

# United States Hospitals

COVID-19 pandemic changes  
way hospitals operate

# Cleveland Clinic continues to expand its global reach



As Cleveland Clinic nears its centennial in 2021, the top-ranked, global hospital system is serving more patients than ever before.

Whether it's telemedicine, virtual visits or building new facilities, Cleveland Clinic's continued international expansion is furthering the organization's mission of medical education, research and clinical excellence.

"Cleveland Clinic's goal is to touch and positively influence as many lives as possible worldwide," says Curtis Rimmerman, MD, MBA, Chairman of Cleveland Clinic International Operations.

*U.S. News & World Report* has named Cleveland Clinic the No. 2 hospital in the U.S. and, for the 26th consecutive year, the No.1 hospital for heart care. With its proven track record domestically, the nonprofit multispecialty academic medical center has also turned a focus to improving the health of individuals globally, no matter where they live.

Cleveland Clinic first opened an outpatient center in Canada in 2006, then expanded further abroad to the U.A.E. in 2015. Here, in partnership with Mubadala Investment Company, it opened Cleveland Clinic Abu Dhabi, a 394-bed facility capable of addressing a range of complex and critical care requirements specific to the local population. Additionally, there are eight Cleveland Clinic representatives living around the world whose job it is to connect local patients and providers to Cleveland Clinic.

## Looking to the future

Construction continues to progress at Cleveland Clinic London, the first European location in the organization's expanding global footprint. The 185-bed hospital will open in early 2022, preceded

by its first outpatient facility in autumn 2021. In 2022, Cleveland Clinic Abu Dhabi will open a state-of-the-art oncology center, designed to meet the specific needs of cancer patients and bring an integrated and transformative approach to diagnosing and treating cancer to the U.A.E. And in 2024, the organization will reach China, when the first Cleveland Clinic Connected project, Shanghai Luye Lilan Hospital, is set to open to patients. Under the Cleveland Clinic Connected agreements, organizations are connected to Cleveland Clinic's best practices in clinical operations, patient experience and quality of care. It's one more way patients around the world can access Cleveland Clinic care and expertise.

Rob Stall, Executive Director of Cleveland Clinic International Operations, says: "As we grow and double the number of patients served by 2024, our focus is to remain true to the standards we have established in the U.S. All of our expansions bear the unmistakable stamp of Cleveland Clinic in terms of quality, experience and care priorities."

## Collaborative care and innovation

Cleveland Clinic's value-based model of healthcare involves multidisciplinary teamwork, with the patient always at the center of care. As a fully integrated healthcare delivery system, it is capable of taking on the most complex cases and providing collaborative care supported by cutting-edge research and technology.

The model has also been a catalyst for innovation, and Cleveland Clinic is known for a number of firsts, such as

pioneering coronary artery bypass surgery, the first full face transplant and the first to deliver a baby from a deceased-donor uterine transplant in the U.S. Similarly, Cleveland Clinic Abu Dhabi has had an enormous impact on its landscape, having the only multi-organ transplant program in the U.A.E., and performing the nation's first successful heart, liver and lung transplants from deceased donors.

## Global Patient Services

Serving patients who come from outside their home country to receive care at a Cleveland Clinic facility is also a priority. Through its Global Patient Services, patients are assisted with travel and accommodation arrangements appropriate for their condition, interpretation services, and care coordination, all with a thorough understanding of the cultural background and needs of patients and their families.

Dr. Nizar Zein, Chairman of Global Patient Services for Cleveland Clinic, says: "While patients travel to our facilities looking for the best possible care available, they also need empathy – a team who understands their individual needs, medical or otherwise, and who involve them in their own treatment plans."

Since its founding in 1921, Cleveland Clinic has significantly changed the healthcare landscape in the U.S., and as it approaches its 100th anniversary, its impact in raising the standards of healthcare globally is increasingly evident. MEH

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# Groundbreaking analysis unveils key developments for brain metastases patients

As part of a multi-institutional effort spanning three countries, Miami Cancer Institute has contributed to groundbreaking analysis that reveals overall median survival for patients with brain metastases has improved over time.

