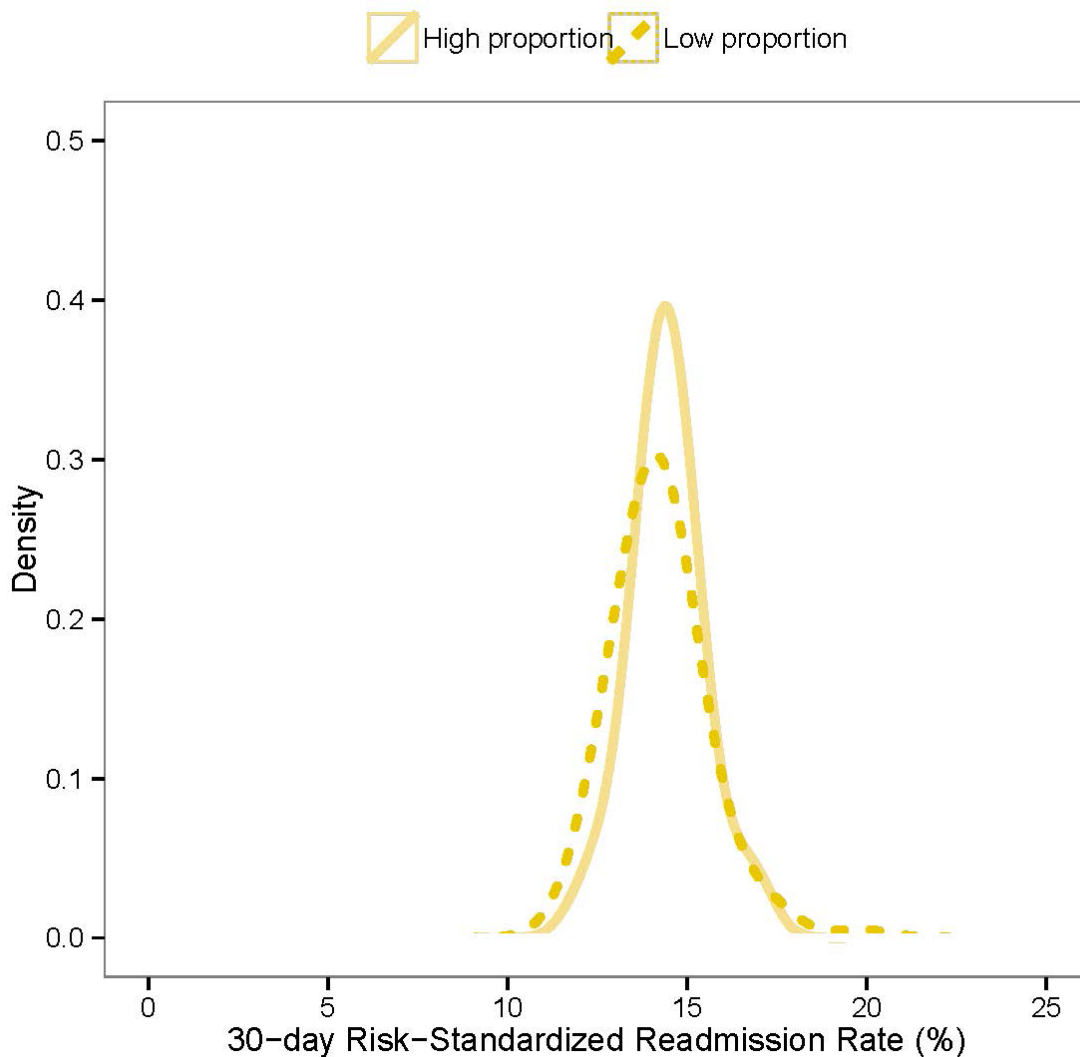


► **Performance on the isolated coronary artery bypass graft surgery readmission measure:**
Hospitals that serve high and low proportions of African-American patients.

The Centers for Medicare & Medicaid Services (CMS) periodically investigates select hospital practices that may impact a hospital's performance on the following readmission measure: hospital-level 30-day risk-standardized readmission rate (RSRR) following isolated coronary artery bypass graft (CABG) surgery [1]. "Isolated" CABG procedures are those performed without concomitant high-risk cardiac and non-cardiac procedures, such as valve replacement [2]. The CABG readmission measure includes Medicare fee-for-service (FFS) beneficiaries aged 65 or older and assesses the occurrence of unplanned readmission for any cause within 30 days after the date of discharge from hospitalization for CABG surgery [2]. The CABG readmission measure has been publicly reported on [Hospital Compare](#) since 2015 and will be included in the Hospital Readmissions Reduction Program (HRRP) in Fiscal Year 2017 [3, 4].

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



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Variation in RSRRs reflects differences in performance among hospitals; lower RSRRs suggest better quality and higher RSRRs suggest worse quality. To understand how caring for African-American patients might impact a hospital's RSRR, we examined RSRRs among hospitals with high and low proportions of African-American patients. We compared the stroke RSRRs for the 103 hospitals with the lowest overall proportion of African-American Medicare FFS patients (0% of a hospital's Medicare FFS patients) to the 103 hospitals with the highest proportion of African-American Medicare FFS patients ($\geq 21.3\%$ 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 CABG 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].

TABLE I. Distributions of isolated CABG RSRRs (%) for hospitals with the lowest and highest proportions of African-American patients, July 2012-June 2015.

	CABG RSRR (%)	
	Lowest proportion (0%) African-American patients; n=103	Highest proportion ($\geq 21.3\%$) African-American patients; n=103
Maximum	19.9	17.1
90%	15.6	15.6
75%	14.9	15.0
Median (50%)	14.2	14.4
25%	13.4	13.8
10%	12.8	13.2
Minimum	11.6	11.9

The median CABG RSRR for hospitals with the lowest proportion of African-American patients was 14.2% (interquartile range [IQR]: 13.4%-14.9%; Figure 1 and Table 1). The median CABG RSRR for hospitals with the highest proportion of African-American patients was 14.4% (IQR: 13.8%-15.0%; Figure 1 and Table 1).

Hospitals with the lowest proportion of African-American patients had a median CABG RSRR that was 0.2 percentage points lower than 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. N., Desai, N., et al. 2016 Procedure-Specific Measures Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Readmission Measures: Isolated Coronary Artery Bypass Graft (CABG) Surgery – Version 3.0, Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) – Version 5.0. <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1219069855841>. 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 1, 2016.

4. Hospital Readmissions Reduction Program Overview. QualityNet website. <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772412458>. Accessed March 1, 2016.

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