



WAKE FOREST
UNIVERSITY

Mission Hospital's Quality Ratings Following HCA's Acquisition

A Preliminary Report

Mark A. Hall, J.D.

Professor of Law and Public Health

Wake Forest University

mhall@wakehealth.edu

<https://hlp.law.wfu.edu/reports-and-issue-briefs/>

Wake Forest University
Health Law and Policy Program

February 9, 2024

This preliminary report is one part of a larger study, funded by the Arnold Foundation,¹ examining what lessons can be learned from the events leading up to and following HCA Healthcare's 2019 purchase of the Mission Health system based in Asheville, North Carolina (NC). Findings from this portion of the research are being released as a "working draft" in order to give interested parties and the public a preliminary look at the initial analyses. Comments directed to the author (Prof. Mark Hall)² are welcome. Following revision, a final full report will be issued later this year.

Acknowledgements: Colleagues at Wake Forest University who contributed to this work are Doug Easterling, Ph.D., Joe Singleton, J.D., and Laura McDuffee.

¹ <https://www.arnoldventures.org/>

² <https://school.wakehealth.edu/faculty/h/mark-a-hall>
<https://profiles.wakehealth.edu/display/Person/mhall>

BACKGROUND AND SUMMARY

Prior to HCA’s acquisition, Mission Hospital was regarded as one of the highest quality hospitals in the country. Following HCA’s acquisition, however, numerous complaints have been made and serious concerns raised about diminishing quality of care – principally due to staffing reductions and turnover [discussed in a forthcoming section].³ These documented complaints led to an extended state investigation that resulted in the federal government recently citing HCA Mission with nine instances of placing patients in “immediate jeopardy” – a rare and very serious charge.⁴

Curiously, however, HCA Mission has not seen a sharp decline in its overall ratings for quality of care from various reputable rating agencies such as *US News and World Report*, the Centers for Medicare and Medicaid Services, the Leapfrog Group, and Healthgrades.⁵ Some measures have dipped, and others have remained steady, but only one measure has dropped substantially.

This report provides a detailed account of how and why Mission’s quality rankings do not consistently track widespread perceptions that its quality has declined following HCA’s acquisition. Hospital quality can be assessed in various ways. Some measures show good or high quality at Mission, while others show very poor quality. In summary:

- Measured by official surveys of patients’ views, HCA Mission now rates near the very bottom, both in North Carolina and nationally.
- Mission’s ratings are stronger under objective measures of safety and outcomes. Nevertheless, those measures are not at the same level of excellence Mission maintained prior to HCA’s acquisition.
- There are some indications that hospital reporting practices and data limitations may have skewed some of HCA Mission’s ratings upwards.
- Under HCA, Mission appears to address quality and safety issues somewhat selectively, rather than striving for excellence across the board. This selective focus is consistent with HCA’s status as a for-profit organization with an obligation to maximize profits for investors, and is consistent with its market position that leaves dissatisfied patients and physicians with limited alternatives.

³ <https://wlos.com/news/local/josh-stein-hca-a-concerning-number-attorney-general-describes-recent-mission-health-complaints-filed>

<https://www.citizen-times.com/story/news/2021/09/20/hundreds-complain-nc-attorney-general-asheilles-hca-mission/8370318002/>

<https://www.citizen-times.com/story/news/local/2022/12/27/hca-mission-health-had-year-of-lawsuits-staff-patient-complaints/69754830007/>

⁴ <https://avwatchdog.org/conditions-at-asheilles-mission-hospital-pose-immediate-jeopardy-to-patients-health-and-safety-state-investigators-report/>

<https://www.citizen-times.com/story/news/local/2024/02/05/federal-government-declares-immediate-jeopardy-at-mission-hospital/72478250007/>

⁵ <https://missionhealth.org/awards/>

METHODOLOGY

This report is based primarily on extensive analysis of quality metrics,⁶ supplemented by interviews with “key informants.” These interview sources are North Carolina professionals, mostly from Asheville and surrounding counties, and include clinicians and former managers at Mission who are well-placed to have insightful knowledge about the questions studied.⁷ Documentary and interview information was analyzed using qualitative methods that are standard for this type of research.⁸

MISSION’S NATIONAL PROMINENCE PRIOR TO HCA

Prior to HCA’s acquisition, Mission Hospital was regarded as one of the highest quality hospitals in the country. In 2004, the Economic and Social Research Institute chose Mission as one of just four “exemplary hospitals” across the country to study in depth, in order to inform other hospitals about the “best practices” that “contributed to the success” of “high-performing hospitals.”⁹ These researchers concluded that “Mission [was] an excellent example of how a variety of factors can come together to promote quality of care in a large institution, ... [because] the drive to do whatever it takes to provide the best possible care seems to permeate the organization, from the Board to the executive levels to the bedside.” The researchers “heard consistently that both the CEO and chief medical officer at Mission [were] strong champions of quality—not just reacting and responding to problems but taking action to move the institution ahead and keep it strong.”

