

Leah Binder

About 250,000 people a year are dying of preventable errors in hospitals only, just looking at hospitals. There are other settings that people seek care and those are also sometimes dangerous, but just in hospitals it's a quarter of a million people a year, so a very significant problem.

Ellen Kelsay

That's Leah Binder, President and CEO of The Leapfrog Group, an organization that advocates for transparency in health care by using data to empower providers and purchasers, ultimately to help patients see safer and more affordable care.

I'm Ellen Kelsay, and welcome to the Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers. Today, Leah and I discuss the landscape of patient safety and hospital quality, impediments to effective health care measurement, and we spotlight a new resource focused on value-based purchasing for employers.

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Leah, welcome. We're so thrilled to have you on the podcast with us today. Thanks for joining us.

Leah Binder

Well, thank you for having me, Ellen.

Ellen Kelsay

We've been talking about doing this for a while. I know our organizations have collaborated and continue to partner, so I'm so excited to bring your work to our audience. And let's start off by talking about who Leapfrog is, what does your organization do, and a little bit about yourself along the way as well.

Leah Binder

Great. Well, it's wonderful to be here, so thank you again for having me. Leapfrog was founded by employers in the year 2000, so 24 years ago. Mostly large employer executives who were frustrated with health benefits, which I think is sort of a continuing issue. But at the time, they were frustrated, in particular, that they couldn't really feel comfortable that they were getting the right kind of safety and quality of care for their employees, especially in light of the enormous investment their companies were making in these benefits. So they were frustrated by that. Their notion was a simple one, and really a business one, that people should be able to choose what hospital they go to, the way they choose anything else that they purchase in their lives. And that meant that we should have an open and transparent marketplace where people could view the safety and quality of care at hospitals that they choose among, and that they would choose accordingly. And then that purchasers, employers, would also be able to have that information to make decisions about how they manage their health benefits so that they are really investing wisely in the best possible care for their employees. They just basically wanted a market that would function. A very simple proposition. That is still fundamentally what Leapfrog is about, is an open and transparent market, or open and transparent place for people to make the extraordinarily important decision about where they seek their health care. And over 24 years, with employers always the core constituency of everything we do, Leapfrog has, I think, really had a big impact on the fact, the transparency of health care. Back in 2000, there was very little you could ever find out about how your doctor or your hospital or any place you sought care, how they were doing. Almost no information. Now there's a lot more. We take a little bit of credit for that. Certainly, Business Group on Health should take a lot of credit for that too. Employers have been out there advocating for transparency. It's really something we all know that works. We all know that's what is extraordinarily effective in improving quality and improving cost effectiveness. We know that from a business background. Anyone in business knows the power of transparency. The importance of it, really, to drive improvement. That's what Leapfrog's about. Thanks to leadership from employers and certainly groups like yours, we have been able to really make an impact.

Ellen Kelsay

That's so impressive. The journey you've been on, the work that you've done as an organization, and gosh, so much progress that has been made. I think many people listening to this conversation are going to say, gosh, yeah, but there's still so much more to do. No doubt that that is true as well. Let's talk about what are you guys up to today. What are some of your current initiatives?