Moreover, the analysis identifies that certain subsets of brain metastases have substantially better survival. This has led to the creation of an algorithm to estimate patient survival, individualize treatment, and stratify clinical trials. Given the survival improvement and current availability of therapies that can effectively treat brain metastases, these patients should no longer be excluded from clinical trials.

Results of this analysis were recently reported in the *Journal of Clinical Oncology*, <<https://doi.org/10.1200/JCO.20.01255>> examining a database of 6,984 patients from 18 institutions in the United States, Canada and Japan. Among the key results is that the median survival for brain metastases patients has improved, but varies by subset: lung cancer, 7-47 months; breast cancer, 3-36 months; melanoma, 5-34 months; gastrointestinal cancer, 3-17 months; and renal cancer, 4-35 months. As such, the findings led to the evolution of an algorithm to assess a patient's survival.

"Our report evaluates the outcomes of patients with brain metastases in the modern era, identifying variables that can predict survival for a given patient," said Minesh Mehta, M.D., deputy director and chief of radiation oncology at Miami Cancer Institute, as well as senior author of the report. "We've found that there are subcategories of patients who have substantially better survival – we're talking survival in years compared to months. No longer is it

appropriate to categorize all patients with brain metastases as having just one outcome."

Previously, the authors of the report developed and refined a Graded Prognostic Assessment (GPA), a diagnosis-specific index for patients with brain metastases. Those prognostic factors were weighted in proportion to their significance and scaled so that patients with the best or worst prognosis would have a GPA of 4.0 or 0.0, respectively. The new findings gather updated GPAs into a single report to define the eligibility quotient, which would identify patients best suited for clinical trials.

These updated GPAs are now available as a free tool for clinicians to accurately estimate a patient's survival, individualize treatment and stratify clinical trials and can be accessed at [www.brainmetgpa.com](http://www.brainmetgpa.com).

"No longer does one need to speculate or guess to make a prediction on a brain metastases patient's survival. Our GPA tool is extremely accurate and helpful in guiding a patient's decision-making," said Dr. Mehta. "It allows for a robust and accurate discussion of options between the patient and the clinician in a matter of minutes."


In the United States alone, an estimated 300,000 patients are diagnosed each year with brain metastases. In the remote past, the average survival for brain metastases patients was poor at only about 3-6 months, and the majority of patients could not effectively be treated with most systemic therapies. It was not uncommon for these patients to be treated in a palliative manner and referred to hospice. With the advent of this new analysis, instead of excluding patients with brain metastases from clinical trials, it is recommended for enrollment to be encouraged and for the



Minesh Mehta, M.D., deputy director and chief of radiation oncology at Miami Cancer Institute.

trials to be stratified to ensure appropriate comparisons are made.

"It becomes a self-fulfilling prophecy if we start assuming that brain metastases patients are going to have poor survival and therefore, we don't enrol them in trials with agents that could be effective for their treatment. Instead, if we recognize that these patients can have better survival and enrol them on these trials, we might in fact identify newer agents that are more effective," said Dr. Mehta. "What's important to recognize is that we have to stratify clinical trials because patients with brain metastases have different survival rates. We have to have different categories, which will ultimately balance the arms of clinical trials."

• For information about clinical trials currently underway at Miami Cancer Institute, please visit: <https://cancer.baptisthealth.net/miami-cancer-institute/clinical-trials>. 

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# How has deep brain stimulation benefitted patients with Parkinson's disease?

Dr. Sameer Sheth, neurosurgeon at Baylor St. Luke's Medical Center, uses deep brain stimulation (DBS) as an alternative to medication for treating disorders such as Parkinson's disease and essential tremor. DBS involves placing a device called a neurostimulator that sends electrical impulses through implanted electrodes to specific targets in the brain.



Dr. Sameer Sheth, neurosurgeon at Baylor St. Luke's Medical Center



## What is deep brain stimulation and how does it work?

"DBS is a therapy that we have for various neurological conditions," said Dr. Sheth. "It's a system that you can think of like a pacemaker. But rather than being a pacemaker for the heart, it's for the brain."

