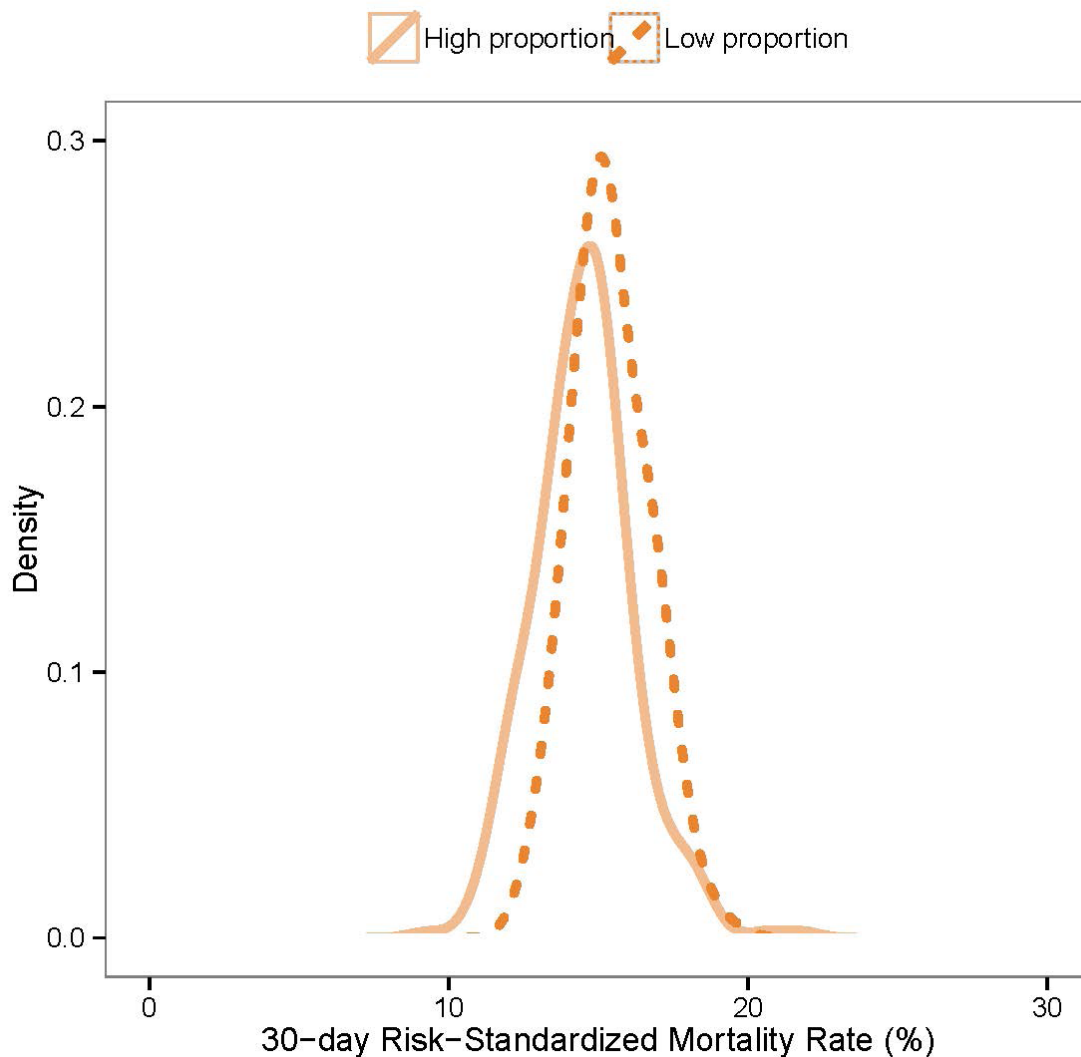


► **Performance on the acute ischemic stroke mortality measure:** Hospitals that serve high and low proportions of African-American patients.

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 acute ischemic stroke [1]. The stroke 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 acute ischemic stroke [2]. The stroke mortality measure has been publicly reported on [Hospital Compare](#) since 2014 [3].

FIGURE I. Distributions of stroke 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 stroke RSMRs for the 276 hospitals with the lowest overall proportion of African-American Medicare FFS patients (0% of a hospital's Medicare FFS patients) to the 276 hospitals with the highest overall proportion of African-American Medicare FFS patients ($\geq 23.3\%$ 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 stroke 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 I. Distributions of stroke RSMRs (%) for hospitals with the lowest and highest proportions of African-American patients, July 2012-June 2015.

	Stroke RSMR (%)	
	Lowest proportion (0%) African-American patients; n=276	Highest proportion ($\geq 23.3\%$) African-American patients; n=276
Maximum	19.6	21.8
90%	17.1	16.4
75%	16.3	15.4
Median (50%)	15.3	14.6
25%	14.5	13.5
10%	13.8	12.3
Minimum	12.3	9.3

The median stroke RSMR for hospitals with the lowest proportion of African-American patients was 15.3% (interquartile range [IQR]: 14.5%-16.3%; Figure 1 and Table 1). The median stroke RSMR for hospitals with the highest proportion of African-American patients was 14.6% (IQR: 13.5%-15.4%; Figure 1 and Table 1).

Hospitals with the lowest proportion of African-American patients had a median stroke RSMR that was 0.7 percentage points higher than that of hospitals with the highest proportion.

1. 2015 Medicare Hospital Quality Chartbook. Prepared by Yale New Haven Health Services Corporation Center for Outcomes Research and Evaluation for the Centers for Medicare and Medicaid Services. <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/hospitalqualityinits/outcomemeasures.html>. Accessed March 1, 2016.

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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