Mission maintained this national and regional excellence over the ensuing decades, up to the point of HCA’s acquisition. One indication of regional excellence is the ranking done by the *Business North Carolina* magazine. In each of the seven years prior to HCA’s purchase, this respected publication rated Mission the best or second best hospital in the state.¹⁰ Nationally, IBM Watson Health selected Mission and its affiliated hospitals as one of the top 15 hospital systems in the country -- in six of the seven years prior to HCA’s acquisition.¹¹ Mission was the only hospital system in NC to make IBM Watson Health’s top-15 list and the only system in the entire country to make this list so frequently.

⁶ For readability, this report cites publicly available information mainly just by website URL links.

⁷ These interview sources were identified in a variety of ways, including their affiliations with key institutions and through respondent-driven referrals. To avoid any possible appearance of bias, no sources were identified through the nurse’s union or its representatives.

⁸ “Triangulation” is one such method, by which information from one type of source (interview, documentary, or data) is cross-checked with information from other types to determine whether either confirmation or inconsistency exists.

⁹ <https://www.commonwealthfund.org/publications/fund-reports/2004/jul/hospital-quality-ingredients-success-overview-and-lessons>

¹⁰ <https://businessnc.com/north-carolinas-2018-best-hospitals/>. The magazine states that the rankings are based on “25 metrics ... [from] the U.S. Centers for Medicare & Medicaid Services, including patient-satisfaction surveys, infection rates, and readmission and death rates for common conditions and procedures. We also consider criteria from insurer Blue Cross and Blue Shield, U.S. News & World Report and The Leapfrog Group, a Washington, D.C.-based organization that grades hospitals based on patient-safety records.”

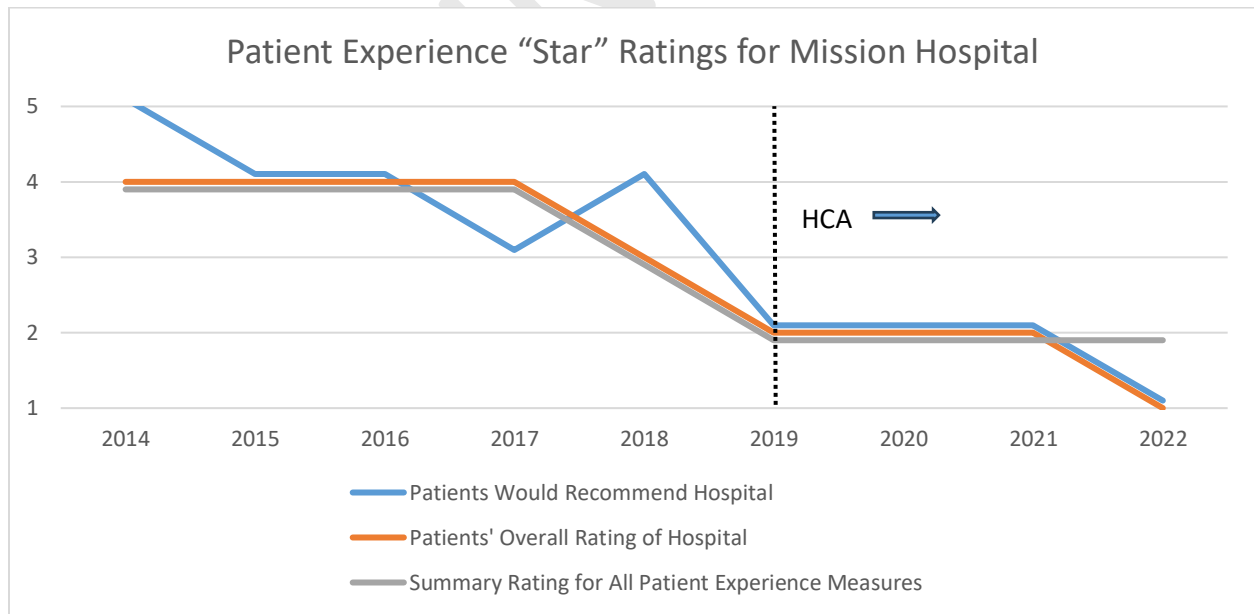
¹¹ <https://www.readkong.com/page/watson-health-15-top-health-systems-study-2018-3286465>. Similar to other such rankings, this one is based on weighted composite measures of mortality, infections, complications, costs, and patient satisfaction. <https://www.pinc-ai.com/100-top-hospitals>