Leah Binder

From the beginning, our main focus was patient safety. The term patient safety, I sometimes hate using it because it sounds almost boring or sort of bland, but in fact, it's a really powerful and an important aspect of health care that really drives everything else. It's both a symptom and a cause of all the problems in health care. When you look at patient safety, what we mean by that are accidents and errors, infections, preventable problems in health care that create real suffering for patients, and in some cases, the death of patients, for completely avoidable reasons, like a medical error, the wrong medication, somebody slips and falls. There's a wide variety of problems that can happen, and these problems have led to some really significant suffering for patients. The level of this is really high. I don't want to go on with too many statistics, so I won't, but I will tell you that the numbers are very significant. They are about 250,000 people a year dying of preventable errors in hospitals only, just looking at hospitals. There are other settings that people seek care, and those are also sometimes dangerous, but just in hospitals, it's a quarter of a million people a year, so a very significant problem, and it's a costly one. Employers pay for this. Often, it's not a sticker on their claim where they say, oh, the reason this patient was in the hospital for a month instead of three days is because we made a few mistakes and we had to treat them for those errors. That's not necessarily going to be apparent from the claims, so you may not even know the extent to which you're paying for this, but you are paying for it. The studies are very significant on the amount that employers pay, Medicare pays. We actually estimate that in a calculator. The financial costs are really the least of it. The most important thing is you don't want people to get hurt for no reason, and that is what we're about, so what we have been looking at are, first of all, quantifying these problems, and then we grade hospitals now on how safe they are for their patients. We give them an A, B, C, D, or F on how safe they are and we make that public to the world. It's all free and it's all public. If you go to www.hospitalsafetygrade.org, you'll look up any hospital in the country, including those in your own neighborhood, and we'll tell you what their grade is and you can drill down and see how we got there. We have 30 different measures that we looked at, measures of problems and errors and accidents. That's how people can make that decision. That's had a big impact, not just on those in the public who know about it, and there's certainly lots of people who know about it. We get a lot of press coverage. I wish we were a household name. That's something we're working on. I don't think everybody knows about us, but we certainly are well known, but where we're very well-known is among hospitals and hospital leaders who I think do recognize the importance of this grade, and many have really committed to improvement as a result of sometimes a bad grade that they want to see improved, and we see these amazing stories, inspirational stories, really, of hospitals that have, you know, gotten a bad grade from us, been very frustrated and often quite angry at us, and then over time put a lot of their own resources and energy into improving and have gotten that A.

Ellen Kelsay

That journey with them has probably been an interesting one, probably initially resistance, not wanting to participate in the survey, then arguing with the outcome of the grade and having, you know, a bazillion reasons why the grade wasn't measured correctly, etc. It sounds as though, from what you've just said, that most of them acknowledge the validity of the reporting and the surveying that you do and work really hard to change their practices to improve upon that grade year over year. Is there anything that you would say, you know, in that evolution of your work with the hospitals that you would call out in terms of the cultural shift that you've seen along that journey?

Leah Binder

I've seen enormous cultural shift among hospitals as a result of the transparency of Leapfrog and others, but particularly Leapfrog, around patient safety. The hospital that I thought was most inspiring this year, or I guess in 2023, was a hospital called St. Bernard Hospital. It's a safety net hospital in South Chicago. They have very few resources, very few. Sadly, two years ago, they earned an F from us. We don't like giving Fs, but we do give them, and they earned it. I mean, the problems with their safety were really deeply troubling. A lot of people were getting hurt in that hospital. Anyway, they got the F. They were not happy with us, understandably, but they recommitted around it, and the CEO of that hospital said, you know,

we're not going to stew in what we think is wrong about this. We're going to stew in how we're going to get better, and we're going to make every effort to be the kind of hospital we want to be in our community. They were able to really overhaul their operations, which is what this takes, to improve how they put patients at the center of everything they do, and their protection from the errors and accidents that are easy to make, but catastrophic to patients. They really put an effort to it and a lot of leadership. So, in 2023, they earned their first A. An A, and that had a gigantic impact on this hospital. It certainly did to us. I mean, we were just thrilled here at Leapfrog, but we were also inspired by how much of an effort it took and how committed they've been, and they've continued to get an A. They got another A in the fall because we update every six months. They got an award. The CEO got an award. They've just done really well, but I think it's been inspirational for their staff. Oftentimes, people who work in hospitals don't get a lot of recognition for that. During COVID, in the beginning, we said they were all heroes, but most of the time, we don't really shine a light on the extraordinary work that people do in health care, and so this was an opportunity to really congratulate this unbelievable team of caregivers who have made such a difference. So, it's just really an inspiring story, but we see that a lot where we see health systems that really show improvement, and they celebrate that, and a lot of people benefit from that, the people in the community and the people who work there.

Ellen Kelsay

What a great example. Thank you for sharing it. I'm curious, what was the time horizon between them getting the F to the A? How many years did that overhaul take for them?

Leah Binder

Two years. Not that long.

Ellen Kelsay

Oh, wow. Unbelievably quick, but that's quick in the grand scheme of a system overhauling itself and really changing their operations. That's impressive.

