

Influential Health Care System Rankings Can Conceal Maximal Inequities: A Simulation Study

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Abstract : Background: Comparative rankings are increasingly used to evaluate health care systems. These rankings combine discrete attribute rankings into a composite overall ranking. Health care equity is a component of overall rankings, but excelling in other categories can counterbalance low inequity grades. Highly ranked inequitable health care would commend systems that disregard human rights. We simulated the ranking of a maximally inequitable health care system using a published, influential ranking methodology. Methods: We used The Commonwealth Fund's ranking of eleven health care systems to simulate the rank of a maximally inequitable system. Eighty performance indicators were simulated, assuming maximal ineptitude in equity benchmarks. Maximal rankings in all non-equity subcategories were assumed. Subsequent stepwise simulations lowered all non-equity rank positions by one. Results: The maximally non-equitable health care system ranked first overall. Three subsequent stepwise simulations, lowering non-equity rankings by one, each resulted in an overall ranking within the top three. Discussion: Our results demonstrate that grossly inequitable health care systems can rank highly in comparative health care system rankings. These findings challenge the validity of ranking methodologies that subsume equity under broader benchmarks. We advocate limiting maximum overall rankings of health care systems to their individual equity rankings. Such limits are logical given the insignificance of health care system improvements to those lacking adequate health care.

Keywords : global health, health equity, healthcare systems, international health

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