PATIENT EXPERIENCE RATINGS UNDER HCA

Following HCA’s acquisition, Mission no longer receives these same accolades. While for the most part, Mission continues to receive positive ratings, there nevertheless has been a notable decline in several quality indicators.

Most strikingly, Mission’s patient experience ratings have plummeted under HCA. This is seen, for instance, in *Business North Carolina’s* rankings of hospitals statewide based on a systematic federal survey of the percentage of patients who would recommend the hospital to others. In the six years prior to HCA’s acquisition, Mission Hospital’s state rankings ranged from 3rd to 7th on this recommend-to-others indicator, but during the first year under HCA (2019), Mission’s patient-experience ranking suddenly dropped to a statewide tie for 18th-23rd.¹² In more recent years, Mission’s patient experience ratings have dropped it entirely out of the top 25 statewide.

This plummet is based on data collected and reported by the federal government, through the Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) survey, which it administers each year to several hundred randomly selected patients at each hospital.¹³ One of the HCAHPS survey’s key summary measures is simply whether the patient would recommend the hospital to others.¹⁴ The percentage responding no vs. yes is converted to a scale from one star (worst) to five stars (best).¹⁵ From 2014-2018, Mission Hospital averaged four stars. In 2019, however, the first year under HCA, this patient rating (along with others shown in the following Figure) dropped to two stars, and remained there, until 2022, when it dropped to one star.



¹² https://businessnc.com/?s=%22patient+picks%22&post_type=post

¹³ <https://www.cms.gov/medicare/quality/initiatives/hospital-quality-initiative/hcahps-patients-perspectives-care-survey>; <https://hcahponline.org/en/>

¹⁴ Verifying the robust strength of this indicator, see <https://onlinelibrary.wiley.com/doi/10.1002/hast.1523>

¹⁵ Each hospital’s score is adjusted based on various characteristics of the patients who respond, so that the star rating reflects how a hospital does compared to hospitals with similar patients nationally. <https://hcahponline.org/>

A one-star rating places Mission Hospital in the bottom 3.6% percent of hospitals nationally on whether its patients would recommend the hospital to others. No other NC hospital with more than 300 beds was rated this low in 2022.¹⁶

Similar, but not as extensive, declines can be seen in the star ratings that patients or family members give Mission Hospital on the widely used Yelp and Google review internet platforms. In the six years prior to HCA's purchase, Mission averaged 3.0 stars on both Yelp (40 reviews) and Google (179 reviews). In the five years following HCA's purchase, Mission's average rating dropped to 1.7 stars on Yelp (98 reviews) and 2.2 on Google (521 reviews).¹⁷

OTHER QUALITY MEASURES

To obtain a more expansive view of hospital performance, rating agencies routinely measure the quality of care in ways other than just patients' experience. A variety of respected sources rate hospitals based in substantial part on objective measures of patient outcomes and hospital processes, such as mortality or infection rates, or taking steps to avoid complications. For several of these key ratings, Mission did not decline initially following HCA's acquisition. Unlike patient surveys, however, these objective measures have an inherent time lag due to the 2-3 years required to collect relevant data, analyze it, and publish it. Once most of the relevant data began to come from the post-acquisition time frame, Mission's ratings based on objective measures declined on several fronts, although not as steeply as for patient experience.

