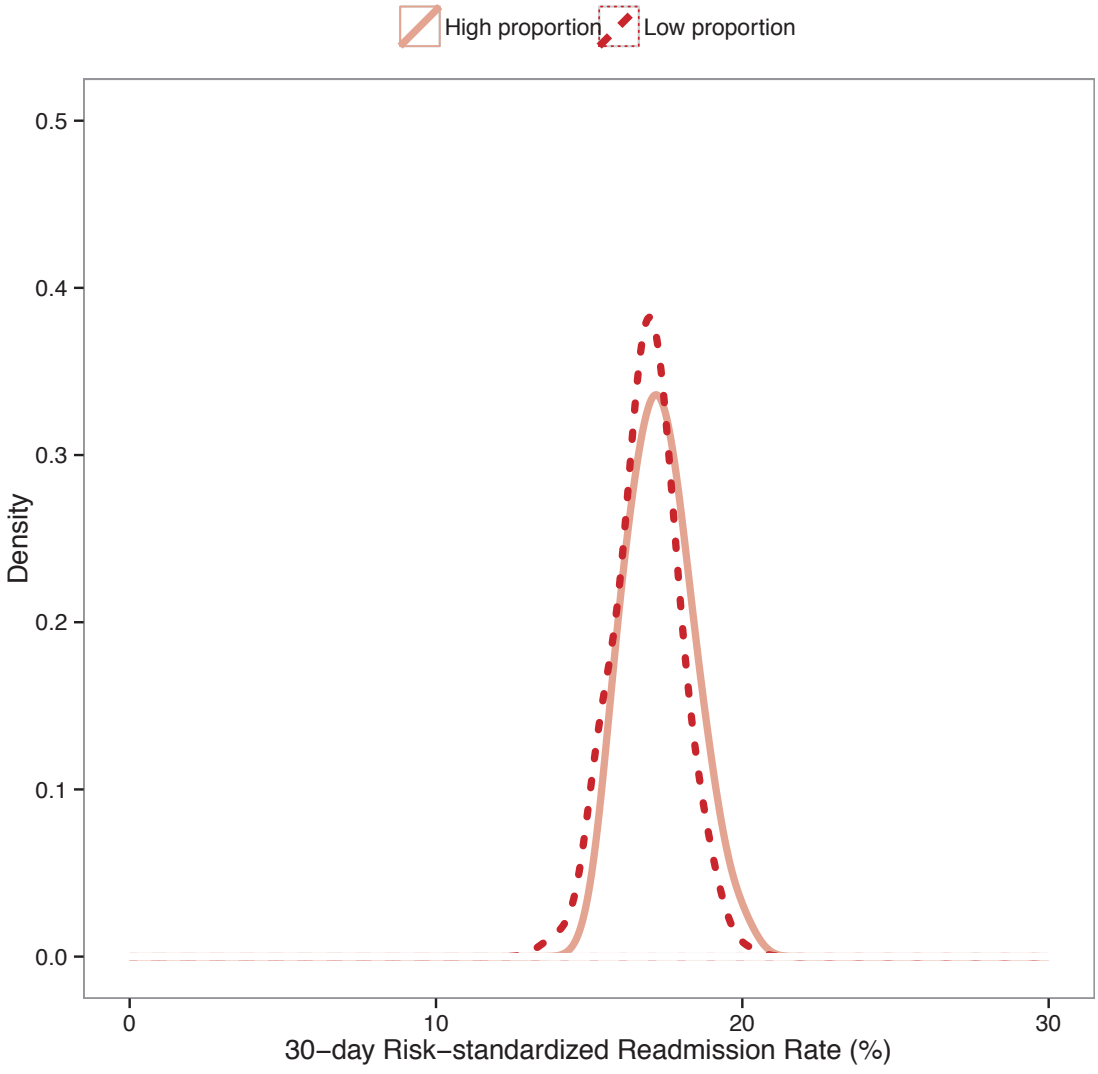
SOCIODEMOGRAPHIC STATUS

Performance on the acute myocardial infarction readmission measure: **Hospitals that serve high and low proportions of Medicaid patients.**