Leah Binder

It is. It was very, very impressive, and part of it too is that hospitals need to have a little bit of impetus to take the steps they know they need to take. In the case of St. Bernard also, what we see is this is a safety net hospital, again, most of their payment comes from Medicaid, which is not a high payer, so they don't have very much money, but safety isn't necessarily about money. Unlike other kinds of quality in health care, which does require some investment, like radiology, you have to invest in the latest technology, that's expensive, but this isn't necessarily expensive. This is about everybody washes their hands every time they walk into a patient room. Every time they touch a patient, they wash their hands beforehand and wash their hands afterward. That's a very simple principle. Believe it or not, it is not always followed. Hospitals have a lot of trouble with hand hygiene. Fundamentals like that, the nuts and bolts of keeping patients safe, they need a little bit of impetus sometimes to make that a priority, because maybe it's not as sexy sounding as getting that latest technology in the radiology department, but it is critical to patients. It is literally life and death to your patients. What we need to do is give them that impetus, and that's what we've tried to do. For any employer who thinks they don't make a difference in what they do and say in the overall health care marketplace, believe me, as your voice with patient safety to these hospitals, I can tell you right now, you have an enormous impact, enormous. They are listening. When they know that employers are paying attention, they respond and lives are saved. I think all of your members at the Business Group on Health have something to be very proud of. When I tell a story like that, that is your achievement.

Ellen Kelsay

Thank you. I know there's a lot of attention being focused on these issues today, certainly at the employer level and at the patient level. Patients deserve better. There's a lot of pressure on all of those groups to do a better job, and the hospitals feel it too. To your point earlier, the care teams really do want to do better. When you get down to the individual clinician provider level, they set out to practice good quality care and to do well by their patients. It was heartening when you described recognizing the team at St. Bernard and how much that meant to them at the care team level, in addition to the system level and the leadership within the system wanting to do better. I think it speaks volumes too on so many levels to those involved. I wanted to shift a little bit to some of the challenges, and I think you've referenced this around even just

fundamentals of handwashing and hygiene, but as you are assessing these hospitals, you said 30 different measures. Where do you see a lot of the challenges when it comes to patient safety?

Leah Binder

Well, there's a number of areas. I will say that one challenge we saw through the pandemic was hospital-acquired infections. Over the past decade, there has been some progress in reducing hospital-acquired infections. Not enough progress, but there has been progress, and it is significant, and it's notable and has been noticed in medical journals and everything else, and we've certainly noticed it in our data. But then the pandemic hit, and I think we all know from just reading the paper that hospitals really had a lot of, I guess the word is chaos. They had a lot of challenge and pressure and it was a tough time to be working at a hospital. All the rules changed, the regulations changed very rapidly, very quickly, a lot of unknowns, a lot of people who were scared to come to work, lots of issues. And so in that environment of a public health emergency, what we saw was that infections went up. All of those hospital-acquired infections where we've made this progress just spiked up way back to where they were in much earlier days. It was extremely disappointing. We were watching these numbers with alarm, as was CMS, watching with alarm. These were very frightening surges in hospital-acquired infections. I mean, there's an irony to it. Here we were in the middle of a public health crisis, centered on an infection, an infectious disease, and we were, in fact, because of that, seeing an increase in other kinds of infections. But patients, they only die once. They need to know. They need to feel safe in a hospital. Whatever the infectious scare for them, whether it's COVID or a hospital-acquired infection, they need to be protected from all of it. And so we really do need for hospitals to learn how to cope with a public health crisis without harming their patients, and with other things. And that's going to be, hopefully, a lesson learned from COVID. But that was an issue. The good news is that we are seeing a major reduction in those infections. That's coming down and rapidly. So that's good news. We're watching it closely. We're going to highlight it as we go.

I think another area of great concern is medication management. Medications are the number one most common error made in hospitals. Very few ways of actually measuring it. Leapfrog has one way, where we can help hospitals to test their decision support systems to make sure they alert physicians who might be ordering, you know, the wrong dose or something, to make sure they alert them correctly. And in fact, they don't always alert them correctly. Hospitals find that out through Leapfrog. But that's an area that has to be watched. I know CMS is putting effort into it. I think there's been a lot of focus around how we use technology to improve people's well-being in hospitals and to improve patient safety. We can't assume that advances in technology are going to benefit patients. We cannot assume that. We already saw that after the Affordable Care Act, and there was a lot of investment in technology for hospitals, EMRs and things, those didn't necessarily always improve things for patients. We've seen lots of issues that came out of that, so we're watching that closely as well from a patient's safety perspective.