For instance, referring again to overall rankings from *Business North Carolina*, Mission continued to be listed as first in the state in 2019, based on safety and quality data from earlier years. But, by 2022, Mission's overall ranking had slipped to 12th in the state.¹⁸

Similarly, on a national level, the data analytics firm IBM Watson and its successor (Premier or PINC) have long ranked Mission among the country's top 15 health systems -- a distinction that Mission had held for six of the seven years prior to HCA's purchase, but not once following HCA's acquisition in 2019.¹⁹ IBM Watson also had consistently ranked Mission Hospital among the top 50 cardiovascular hospitals nationally for at least the five years prior to HCA's acquisition. Under HCA, Mission maintained that distinction through 2021, but has not received it since then.²⁰ This delayed drop coincides with the 2-3 year time lag between the collection of core data and the announcement of these rankings.²¹

Similar delayed degradation in Mission's national rankings can be seen from other sources, which use similar but somewhat different methodologies. All such ranking methodologies have limitations, but some

¹⁶ The other four NC hospitals with one star that year were Central Carolina in Sanford, Wilson Medical Center, Maria Parham in Henderson, and Halifax Regional in Roanoke Rapids.

¹⁷ This count was done in December 2023. The Yelp ratings are based on reviewers it "recommends" (using an algorithm that is sensitive to how reviewers behave elsewhere). Including also the "not recommended" Yelp reviews does not change the pre-HCA average, but doing so increases the post-HCA average to 2.0.

¹⁸ <https://indd.adobe.com/view/9a02585a-12c1-44a9-a8d9-eb6b1cd638c0>

¹⁹ Rankings are not provided below the top 15, but the firm reported most recently that Mission is not among the top one-fifth of health systems.

<https://web.archive.org/web/20220707133345/https://www.ibm.com/downloads/cas/GDBBYRWE>

²⁰ <https://www.pinc-ai.com/100-top-hospitals/50-top-cardiovascular-hospitals/results/>

²¹ <https://cdn.sanity.io/files/dcd4gsuh/production/85dff22267f5c0ca207ea486309d6bc67bd0283b.pdf>. Also of note, this ranking is based in part on performance trends measured as much as 8 years prior to the ranking.

are stronger than others, and some are notably weaker.²² Among the strongest is *U.S. News and World Report*. In the five years prior to HCA's acquisition, *US News* ranked Mission from 5th to 7th statewide for overall quality. The first two years under HCA, when most underlying data predated the acquisition, *U.S. News* continued to rank Mission in the top 10 statewide. But since 2021, Mission has fallen out of the top 10 in the state and it currently ranks in a 4-way tie for 12th-15th.²³ While this is a respectable ranking, it is a distinct step down from the very top ranks that Mission occupied prior to HCA.

The federal government maintains another widely referenced rating system, which awards hospitals from one (lowest) to five (highest) stars.²⁴ In the Spring of 2021, which is the first year relevant data fell primarily under HCA management, the federal government downgraded Mission Hospital from the top 5-star rating, which fewer than 10 percent of hospitals receive nationally, to 4 stars. Four stars is still respectable, but it puts Mission in roughly the top half of rated hospitals in North Carolina, rather than the very top tier.²⁵

SOME RATINGS REMAIN HIGH

Two exceptions to declining quality ratings are the Leapfrog Group and Healthgrades, both of which continue to give Mission top ratings. Notably, neither of these rating firms includes in their overall ranking metrics any data on patient experiences or satisfaction. Also of note, both of these firms charge hospitals a fee in order to publicize their rankings.²⁶ Accordingly, these two rating firms use “grading curves” that tend to rank hospitals more highly than do other rating firms.²⁷ That does not necessarily mean their ratings are invalid; however, independent evaluators consider their methods to be less rigorous and reliable than the other ranking firms discussed so far.²⁸

Healthgrades

Mission's most notable accolade is from Healthgrades, which continues to rank Mission among the country's top 50 hospitals. For the past several years, Mission has been the only such hospital in NC.²⁹ On

²²<http://catalyst.nejm.org/evaluation-hospital-quality-rating-systems/>
<https://www.advisory.com/topics/clinical-quality/2019/11/metrics-used-in-hospital-quality-rating-programs>
<https://www.chicagobooth.edu/review/hospital-ratings-are-deeply-flawed-can-they-be-fixed>
<https://avlwatdog.org/ratings-company-says-ashevilles-mission-is-the-best-hospital-in-north-carolina-we-seek-a-second-opinion>

²³ <https://health.usnews.com/best-hospitals/area/nc>

²⁴ <https://data.cms.gov/provider-data/topics/hospitals/overall-hospital-quality-star-rating/>

²⁵ <https://www.medicare.gov/care-compare/results?searchType=Hospital&page=1&state=NC&sort=highestRated>

²⁶ The Leapfrog rating is done by a nonprofit group formed primarily by employers. Healthgrades is owned by a private-equity-backed firm.

