

Richard A. Anderson
President & CEO

May 24, 2023

Ben Harder
Managing Editor and Chief of Health Analysis
US News & World Report
129 W. 29th Street
New York, New York 10001-5105

Dear Mr. Harder,

St. Luke's University Health Network is a not-for-profit, regional, fully integrated, nationally recognized health network with over 19,000 employees providing services at 14 hospital campuses and more than 300 sites in Lehigh, Northampton, Carbon, Schuylkill, Bucks, Montgomery, Berks, Monroe, and Luzerne counties in Pennsylvania and Warren and Hunterdon counties in New Jersey. Our mission is to care for the sick and injured regardless of their ability to pay, improve our communities' overall health, and educate our health care professionals, including those in our medical school.

As a result of our outstanding outcomes on key clinical and operational performance indicators, St. Luke's is the only hospital in our region to be named to the Fortune/Merative® 100 Top Hospitals list, formerly IBM/Watson Health™ 100 Top Hospital list, from a rigorous evaluation of 2,650 hospitals across the country. St. Luke's has been named to the list for eight consecutive years and 10 times overall, and our St. Luke's University Hospital is the second highest ranked Major Teaching Hospital in the country. These designations were earned by consistently achieving lower inpatient mortality rates and far fewer patient complications when compared to other hospitals across the nation, providing care that results in far fewer healthcare-associated infections, lower 30-day readmission rates, shorter lengths of stay and more timely emergency care, higher scores on patient satisfaction ratings, and lower episode-of-care expenses from admission through the post-acute care process.

St. Luke's is also the recipient of numerous prestigious quality awards in our service area, including "A" grades for our hospitals through The Leapfrog Group and the highest possible scores in the Centers for Medicare and Medicaid Services (CMS) Hospital Compare analysis. The Hospital & Healthsystem Association of Pennsylvania has recognized St. Luke's on 22 separate occasions for innovation and quality. The full list of our quality awards can be found at www.slhn.org/home/quality.

The above results are based on OBJECTIVE METRICS, data gathered by CMS and other independent parties with indisputable outcomes. Despite these accomplishments, St. Luke's is ranked as the eighth best hospital in Pennsylvania by US News & World Report. We respectfully disagree with your rankings, and consider them as being seriously flawed for the following reasons:

- As you acknowledge in your article dated February 8, 2023, a copy of which is attached, US News & World Report (USNWR) rankings rely heavily on subjective opinions of physicians across the country, despite any evidence that this "popularity contest" approach is a valid barometer of quality. Not surprisingly it has been announced that the "popularity" factors will be reduced from a weight of 50% in some circumstances to 30%, and from 27.5% to 15% in other areas, however, your ongoing reliance on subjective criteria, influenced in part by hospitals investing time and resources to solicit support from physicians, is ill advised. The results are misleading to the public and unfortunate knowing patients unduly rely on these rankings and may choose hospitals demonstrating problematic quality based on objective criteria.
- USNWR rankings fail to include a balanced performance scorecard for the cost of care, which would recognize hospitals providing high value care and are engaged in alternative payment models.
- The USNWR survey heavily weights "structural" measures, including the availability of certain patient services, but fails to assess how or whether these services actually improve clinical outcomes.
- USNWR methodology places undue emphasis on mortality, which is flawed, since deaths can be attributed to a specialty despite those patients not having been cared for by that specialist as the diagnosis used for attribution may not be the cause of death based on accepted coding guidelines.
- The USNWR methodology fails to weight appropriately patients treated for chronic illnesses, which make up a significant percentage of hospitalizations.

Unfortunately, it would appear USNWR rankings are intended to generate marketing revenue, rather than serve as a guide to quality. This belief is based in part on the misguided methodology described above. Given these concerns, this is to advise you St. Luke's will no longer respond to requests for data to US News & World Report. Rather, we will continue to focus on meeting the requirements of those organizations that compile accurate quality information and produce reports that serve as true measures of quality.

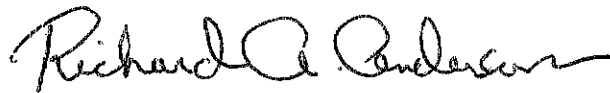
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If you have any questions or need further clarification, please do not hesitate to call us.
Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Donna Sabol".

Donna Sabol
Sr. V.P. & Chief Quality Officer

A handwritten signature in cursive script that reads "Richard A. Anderson".