Dr. Sheth describes the brain as having many circuits that govern everything we do, including how we move.

"If the movement circuit is not working properly, we may have a movement disorder like Parkinson's," he said. "If we can identify the circuit within the brain that is not working properly, we can use this device to reset the rhythms in the brain and restore the balance so that our movements can be better controlled or without a tremor."

## How effective is DBS therapy?

Though DBS is considered an alternative, it's a well-established, FDA-approved technique that has been used to treat Parkinson's and essential tremor for 30+ years.

"There's been a lot of studies over the years," said Dr. Sheth. "Randomized trials have been presented in the top medical journals that show that for the appropriately chosen patient, DBS is more effective than the best medical therapy. So, in that appropriately chosen patient, DBS can be very successful at improving tremor for essential tremor and tremor stiffness, rigidity, and those other motor symptoms of Parkinson's disease."

One patient who has found success with DBS is Rudy Hardy.

"It's made a profound difference in my life," said Hardy. A professional sports photographer and professor of criminal justice, Hardy's life was controlled by Parkinson's. He tried medication initially, and though it seemed to work for a while, his tremors eventually worsened. Since undergoing DBS, Hardy's symptoms are now almost completely undetectable.

## How does DBS compare to other methods of treatment for Parkinson's disease?

As in Hardy's case, every patient's treatment begins with medication until it is determined that they can benefit from DBS. "Medications are always tried first. Unfortunately, we can only get so far with medications. Oftentimes, many patients try them, and they may work for a little while," said Dr. Sheth.

"But at some point, oftentimes the medications stop working as much because the disorder tends to progress over the years. It could get worse, and the medicines may not be able to keep up. Many of the medicines themselves have their own side effects. So, you get to a point where perhaps the medicines are helping to a degree, but they're causing their own side effects, and exactly when we get to that point is when we introduce the idea of a surgical therapy like DBS."

## How common is DBS?

Dr. Sheth describes DBS as a very standard

Patients need to know that there are these alternatives. They need to know that they're not necessarily stuck with these symptoms, that there may be a different way to get better control.

treatment. "These are procedures that we do week in and week out," he said. "It's not investigational or experimental." Around the world, more than 150,000 patients have had DBS for Parkinson's or tremor with a success rate of 95%.

"Patients need to know that there are these alternatives. They need to know that they're not necessarily stuck with these symptoms, that there may be a different way to get better control. That discussion is, of course, individual-specific, but the availability of these types of surgical treatments is important for patients to know about."

As Houston's leader in neurology and neurosurgery, the Neuroscience Institute at Baylor St. Luke's Medical Center is continually working to find better treatments for neurological conditions to help patients get back their lives.

• For more information: [StLukesHealth.org/BSLMCInternational](http://StLukesHealth.org/BSLMCInternational)  
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# U.S. News releases 2020-21 Best Hospitals Rankings and spotlights ‘Hospital Heroes’ during historic year for health care

U.S. News & World Report, the leading US authority in hospital rankings, has published the 2020-21 Best Hospitals rankings in the United States. The 31st edition includes special recognition of the herculean efforts being mounted by the nation’s health professionals who have stepped up during COVID-19, often at great personal risk.

U.S. News has also started an ongoing series titled Hospital Heroes <<https://health.usnews.com/hospital-heroes>> where they spotlight the extraordinary efforts by US health professionals on the front line of fighting the historic coronavirus pandemic.

“The pandemic has altered, perhaps permanently, how patients get care and from whom they get it. Amid the disruption, we are steadfastly committed to providing the public with authoritative data for comparing hospital quality,” said Ben Harder, managing editor and chief of health analysis at U.S. News. “No hospital’s clinical team came through this unprecedented health crisis unscathed. Our Hospital Heroes series is a tribute to recognizing individuals at urban and rural hospitals in communities across the country who have gone above and beyond during this unparalleled time in history.”