²⁷ For instance, in 2023 Healthgrades awarded 864 hospitals for either “excellence” in patient safety or being “outstanding” in patient experience. <https://www.beckershospitalreview.com/rankings-and-ratings/healthgrades-recognizes-800-hospitals-for-patient-safety-experience.html>. As discussed below, Leapfrog typically gives an A to about a third of hospitals, and over half receive at least a B. In contrast, the federal government's rating system awards 4 or 5 stars to fewer than a quarter of hospitals, with 5 stars going to less than 10 percent.

<https://www.medicare.gov/care-compare/resources/hospital/overall-star-rating>

²⁸ <http://catalyst.nejm.org/evaluation-hospital-quality-rating-systems/>

²⁹ <https://www.healthgrades.com/quality/ratings-awards/reports/americas-best-hospitals>

the face of it, this distinction is counter-intuitive,³⁰ and is inconsistent with the substantial body of data and analysis reviewed so far [and discussed in a forthcoming section]. One explanation is the long eight-year “look-back” period that Healthgrades uses to classify and rank hospitals.³¹ This expanded window means that Mission’s current ranking is still based in significant part on how it performed for several years prior to HCA’s acquisition.

Another explanation is that Healthgrades’ top-50 list is not based on the full set of measures that compose other leading rankings. For instance, Healthgrades’ top-50 rating does not include patient experience evaluations, which it lists separately. In that separate listing, Mission is not among the ten NC hospitals that receive Healthgrades’ patient experience award,³² and Healthgrades notes that Mission is significantly below national averages for patient experience.³³

Another key feature of Healthgrades’ best hospital ranking is that the majority of metrics focus on the performance of surgical procedures, and less so on medical care more generally.³⁴ Successful surgery depends to a great extent on the surgeon’s skill, and so it appears likely that Mission has retained a skilled medical staff for surgical and other interventional procedures. These are also the kinds of hospital services that informed sources noted are more profitable and therefore for which HCA typically provides more support.³⁵

Contrasting with Healthgrades’ procedure-centric metrics are those that focus more on general medical care. Examples include pressure ulcers, catheter-related infections, hospital falls, and various aspects of post-operative care. For this group of preventable safety measures, Mission is one among 14 NC hospitals, and 445 hospitals nationally, in Healthgrades’ award category for “patient safety indicators.”³⁶ Similarly, Leapfrog’s latest ratings, discussed below, rank Mission “better than average” for five of seven metrics relating to surgery, but it scores better than average for only about half of its other measures (and “worse than average” for almost a quarter of those other measures).³⁷

In sum, Healthgrades’ ratings indicate that, under HCA, Mission has maintained top performance selectively rather than across the board. Its ratings are exemplary for a range of surgical procedures, but not as outstanding for the broader array of hospital care delivered by nurses, hospitalists, and other clinical staff. As discussed in [a forthcoming section], these are also the areas where HCA has sought to

³⁰ Adding a degree of incredulity is that, even when expanding the ranking to the country’s top 250, only one other little-known NC hospital (Pardee) has been listed the last several years.

<https://www.healthgrades.com/quality/americas-best-hospitals/north-carolina?americasBestAwardType=top250>

³¹ <https://www.healthgrades.com/quality/hospital/americas-best-hospitals-for-clinical-excellence-2024-methodology>. In addition, data for each of those years reaches back several additional years, such that current rankings are based, at least in part, on data from a decade ago.

https://www.advisory.com/content/dam/advisory/en/public/shared/Daily-Briefing/2022/HealthGrades_BestHospitals_2022.pdf

³² <https://www.healthgrades.com/quality/outstanding-patient-experience-award/north-carolina>

³³ <https://www.healthgrades.com/hospital-directory/north-carolina-nc/mission-hospital-hgstcb797b36340002#overview>

³⁴ <https://www.healthgrades.com/quality/healthgrades-americas-best-hospitals-for-clinical-excellence-methodology>

³⁵ This point is discussed more in [a forthcoming section].

