American Joint Replacement Registry's Board of Directors Executive Committee and past president of The Hip Society, told *OTW* that "AJRR came about because people in the orthopedic community felt we could improve care through data collection. The registry allows hospitals, ASCs and surgeons to get feedback on how they are doing compared to national norms and gives them the opportunity to collect their data. Many hospitals don't have that ability."

Berry said that 1,000,000 joint replacements are now currently entered in the registry and more than 6,300 surgeons and almost 1,000 hospitals are enrolled, but there is still work to be done.

"There is a good citizenship element needed to dramatically improve patient outcomes. To be most effective the registry requires everyone to participate," he said.

How It Works

Participation in the registry is free, but access to the Demand Reporting & Electronic Dashboard System does require a small subscription fee. The subscription fee includes one authorized user access to unlimited reporting and national comparison and benchmarking of the data submitted. The fee also includes a patient-reported module so participant facilities can implement and administer survey instruments to patients as well.

Without a subscription hospitals still receive a standard yearly report on their data which includes comparison to national benchmarks as well as inclusion in the AJRR Annual Report with national data collection statistics.

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THE TOP 25 U.S. HOSPITALS FOR ACL SURGERY

Elizabeth Hofheinz, M.P.H., M.Ed. • Wed, March 20th, 2013

Got a pesky knee that's buckling on a regular basis? To whom should you entrust that important ligament, the anterior cruciate ligament (ACL) surgery? Here is list to choose from.

Unlike many of our other top 25 lists, there is a fairly even geographic distribution for these top-performing hospitals. And wherever you go, it looks like you will be in and out in one day…and chances are that you won't have any complications.

And what do these hospitals have in common?

- High volumes—these 25 hospitals average 337 ACL procedures per year, whereas the U.S. average is 135.
- Such low complication rates that they don't even register statistically. Complications searched for include, cardiac, respiratory, peripheral vascular, central nervous system, complications of hematomas, complications of accidental cut, puncture or hemorrhage, complication of operative wound, postoperative infection, cerebrospinal fluid leak, deep vein thrombosis, mechanical complication of implant or graft, death, other.
- Low prices: the average charge was $1, 927, compared to the national average of $7, 008.

Provider Name	State	Average Charge	Complication Rate

AHS Hillcrest Medical Center, LLC – Hillcrest Medical Center	OK	$1, 720.25	0.0%
Altoona Regional Health System	PA	$2, 458.33	0.0%
Bay Regional Medical Center – Bay Medical Center	MI	$1, 549.00	0.0%
Baystate Medical Center Inc.	MA	$1, 848.50	0.0%
Beth Israel Medical Center	NY	$1, 237.43	0.0%
Henry County General Hospital – Henry County Medical Center	TN	$1, 883.67	0.0%
IHC Health Services, Inc.			

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THE TOP 25 U.S. HOSPITALS FOR VERTEBROPLASTY AND KYPHOPLASTY

Elizabeth Hofheinz, M.P.H., M.Ed. • Mon, August 6th, 2012

If you are saddled with a painful vertebral compression fracture and you live in North Carolina, North Dakota, or Indiana, then you're in luck…that is where the top three hospitals for *in-patient* kyphoplasty and vertebroplasty are located. This month, in looking at which hospital gives the best "bang for the buck" for a given procedure, we report on the top 25 hospitals in the country for *in-patient* kyphoplasty and vertebroplasty.

What does it take to be the best in this realm? Comfortable catheterization? Pretty balloons? Success lies more along the lines of a full consult, detailed imaging studies, minute attention to sterilization, and more. Behold the top 25 hospitals in the country for kyphoplasty and vertebroplasty.

This ranking takes into consideration: How many procedures, how many problems, and how much, namely, procedure volume, complication rates, and charge for the procedure. Since the procedures measured are in-patient, by definition these tend to be older patients with more co-morbidities and are, therefore, more complex cases.

National Ranking	Provider Name	State	Average Charge	Average LOS	Complication Rate
1	Mission Hospital, Inc.	NC	$22, 076	4	5.4%
2	Sanford Health	ND	$13, 947	3	6.7%
3	Deaconess Hospital, Inc.	IN	$35, 802	3	2.3%
4	Spectrum Health Hospitals	MI	$22, 795	4	7.0%
5	North Florida Regional Medical Center, Inc.-North Florida Regional Medical Center	FL	$64, 052	4	3.6%
6	Naples Community Hospital Inc.-NCH Healthcare System Inc.				

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