The coronavirus crisis also has unmasked the deadly effects of health disparities by race, ethnicity and other social determinants. The Hospital Heroes series highlights a community health equity leader, a doctor in hard-hit Navajo Nation and a public health leader who have spoken out about structural forces that drive racial and ethnic health inequities. While health inequities have existed in the U.S. health care system since its inception, efforts to quantify these gaps in a comparable way across individual hospitals have been scarce. U.S. News recently announced it will use more than three decades of experience in hospital quality measurement to contribute to the much needed dialogue on disparities in hospital care. In a analysis published in July, U.S. News examined seven years of Medicare records that reveal broad and enduring racial disparities in surgical care access and quality of that care.

Alongside these firsthand accounts, the 2020-21 Best Hospitals editorial features commentaries from hospital leaders addressing ways hospitals and health systems are navigating the path forward along with reporting on topics from the rise in telemedicine to provider burnout and mental health strain stemming from the pandemic.

Spanning 26 adult specialties, procedures and conditions, the 2020-21 Best Hospitals rankings evaluated nearly every community hospital in America.

U.S. News updated rankings for 16 medical specialties, which cover Cancer, Cardiology & Heart Surgery, Diabetes & Endocrinology, Ear, Nose & Throat, Gastroenterology & GI Surgery, Geriatrics, Gynecology, Nephrology, Neurology & Neurosurgery, Ophthalmology, Orthopedics, Psychiatry, Pulmonology & Lung Surgery, Rehabilitation, Rheumatology and Urology. This year, 134 hospitals out of more than 4,500 were nationally ranked in one specialty, while 563 were ranked among the Best Regional Hospitals in a state or metro area.

For 2020-21, the Mayo Clinic in Rochester, Minnesota claimed the No. 1 spot on the Best Hospitals Honor Roll. Cleveland Clinic ranked No. 2, followed by Johns Hopkins Hospital at No. 3. The Honor Roll is a distinction awarded to hospitals ranked in the top 20 nationally for delivering exceptional treatment across multiple areas of care.

In the specialty rankings, University of Texas MD Anderson Cancer Center ranked No. 1 in Cancer, the Cleveland Clinic is No. 1 in Cardiology & Heart Surgery and Hospital for Special Surgery is No. 1 in Orthopedics.

The data used in the 2020-21 Best Hospitals rankings and ratings come from a period pre-dating the COVID-19 pandemic and were not affected by the pandemic’s impact on hospitals.

The U.S. News Best Hospitals methodologies are based largely on objective measures such as risk-adjusted survival and discharge-to-home rates, volume, and quality of nursing, among other care-related indicators.

Debating this year, U.S. News released a new cardiac rating that measures the quality of hospitals’ transcatheter aortic valve

## 2020-21 Best Hospitals Honor Roll

1. Mayo Clinic, Rochester, Minnesota
2. Cleveland Clinic
3. Johns Hopkins Hospital, Baltimore
4. New York-Presbyterian Hospital-Columbia and Cornell, New York, NY (tie)
5. UCLA Medical Center, Los Angeles (tie)
6. Massachusetts General Hospital, Boston
7. Cedars-Sinai Medical Center, Los Angeles
8. UCSF Medical Center, San Francisco
9. NYU Langone Hospitals, New York, NY
10. Northwestern Memorial Hospital, Chicago
11. University of Michigan Hospitals-Michigan Medicine, Ann Arbor
12. Brigham and Women’s Hospital, Boston
13. Stanford Health Care-Stanford Hospital, Palo Alto, California
14. Mount Sinai Hospital, New York, NY
15. Hospitals of the University of Pennsylvania-Penn Presbyterian, Philadelphia
16. Mayo Clinic-Phoenix
17. Rush University Medical Center, Chicago
18. Barnes-Jewish Hospital, Saint Louis (tie)
19. Keck Medical Center of USC, Los Angeles (tie)
20. Houston Methodist Hospital

replacement (TAVR) programs. Developed in recent years, TAVR is rapidly being adopted as a minimally invasive alternative to aortic valve surgery.

• For the full rankings, visit: <https://health.usnews.com/best-hospitals> 