³⁶ <https://www.healthgrades.com/quality/patient-safety-excellence-award/north-carolina>

³⁷ <https://www.hospitalsafetygrade.org/h/mission-hospital>. However, a pattern of performing better on surgical than on general medical measures is not seen consistently in earlier years or from other ranking agencies.

economize and so where Mission has experienced greater staffing cutbacks and turnover.³⁸

Leapfrog

The Leapfrog Group is another rating agency that continues to give Mission high marks. Leapfrog is a respected nonprofit rating agency formed by employers to evaluate hospitals they select for their health plan networks. Like Healthgrades, however, hospitals pay Leapfrog a fee to use its ratings for promotion purposes. Accordingly, Leapfrog is not known as an especially tough grader. Nationally it awards either an A or B to over half of hospitals, with roughly a third receiving A's.³⁹ North Carolina hospitals do especially well.⁴⁰ In the most recent ratings, almost half received A's.⁴¹

Leapfrog's ratings (which it issues twice a year) have two other notable features. First, as noted above, unlike several other rating agencies Leapfrog does not include patient-reported experience or (dis)satisfaction. Second, Leapfrog relies on both data that regulators routinely collect, and data that hospitals self-report through an annual survey. However, about half of hospitals do not respond to Leapfrog's voluntary survey; for those hospitals, Leapfrog either omits the self-reported measures, or it uses proxy substitutes discussed below.

Prior to HCA's acquisition, Mission usually received A's from Leapfrog, with only occasional B's.⁴² In the first two and a half years under HCA, however, Mission averaged B's, and at one point (fall 2019) it dropped to a C. Since fall 2021, however, Leapfrog has awarded A grades to Mission.

As suggested above, there are three explanations for Leapfrog reporting good performance despite other worrisome indicators. First, due to somewhat lenient grading, an A places Mission merely in the top half of the North Carolina hospitals that Leapfrog evaluates. Second, Leapfrog does not include data that reflect patients' views or experiences, which have dropped substantially (as discussed above). Third, Leapfrog, more than other rating agencies, allows hospitals to make strategic decisions to avoid reporting certain data elements that might be unfavorable.⁴³

DATA INTEGRITY

To illustrate the point just mentioned, until recently Mission consistently responded to Leapfrog's annual self-reporting survey, but Mission did not do so in 2023. Two of the data elements in that survey relate to

³⁸ <https://www.hospitalsafetygrade.org/h/mission-hospital>

³⁹ https://www.hospitalsafetygrade.org/media/file/ExplanationofSafetyGrades_Fall2022.pdf
https://www.advisory.com/content/dam/advisory/en/public/shared/Daily-Briefing/2020/Cheat-Sheet--Leapfrog-Safety-Grades_Fall2020.pdf

⁴⁰ <https://www.wral.com/story/north-carolina-ranks-no-1-in-us-for-hospital-safety/20274858/>
<https://www.northcarolinahealthnews.org/2017/11/03/hospital-safety-ratings-2017/>

⁴¹ <https://www.hospitalsafetygrade.org/search>

⁴² <https://ncdoj.gov/wp-content/uploads/2020/02/Stein-Letter-to-HCA-02252020.pdf>
<https://wlos.com/news/local/leapfrog-group-wnc-hospitals-graded-among-the-best-worst-in-the-state>
<https://www.healthcarefinancenews.com/news/full-list-these-844-hospitals-earned-fall-2016-leapfrog-ratings>

⁴³ <https://www.hospitalsafetygrade.org/HospitalFAQ>. Hospitals can purchase a "calculator" that helps them anticipate whether submitting or not submitting self-reported data will be to their advantage.

<https://catalyst.nejm.org/doi/full/10.1056/CAT.19.0629>

<https://premierinc.com/newsroom/blog/hospital-rankings-how-to-stay-on-top-with-pinc-ai-quality-enterprise>

hospital-acquired infections. Pre-2019 records are not available, but since 2019, Mission has consistently scored below average on two of those measures (C. diff infection and infection following colon surgery). In 2023, however, when Mission declined to provide these data items (along with others that are more favorable to Mission), Leapfrog had to resort to its fallback “imputation” method that assigns Mission an average (rather than actual) score for these measures, based on the performance of similar hospitals.⁴⁴

Other hospitals also make such decisions about how to put their best face forward. However, several informed sources pointed out that HCA has perhaps the best data analytic skills and methods in the industry,⁴⁵ and so it is especially adept at making these kinds of strategic decisions. One Mission doctor noted that, “when HCA came in, there were so many emails on metrics.”⁴⁶ A former Mission administrator riffed that, with all the data HCA has, they “can manage things down to a gnat’s butt.”

