

Hospital ratings in the Dartmouth Atlas could lead health-care reform astray

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A "Perspective" piece in today's *New England Journal of Medicine* by Peter B. Bach, MD, MAPP, points out that policy makers are relying on hospital ratings from the Dartmouth Atlas that could be misleading.

According to Dr. Bach, a physician and epidemiologist, who also studies health-care policy and quality and was the Senior Policy Advisor at the Centers for Medicare and Medicaid Services (or CMS) in 2005 and 2006, said that the Dartmouth Atlas hospital ratings don't account for differences in the types of patients that different hospitals treat, or factor in whether those hospitals have good or bad outcomes. Instead, Dr. Bach noted, the Atlas ratings, which are widely cited by policy makers and are posted on the Consumer Reports Website, assume all patients who die are the same and all hospitals have the same outcomes.

Dr. Bach is concerned that [policy makers](#) are not aware of these problems, and are instead using the Dartmouth ratings to guide health-reform efforts. "Once we institutionalize the Dartmouth hospital ratings, hospitals will use their scarce resources trying to conform to the Dartmouth scale, rather than trying to improve the quality of care they provide to their patients," said Dr. Bach, who is a physician, epidemiologist and health services researcher at Memorial Sloan-Kettering Cancer Center.

Dr. Bach noted that, "assessments of hospitals' costs and quality (i.e., their 'efficiency') must take into account whether hospitals have good or bad outcomes, factor in only the costs the hospitals can control, and

consider the spectrum of patients the [hospital](#) serves—those sick, those less sick, those young and those old. The Dartmouth rankings do not account for any of these things."

Provided by Memorial Sloan-Kettering Cancer Center

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