Ellen Kelsay

That's a lot to unpack right there. Good to know that we're seeing a trend back in a more favorable direction related to the hospital-acquired infections. I'm curious, in addition to the chaos and complete mayhem that was happening for many of these systems during the pandemic, they also had people coming out of their facilities, such as travel nurses, and other providers who probably weren't part of the core care team, might not be as familiar with the routines and processes within that facility. That leads me to a question too, and you and I talked about this briefly before when we were having a prior call, about how you all do your assessment. And it's at the facility system level, not at the provider levels. And I know there are pros and cons and different opinions on that, so share yours.

Leah Binder

Okay. I think it's important that employers get information about individual providers. From the beginning, we have focused on hospital level, and now we're looking at ambulatory surgery center level. We're looking at facility level data. The reason that we look at the performance of a facility is because to your earlier point, Ellen, health care is a team sport. Nobody does this alone and we don't want them to do it alone. There are many things that can happen in the delivery of health care that require another set of eyes to make sure that mistake isn't made. There's no surgeon who performs surgery by themselves. They're in an OR theater with a team that is crack. If you've ever watched a procedure being formed, it's amazing how the team works. It looks like they read each other's minds. They're amazing. It's a team effort and it requires a crack team, and a team that feels comfortable saying to the surgeon, are you sure, are

you doing that right, or can we stop for a minute, I'm not sure that's right. That's a hard thing to do. It's a critical thing to do. It's been found to be one of the most important safety measures you can have is people's comfort in speaking up when they see something wrong. So it's a team. And not only that, behind that team are the people who invented all the equipment and stuff that's in that room and maintain it and make sure it's still working and all of the environmental facilities workforce that make sure that the air is clean and that equipment is clean. There's just a huge amount that goes into making a safe environment for patients. If any of those individuals, no matter how small those things sound, if they fail, the patient can die. So it's not a small thing. Those are all major. The team has to come together and work together.

I think Leapfrog was founded on that principle in part because we came from business. People in business know that. They know the importance of teamwork. The analogy that I like to use is, if I or a member of my family needs a procedure, we know to ask, let's find out how good the surgeon is, let's go ask around and find out. We all know that that's pretty important to make sure you're getting a good surgeon. When I go to get a flight to fly me across the country, I do not feel any need to call and say, well, the pilot is Joe Schmo, does anyone know if he's any good? Nobody would ever think of that. But I know I'm on American Airlines, and I believe that American Airlines has an environment and a team that all together will make sure that that pilot is safe to fly. Nobody's perfect, but I believe that American Airlines is going to stand behind their brand or whatever airline I'm on. We have to feel that way about health care. We have to get to a point where we can feel like you're going into a certain facility, that facility has a brand and they stand behind it and their team stands behind it. And as a result, you can feel that your safety is a priority to them. We're not there with health care. We should be, but we're not there with health care. That's why we believe the team is so important. And also because I don't want to have to know about the quality of every single individual physician. I'm not a clinician, nor are most employers. They're not clinicians. They don't want to be in that business. They want to know that the team is functioning effectively. The leadership is making sure the patients are safe and they deserve to know that. That's where we want to get to as a country, I think at least that we can believe in the power of these institutions that are delivering care to patients.

Ellen Kelsay

I'm in discussion with Leah Binder, President and CEO of The Leapfrog Group. Voted as one of 50 leading experts in patient safety, Binder was recognized for her work on Leapfrog's patient safety initiatives, which have been estimated to save over 40,000 lives each year since 2017. Stay with us. We'll be right back.

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Ellen Kelsay

Let's talk about, as you said, employers are not clinicians, but they're using really valuable data that you and your team produce. So how do employers use the data? How are they driving, using it to inform their decision-making? How are they using it to potentially partner or not partner with certain facilities? Give some real-life examples about employers engaging and leveraging your resources.

Leah Binder

Well, I think the number one way we've seen employers engage with Leapfrog is to make sure that the data gets in front of their employees. And they do that often through their health plan or through others that produce information for their employees on different options they have in the market, but mostly health plans where they say to the health plan, we want to make sure our employees have Leapfrog data and that they know to compare the grades of the different hospitals or to compare among them on other factors that Leapfrog has data on. So that is the number one way. We see a lot of really interesting