Richard A. Anderson
President & CEO

Attachment

Hospital Rankings Shift Emphasis to Objective Data Away from Expert Opinion

Evolving health equity measures will not factor into calculation of 2023-2024 adult rankings

By Ben Harder

Feb. 8, 2023, at 10:52 a.m.

Hospital Rankings, Objective Data

The 2023-2024 [Best Hospitals](#) and [Best Children's Hospitals](#) rankings slated to be published this summer will assign more weight to clinical outcomes and other objective measures of quality and less weight to U.S. News & World Report's opinion survey of physicians. This shift reflects our ongoing effort to use more objective data in our hospital ranking methodologies.

Our decision was informed by discussions with numerous stakeholders, including hospital leaders and medical experts in diverse specialties. While studies indicate that patients consider provider reputation when choosing where to receive care, medical professionals, whom we regularly consult with, generally agreed that subjective data should play a lesser role in determining the U.S. News hospital rankings.

Outcome measures derived from federal data will account for 45% of the methodology in 11 adult specialty rankings, up from 37.5% last year, and 30% in Rehabilitation, up from 20% last year. Structural indicators of quality, such as the availability of key patient services, will account for 35% in all 12 adult specialties.

In four adult specialty rankings – Cardiology & Heart Surgery; Neurology & Neurosurgery; Obstetrics & Gynecology; and Pulmonology & Lung Surgery – the weight assigned to expert opinion will be reduced to 12% from its current level of about 25%. It will be reduced to 15% from 27.5% in seven other specialties: Cancer; Diabetes & Endocrinology; Ear, Nose & Throat; Gastroenterology & GI Surgery; Geriatrics; Orthopedics; and Urology. In Rehabilitation, expert opinion will be reduced to 30% from its current level of 50%. Until 2021, the Rehabilitation rankings were determined entirely by physician survey.

In the pediatric specialty rankings, measures of best practices (to a weight of 12% from 9.17%) and diversity, equity and inclusion (to 2.33% from 2.0%) will receive greater weight this year than last year. The weight of expert opinion will decrease to 5% from 8% in Pediatric Cardiology & Heart Surgery and to 10% from 13% in all other pediatric specialties. See table for details.

Expert opinion has never been a factor in [Best Hospitals for Maternity Care](#) nor in the 20 Procedures & Conditions ratings U.S. News publishes. As a result, no change is needed with these ratings.

	EXPERT OPINION (OLD WEIGHT)	EXPERT OPINION (NEW WEIGHT)	OUTCOMES (NEW WEIGHT)	STRUCTURAL MEASURES (NEW WEIGHT)	OTHER MEASURES (NEW WEIGHT)
7 adult specialties*	27.5%	15%	45%	35%	5% Patient Experience
4 other adult specialties**	24.5%-25.5%	12%	45%	35%	5% Patient Experience; 3% Public Transparency
Rehabilitation	50%	30%	30%	35%	5% Provider Vaccination Rate
Pediatric Cardiology & Heart Surgery	8%	5%	38.3%	33.3%	12% Best Practices; 9% Infection Prevention;
All other pediatric specialties	13%	10%	33.3%	33.3%	2.3% Equity, Diversity and Inclusion

*Cancer, Diabetes & Endocrinology; Ear, Nose & Throat; Gastroenterology & GI Surgery; Geriatrics; Orthopedics; and Urology

**Cardiology & Heart Surgery; Neurology & Neurosurgery; Obstetrics & Gynecology; and Pulmonology & Lung Surgery

Health Equity in Adult Hospital Rankings

[An article in JAMA](#) last October described U.S. News' growing portfolio of health equity measures. Since publication, we have received a large volume of feedback from hospital leaders, clinicians, researchers and other stakeholders, and we deeply appreciate their engagement with our work. In light of their input, we have decided to devote additional time to refining how we assess hospital performance in health equity. While this work is ongoing, health equity measures will not be used in the adult Best Hospitals rankings published on August 1, 2023.

Instead, we anticipate sharing more information with hospitals and the public later this year and potentially incorporating certain health equity measures into rankings in 2024. In the interim, we plan to refine and update the equity measures displayed on hospitals' usnews.com profiles, and we continue to welcome input, which will include a series of conversations with a working group of experts recently identified by U.S. News. All comments submitted to healthequity@usnews.com will be reviewed and considered by the U.S. News team.