Data analytics are key to helping hospitals address safety and improve quality by spotting problem areas or performance gaps, and HCA undoubtedly has used their prowess in that fashion, to improve quality performance. However, several sources also thought HCA does so selectively, by focusing on quality mainly in ways that do not cost a great deal to make measurable improvements. One former Mission administrator had the derisive view that HCA “won’t spend a dime more than they need” to improve quality, as long as Mission stays at “a level that keeps them from getting into trouble.” A local physician agreed that HCA is skilled at “being just good enough to stay out of trouble,” but will not “spend what it takes go from the 90th to the 95th percentile” in quality, especially when doing so doesn’t bring them any more business.

Finally, it merits mention that, when hospitals report data, either to Leapfrog or to other rating agencies, there is at least some potential for skewed or inaccurate reporting. This point is not at all unique to HCA Mission, but several examples can be noted from Mission’s data. For instance, Leapfrog’s annual survey asks hospitals to self-report on a number of measures relating to leadership, teamwork, and staffing. In 2019, when Mission’s Leapfrog grade dropped to a C, it reported a nurse staffing measure that was below average. The following years, however, when its Leapfrog grade improved, Mission received a perfect score of 100 on this self-reported nurse-staffing measure.

A perfect score may have been technically accurate because Leapfrog’s nurse-staffing measure was based primarily on the hospital adopting a recommended list of administrative plans and processes,⁴⁷ rather than on actual staffing levels. As discussed [in a forthcoming section], Mission’s actual staffing levels are (to say the least) far from perfect. Thus, this scoring improvement does not reflect enhancements in actual nurse staffing. Based on that critical data limitation, Leapfrog began in 2023 to ask hospitals to report actual nursing hours per patient day.⁴⁸ Whether related or merely coincidental, 2023 is also the first year that Mission declined to respond to Leapfrog’s survey.

In short, lifting the hood on how key metrics are assessed reveals a variety of ways⁴⁹ that hospitals can

⁴⁴ Explaining this imputation method, see <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5517312/>

⁴⁵ <https://www.pressreader.com/usa/modern-healthcare/20181008/281762745204037>

⁴⁶ Barbara Durr and Sally Kestin, “How Many Doctors Have Left Mission? HCA Won’t Say,” Asheville Watchdog, March 23, 2022, <https://avlwatchdog.org/how-many-doctors-have-left-mission-hca-wont-say/>

⁴⁷ www.leapfroggroup.org/sites/default/files/Files/2014LeapfrogReport_NursingWorkforceBestPractices_Final.pdf

⁴⁸ <https://ratings.leapfroggroup.org/sites/default/files/inline-files/2023%20Nursing%20Workforce%20Factsheet.pdf>

⁴⁹ Yet another possible example is the practice reported at some other HCA hospitals of encouraging patients with

optimize their Leapfrog ratings. Other hospitals engage in similar practices,⁵⁰ but as noted above, several observers thought that HCA is particularly astute about maximizing available advantages.

Another example of a possible anomaly comes from data collected by the federal government relating to “timely and effective care,”⁵¹ a measure that various rating agencies use. One of these data points is the percent of patients who leave the emergency room without being seen. Implausibly, Mission reports zero percent.⁵² Statewide, the average is four percent, and only two other NC hospitals report zero percent, both of which are part of the HCA Mission system.⁵³ Prior to HCA’s acquisition, Mission typically reported at or close to the statewide average of four percent.⁵⁴ Under HCA, however, in 2019 the reported percent of patients leaving Mission’s emergency room without being seen suddenly dropped to, and largely remained at, zero.⁵⁵

This abrupt improvement does not align with widespread reports [discussed in a forthcoming section] of chronic overcrowding and hugely extended wait times in Mission’s emergency room under HCA’s management.⁵⁶ One possible explanation emerges from interviews with those who currently or previously worked in Mission’s ER, explaining how HCA Mission may be classifying being “seen” in a manner that “games the numbers.” As discussed [in a forthcoming section], HCA has instituted a screening and triage process that entails doing abbreviated medical exams in the ER waiting room or triage area, but then leaving patients to wait many hours before receiving fuller evaluation and proper treatment. If HCA Mission were to record a cursory triage or screening assessment as being “seen,” then this measure would show favorable performance even if a patient were to leave without a proper examination.