examples of how that plays out. It plays out for groups of employers too. There are regional coalitions, business coalitions on health that will produce overall marketplace reports that will incorporate Leapfrog and give that out and people give that out to their employees. There's been a lot of effort to really alert employees to the data that's out there and make sure that they know about it and that they're looking at it. Our Board chair is from Paramount and they actually incorporate information about the safety grade into their wellness fair every year, for instance, and they give out a lot of information to people, so they know how to access this data and how important it is because there are really major differences among hospitals. You can have, you know, something like three times greater likelihood of dying of a preventable error in one hospital than another and they can be in the same vicinity of each other, so it's really important to know. The information, I think, is *the* number one way we see employers use this, but some are using it as well for some of their decisions around purchasing and some of their direct contracting. We see a lot of employers that will contact us to find out how hospitals, in particular, sometimes ASCs are doing in their markets as they are thinking about a direct contract of one sort or another. That's been a really important use of Leapfrog. We'd like to see more use of Leapfrog in value-based purchasing and choosing networks within different kinds of payment arrangements or contracts. We see some of that and I think as employers move more toward some of these direct arrangements or really having more leverage to make those kinds of value contracts occur within their own health plans, we're seeing more interest in getting Leapfrog incorporated into that because Leapfrog is data, by the way, that you can't get anywhere else. You can't get it from your claims and it's really important data. It's designed specifically to be important to purchasers so they're coming to us for it. The other use, in particular, is maternity care. We have a lot of data on maternity care like C-section rates that we've seen that used in some programs where there's a Golden Stork program that's used in one plan where the Golden Stork is in places that have an excellent C-section rate from Leapfrog. There are some programs like that that really highlight for employees excellence and help to steer them a bit. So steerage payment, not as much but some, and it's very good data for that if people want to use it, and then certainly it's been a great tool for employers to use just to inform their employees.

Ellen Kelsay

Well, you couldn't have teed up my next question any better because it is asking about the payment part of the comments you made and, in particular, your new resource on value-based care, value-based purchasing for self-funded employers. So expand upon that, tell the audience what that resource is and how employers can leverage that.

Leah Binder

Our value-based program takes the data that we have about hospitals and with a bunch of different experts including some employers, we were able to turn that into a set of composites and scores on a whole variety of issues. One composite, what we call a value score for each hospital and then also composite scores underneath that. So maternity care scores and scores for safety, etc. Then from those scores, you can kind of rank hospitals. You can see how well that hospital is doing compared to others nationally or others in their state or others who are similar to them like other teaching hospitals. That then is a platform you can use for a value arrangement. You're in a rural community, let's say, and you have only one hospital people really go to, and we say to you, well, the maternity score for that hospital is very low. They do better than only 25% of other hospitals in the country on all these maternity outcome measures. That's not great. So you can say to that rural hospital, if you're doing a contract or your plan is doing a contract, if you get to 50th percentile, which is median in the country, we're going to pay you this bump up or lower the deductible or we're going to give you a 1% increase in your contract rate or something. There's lots of ways that you can tie some kind of payment bonus or you can go the other way to penalty to how they do on that scale. I think that makes it easier for plans and for individual employers to be able to tie quality to pricing. It's hard enough just to get the pricing right in a contract, but then to try to tie it to all these millions of quality metrics can be just overwhelming. How do you match them? Our goal was to try to synthesize it down for employers and then benchmark it, so nobody can come back to them and say, well, our C-section rate is good enough. Well, it's not good enough if you're at the 25th percentile. It's just not. That gives you that tool to be able to bring the quality equation into your contracting on the price side. We've been advancing this to a number of different health plans. Some of the Blues plans have taken it up. I think the Defense Health Agency is likely to take some of these components on, parts of it or all of it. We offer reports, etc., that give employers really a strong understanding of how their hospitals compare in the market and then hopefully that will give them a little bit of an easier way to really tie their pricing to that.

Ellen Kelsay

That's great. I want to shift gears. You talked about technology very briefly with a bit of a cautionary note, as you were talking about technology not being the fail-safe in solving all these challenges related to patient safety and quality. Are there areas there that you do see technology being leveraged in effective ways to optimize and improve upon some of those pain points, or if it's not yet manifesting itself, you see a potential where it could in a few years' time?