The Centers for Medicare & Medicaid Services (CMS) periodically investigates select hospital practices that may impact a hospital's performance on the following readmission measure: hospital-level 30-day risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) [1]. The AMI readmission measure includes Medicare fee-for-service (FFS) and Veterans Health Administration (VA) beneficiaries aged 65 or older [2]. The AMI readmission measure assesses the occurrence of unplanned readmission for any cause within 30 days after discharge from hospitalization for AMI [2]. The AMI readmission measure has been publicly reported on Hospital Compare since 2009 and has been included in the Hospital Readmissions Reduction Program (HRRP) since 2012 [3].

FIGURE I *Distributions of AMI RSRRs (%) for hospitals with the lowest and highest proportion of Medicaid patients, July 2011-June 2014.*



Variation in RSRRs reflects differences in performance among hospitals; lower RSRRs suggest better quality, and higher RSRRs suggest worse quality. To understand the impact of caring for Medicaid patients, we examined RSRRs among hospitals with high and low proportions of Medicaid patients. Therefore, we compared the AMI RSRRs for the 223 hospitals with the lowest overall proportion of Medicaid patients (≤ 8.4% of a hospital's patients) to the 222 hospitals with the highest overall proportion of Medicaid patients (≥ 30.4% of a hospital's patients) for the July 2011 – June 2014 reporting period. Hospitals with the lowest and highest proportions of Medicaid patients are designated as those that fall within the lowest and highest deciles of all hospitals with 25 or more qualifying discharges, respectively. The proportion of Medicaid patients for each hospital was determined using the American Hospital Association (AHA) Annual Survey Database Fiscal Year 2013 [4]. To ensure accurate assessment of each hospital, the AMI readmission 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 readmission outcome [2]. Please note that VA hospitals are not included in this analysis.

TABLE I *Distributions of AMI RSRRs (%) for hospitals with the lowest and highest proportion of Medicaid patients, July 2011-June 2014.*

	AMI RSRR (%)	
	Lowest proportion (≤ 8.4%) Medicaid patients; n=223	Highest proportion (≥ 30.4%) Medicaid patients; n=222
Maximum	20.2	20.1
90%	18.2	18.7
75%	17.5	18.0
Median (50%)	16.9	17.2
25%	16.3	16.5
10%	15.4	16.0
Minimum	13.5	15.1

The median AMI RSRR for hospitals with the highest proportion of Medicaid patients was 17.2% (interquartile range [IQR]: 16.5%-18.0%). The median AMI RSRR for hospitals with the lowest proportion of Medicaid patients was 16.9% (IQR: 16.3%-17.5%; Figure 1 and Table 1).

Hospitals with the lowest proportion of Medicaid patients had a median AMI RSRR that was 0.3 percentage points lower than hospitals with the highest proportion.

1. Medicare Hospital Quality Chartbook 2014: Performance Report on Outcome Measures. Prepared by Yale New Haven Health Services Corporation Center for Outcomes Research and Evaluation for the Centers for Medicare and Medicaid Services 2014; http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/Medicare-Hospital-Quality-Chartbook-2014.pdf. Accessed 16 June 2015.

2. Dorsey K, Grady J, Desai N, et al. 2015 Condition-Specific Measures Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Readmission Measures: Acute Myocardial Infarction – Version 8.0, Heart Failure – Version 8.0, Pneumonia – Version 8.0, Chronic Obstructive Pulmonary Disease – Version 4.0, Stroke – Version 4.0; https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1219069855841. Accessed 26 June 2015.

3. "Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals, Final Rule." Federal Register / 22 August 2014; http://federalregister.gov/a/2014-18545. Accessed 16 June 2015.

4. AHA Annual Survey Database Fiscal Year 2013; http://www.ahadataviewer.com/book-cd-products/aha-survey/. Accessed 26 June 2015.