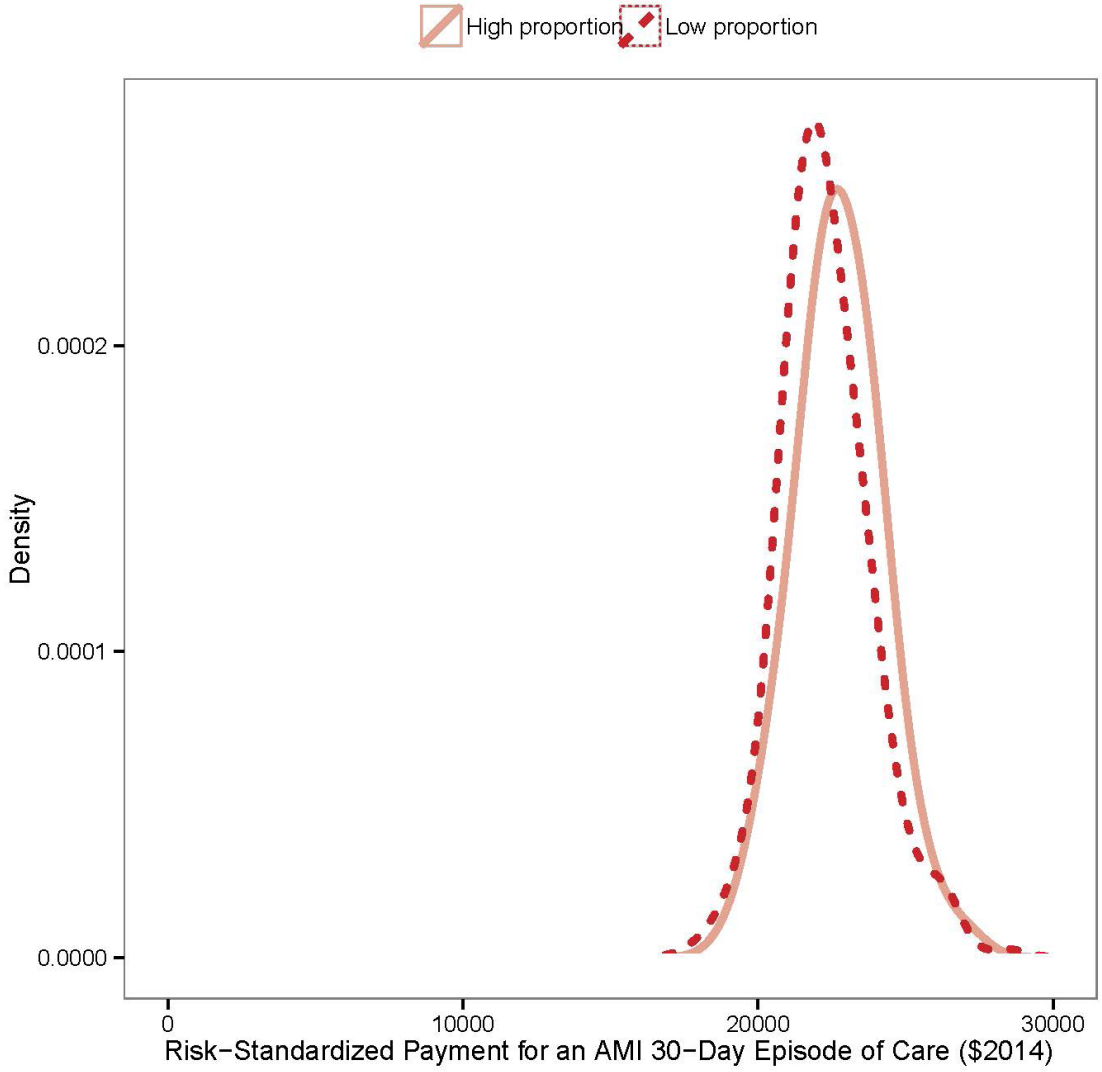
▶ Risk-standardized payment results across hospitals for a 30-day episode of care following admission for acute myocardial infarction: Hospitals that serve high and low proportions of African-American patients.

The Centers for Medicare & Medicaid Services (CMS) periodically investigates select hospital practices that may impact a hospital's results on the following payment measure: hospital-level risk-standardized payment (RSP) associated with a 30-day episode of care for acute myocardial infarction (AMI) [1]. The AMI payment measure includes admissions for Medicare fee-for-service (FFS) beneficiaries aged 65 or older and captures payments across multiple care settings, services, and supplies (this includes inpatient, outpatient, skilled nursing facility, home health, hospice, physician/clinical laboratory/ambulance services, and durable medical equipment, prosthetics/orthotics, and supplies) [2]. To isolate payment variation that reflects practice patterns rather than factors unrelated to clinical care, geographic differences and policy adjustments in payment rates for individual services are removed from the total payment for that service [2]. Standardizing the payment in this way allows for comparison across hospitals based solely on payments for decisions related to clinical care. However, it's important to note that the AMI payment measure results alone are not an indication of quality. The AMI payment measure has been publicly reported on *Hospital Compare* since 2015 [3].

FIGURE I. *Distributions of AMI RSPs ($2014) for hospitals with the lowest and highest proportions of African-American patients, July 2012-June 2015.*



SOCIODEMOGRAPHIC STATUS

Variation in AMI RSPs reflects different patterns in care decisions and resource utilization (for example, treatment, supplies, or services) among hospitals for a hospital's patients both during and after the hospital stay. To understand how caring for high or low proportions of African American patients might impact a hospital's resource utilization, we examined RSPs among hospitals with high and low proportions of African American patients. We compared the AMI RSP for a 30-day episode of care for the 239 hospitals with the lowest overall proportion of African-American Medicare FFS patients (0% of a hospital's Medicare FFS patients) to the 240 hospitals with the highest proportion of African-American Medicare FFS patients (≥ 23.6% 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 AMI payment 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 payment outcome [2]. Additionally, all payments were inflation-adjusted to 2014 dollars.

TABLE I. *Distributions of AMI RSPs ($2014) for hospitals with the lowest and highest proportions of African-American patients, July 2012-June 2015.*

	AMI RSP ($2014)	
	Lowest proportion (0%) African-American patients; n=239	Highest proportion (≥ 23.6%) African-American patients; n=240
Maximum	28,454	27,547
90%	24,253	24,606
75%	23,187	23,656
Median (50%)	22,072	22,697
25%	21,312	21,747
10%	20,689	20,789
Minimum	17,887	18,633

The median AMI RSP for hospitals with the lowest proportion of African-American patients was $22,072 (interquartile range [IQR]: $21,312-$23,187; Figure 1 and Table 1).The median AMI RSP for hospitals with the highest proportion of African-American patients was $22,697 (IQR: $21,747-$23,656; Figure 1 and Table 1).

Hospitals with the lowest proportion of African-American patients had a median AMI RSP that was $625 lower 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. Lesli S. Ott, Nancy Kim, Angela Hsieh, et al. 2016 Measure Updates and Specifications Report Hospital-Level Risk-Standardized Payment Measures: Acute Myocardial Infarction – Version 5.0, Heart Failure – Version 3.0, Pneumonia – Version 3.0, Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) – Version 2.0. https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228774267858. Accessed May 9, 2016.

3. Hospital Inpatient Quality Reporting (IQR) Program Overview. QualityNet website. https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129. Accessed March 4, 2016.