Leah Binder

I definitely see enormous potential. I'm a huge optimist in general, but I'm a really major optimist about technology. I just think that it's going to require all of us who are advocates for safety and quality and who are employers and have strong, both a personal and a business interest in making sure that health care is better. We're going to have to step forward and make sure that it goes the way we want it to go. We have a role to play. But I will say that the possibilities are really significant. One area that I think I'm very excited about is diagnostic excellence. Right now, there's a real problem with health care diagnosis. Believe it or not, there's a lot of errors in diagnosis and that then leads to a cascading effect. Of course, you get the wrong diagnosis, then you're going to get the wrong treatment and then that's going to not treat the original problem and that's a problem. Then it also can create even more problems because sometimes treatments actually have consequences that are unhealthy. So you just have a whole set of problems that can arise from misdiagnosis. It's a very common problem, sadly. It's something that Leapfrog has been working pretty hard to incorporate into some of our safety ratings. There's very few measures of it right now. But I think that technology has a real potential to improve diagnosis. At so many levels, we are able to really synthesize symptoms in a much more sophisticated way to then arrive at what is the likelihood that this is appendicitis versus something else or what are some of the possibilities? And then to take really complicated EMR records, synthesize them and say the chances are that it's this or this or this. To really be able to, I think, in a far more sophisticated way, give physicians and others who make diagnosis, to give them lots of insights that they might not have been able to gather before and to really make use of the vast array of knowledge that's out there about disease and about the symptoms. No matter how big a genius, no one physician can always have all of that at the ready in their head, but with AI and other machine learning and just other tools that are increasingly available to them, they can really turbocharge what they're able to do with diagnosis. I'm very excited about that. What will be important as a corollary to the use of this new technology to drive improvements in diagnosis, what will be important is that the internal human systems within an organization work effectively. Because you can have a diagnosis and say, well, let's confirm it with a lab value, and then you do a lab test, but if the lab test never gets back to the physician because somebody forgot to deliver it, or this happens like every day and every minute of health care, they forgot, or somebody didn't get it to them, or the patient, or whatever, there's a wrong test, or there's all kinds of mistakes that get made in the delivery of care, or the testing, or just the whole processes of care that are underneath whatever diagnosis might be made. If those are mistaken, then we're not going to solve the problem no matter how good the technology is. That's why it's so important that we get these human systems functioning better, so that they can support the power of this new technology.

Ellen Kelsay

Those are so many great examples. As listeners of this podcast know, I always like to round out these conversations with a question for our guests about what gives them hope for the future. And so as you think about the journey your organization's been on, the work you're doing today, all the challenges and opportunities that still are in front of us, what gives you a sense of optimism as you look towards the future?

Leah Binder

Employers. I really see the leadership of employers that I've met, and I've met many employers. I see a group of people who are extraordinarily committed to the future in health care and determined to make a difference. I've just seen really a new generation emerging of employers who want to make use of new technology and new claims data, new kinds of information and tools that are available to them that were never available in the past. They want to use those to the benefit of their employees. I've just seen this rebirth of innovation and excitement and determination among employers. So I'm excited to see what they do with that. I think they've got a real potential to transform health care. And I don't think anyone sees it

coming. A lot of times I go to these meetings in Washington, and you probably do also, Ellen, where employers are not really thought about as a really big part of health policy. They're just sort of, well, we should ask the employers what they think maybe. But it's kind of, let's do this because it's all about Medicare or something, which Medicare is important, but employers pay for 20% of health care in this country. They are an amazing group of people who are not to be underestimated and they're standing there and they're determined. I'm very optimistic about what a difference employers are already making and what they can do with the new tools that are available to them.

Ellen Kelsay

Well, you know, I'm not going to argue with that point. I was also encouraged by this story you shared about St. Bernard and the system rallying and rising to the charge put in front of them, too. So yes, I think employers have a very big role to play, but no stakeholder goes this alone and so it's encouraging to see that others are willing participants and are wanting to also move in a better direction, continue to improve safety and health care for all of us.

Leah, it's so wonderful to speak with you. I just greatly appreciate your partnership. The work that you and your team do is so unbelievably important. So keep up with the good work, and again, thanks for bringing it to our audience today.

Leah Binder

Thank you, Ellen. It is a delight to work with you as always. Such a valuable part of our story at Leapfrog is Business Group on Health and you, personally. I really appreciated your leadership within Leapfrog as well as at the Business Group on Health. So, thank you.

Ellen Kelsay

I've been speaking with Leah Binder, a leader in hospital quality and patient safety efforts and a regular contributor to the *Harvard Business Review*, *Forbes*, and other outlets. In this episode, we discussed the most recent Leapfrog group, Hospital Safety Grades, which assigned ratings to facilities based on measurement of quality and safety measures. You can access the report and additional resources online at www.leapfroggroup.org.

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