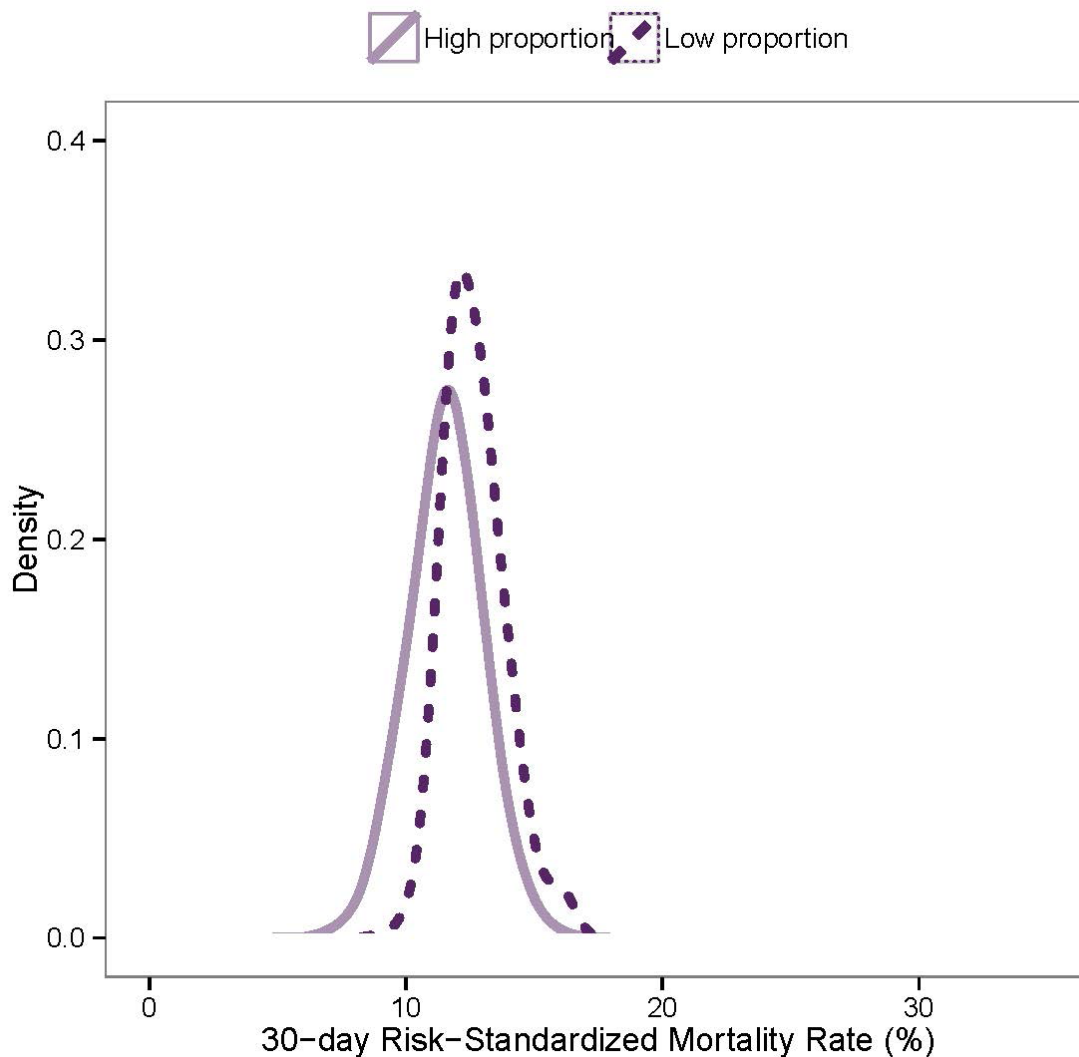


SOCIODEMOGRAPHIC STATUS

► **Performance on the heart failure mortality measure:** Hospitals that serve high and low proportions of African-American patients.

The Centers for Medicare & Medicaid Services (CMS) periodically investigates select hospital practices that may impact a hospital's performance on the following mortality measure: hospital-level 30-day risk-standardized mortality rate (RSMR) following heart failure [1]. The heart failure mortality measure includes Medicare fee-for-service (FFS) beneficiaries aged 65 or older and assesses the occurrence of death for any cause within 30 days after the date of hospital admission for heart failure [2]. The heart failure mortality measure has been publicly reported on [Hospital Compare](#) since 2007 and has been included in the Hospital Value-Based Purchasing (HVBP) Program since 2013 [3,4].

FIGURE I. Distributions of heart failure RSMRs (%) for hospitals with the lowest and highest proportions of African-American patients, July 2012-June 2015.



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Variation in RSMRs reflects differences in performance among hospitals; lower RSMRs suggest better quality, and higher RSMRs suggest worse quality. To understand how caring for African-American patients might impact a hospital's RSMR, we examined RSMRs among hospitals with high and low proportions of African-American patients. We compared the heart failure RSMRs for the 516 hospitals with the lowest overall proportion of African-American Medicare FFS patients (0% of a hospital's Medicare FFS patients) to the 375 hospitals with the highest overall proportion of African-American Medicare FFS patients ($\geq 23.0\%$ of a hospital's Medicare FFS patients) for the July 2012 – June 2015 reporting period. We defined hospitals with the lowest and highest proportions of African-American patients as those that fall within the lowest and highest deciles of all hospitals with 25 or more qualifying admissions. The proportion of African-American Medicare FFS patients for each hospital was determined using the Medicare Part A Inpatient Claims from 2014. All hospitals with 0% African-American patients were included in the lowest decile. To ensure accurate assessment of each hospital, the heart failure mortality measure uses a statistical model to adjust for key differences in patient risk factors that are clinically relevant and that have a strong relationship with the mortality outcome [2].

TABLE 1. Distributions of heart failure RSMRs (%) for hospitals with the lowest and highest proportions of African-American patients, July 2012-June 2015.

	Heart failure RSMR (%)	
	Lowest proportion (0%) African-American patients; n=516	Highest proportion ($\geq 23.0\%$) African-American patients; n=375
Maximum	16.5	15.9
90%	14.2	13.3
75%	13.3	12.5
Median (50%)	12.5	11.6
25%	11.8	10.6
10%	11.3	9.6
Minimum	9.1	7.2

The median heart failure RSMR for hospitals with the lowest proportion of African-American patients was 12.5% (interquartile range [IQR]: 11.8%-13.3%; Figure 1 and Table 1). The median heart failure RSMR for hospitals with the highest proportion of African-American patients was 11.6% (IQR: 10.6%-12.5%; Figure 1 and Table 1).

Hospitals with the lowest proportion of African-American patients had a median heart failure RSMR that was 0.9 percentage points higher than that of hospitals with the highest proportion.

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2. Dorsey K, Grady J, Desai N, et al. 2016 Condition-Specific Measures Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Mortality Measures: Acute Myocardial Infarction – Version 10.0, Chronic Obstructive Pulmonary Disease – Version 5.0, Heart Failure – Version 10.0, Pneumonia – Version 10.0, Stroke – Version 5.0. <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier4&cid=1163010421830>. Accessed May 9, 2016.

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4. Hospital Value-Based Purchasing (HVBP) Overview. QualityNet website. <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=1228772039937>. Accessed March 1, 2016.