Thus, there is a plausible hypothesis that, more than actual substantive enhancements, HCA’s management and reporting practices in classifying components of ER patient care explain the sudden,

little prospect for survival to enroll in hospice, even though doing so does not necessarily alter the care they receive. According to these reports, a motivation for encouraging hospice is that, when under hospice care, a patient’s death is not counted against the hospital in its mortality statistics.

<https://doctorow.medium.com/americas-largest-hospital-chain-has-an-algorithmic-death-panel-5d6df28e2648>

<https://hacarecrisis.org/hospice-transfers/>

<https://avlwatchdog.org/wrongful-death-suit-filed-against-hca-mission-alleges-catastrophic-medical-error-other-missteps/>. One possible indication of this happening at HCA Mission comes from allegations in a malpractice case

against Mission filed in 2024. <https://www.nbcnews.com/health/health-care/doctors-say-hca-hospitals-push-patients-hospice-care-rcna81599>. See also the Appendix to [a forthcoming section on ER care].

⁵⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5517312/>

⁵¹ <https://data.cms.gov/provider-data/dataset/yv7e-xc69>

⁵² <https://www.medicare.gov/care-compare/details/hospital/340002?city=Asheville&state=NC&measure=hospital-timely-and-effective-care>. Since measures are reported in whole numbers, this likely signifies less than 0.5.

⁵³ The other three Mission hospitals report 1 percent.

⁵⁴ <https://data.cms.gov/provider-data/archived-data/hospitals>

⁵⁵ In 2021 Mission reported one percent.

⁵⁶ <https://www.beckershospitalreview.com/legal-regulatory-issues/north-carolina-ag-sues-hca.html>

<https://mountainx.com/news/mission-patients-endangered-by-emergency-department-transfer-procedures-nurses-say/>

<https://www.citizen-times.com/story/news/local/2023/11/02/mcdowell-ems-says-hca-fails-to-correct-emergency-department-issues/71419332007/>

<https://www.citizen-times.com/story/news/local/2023/11/13/buncombe-may-change-mission-emergency-dept-patient-handoff-policy/71530048007/>

sharp, and unique improvement in this one quality performance measure. Similarly, other management practices could affect how well other data components reflect true quality. Whether this hypothesis is accurate, and the extent to which it accounts for Mission’s continuing high performance on various quality measures, is unknown. It is known, however, that, as a general matter, HCA excels at data analysis and process management.

QUALITY RATINGS IN PERSPECTIVE

Even crediting Mission with the full benefit of its favorable ratings under HCA, it is clear that Mission is no longer at the level of excellence it had achieved prior to HCA. Patients’ ratings of their hospital experience have plummeted to the lowest level, and Mission no longer regularly scores at the highest levels under the more rigorous and widely respected systems that rate overall quality. Some objective measures of quality and patient safety are still high, however, and others are still respectable.

Despite maintaining respectable ratings, several area physicians noted cause for concern. They said that staffing cutbacks and turnover [discussed in a forthcoming section] have made medical mishaps more likely. Even though, in their experience, serious adverse events have mostly been avoided, these sources report that safety incidents are much more common than before -- happening “every single time we admit a patient” according to one doctor and “probably one every shift” according to another. This has amounted in one physician’s view to a “flood of near misses” where bad outcomes are avoided only by knowing there is now a need to exercise much greater vigilance to double check aspects of care that previously were not an issue. As another physician described things, under HCA it feels “like juggling eggs, with more being thrown at you all the time, and having to catch them just before they hit the floor. So far [we] have been able to do that, but at some point . . . “

On the whole, the decline in quality under HCA left several observers with a feeling of resignation that, over time, “things will probably stabilize and we’ll be left with a perfectly mediocre hospital,” but never one that is again “great” or “nationally ranked.” Several stressed that, despite plummeting patient ratings and diminished quality metrics, HCA has no real incentive to do better than average, acceptable, or enough to “stay out of trouble,” considering that doing better “does not matter” if patients and physicians “have nowhere else to go.” Many informed sources thought that this overall culture of passable quality is in sharp contrast with how Mission previously had been characterized, when national experts said that, at Mission, “the drive to do whatever it takes to provide the best possible care seems to permeate the organization, from the Board to the executive levels to the bedside—... not just reacting and responding to problems but taking action to move the institution ahead and keep it strong.”⁵⁷

⁵⁷ <https://www.commonwealthfund.org/publications/fund-reports/2004/jul/hospital-quality-ingredients-success-case-study-mission>