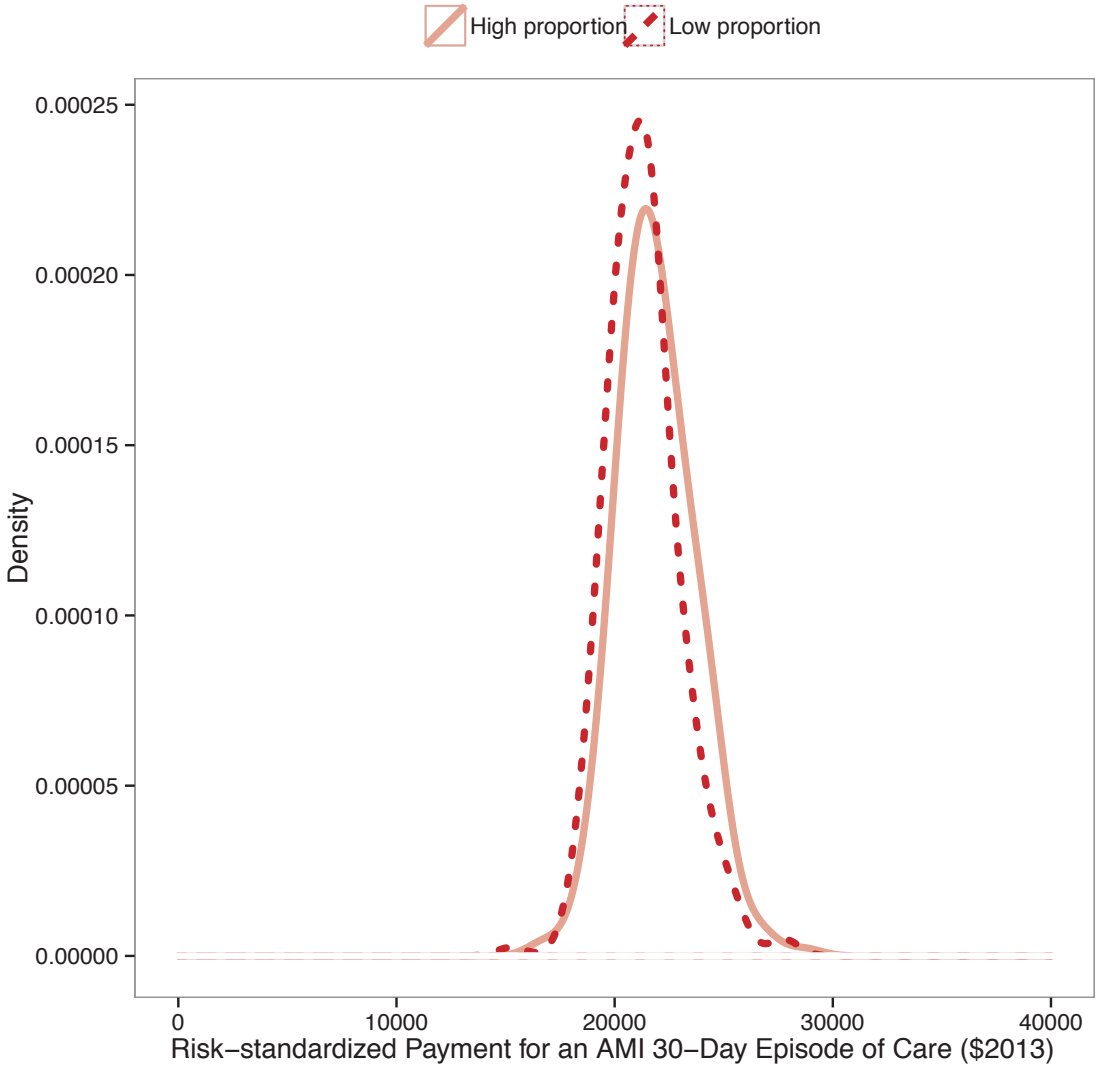
Results from the acute myocardial infarction payment measure: **Hospitals that serve high and low proportions of African-American patients.**

In 2014, the Centers for Medicare & Medicaid Services (CMS) began publicly reporting the following payment measure on Hospital Compare: 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 [2]. The AMI payment measure 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 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.

FIGURE I *Distributions of AMI RSPs ($2013) for hospitals with the lowest and highest proportions of African-American patients, July 2011-June 2014.*



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 at the hospital and after they leave. To understand the impact of caring for African-American patients, we examined payments among hospitals with high and low proportions of African-American patients. Therefore, 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 239 hospitals with the highest proportion of African-American Medicare FFS patients (≥ 23.7% of a hospital's Medicare FFS patients) for the July 2011 – June 2014 reporting period. Hospitals with the lowest and highest proportions of African-American patients are designated as those that fall within the lowest and highest deciles of all hospitals with 25 or more qualifying admissions, respectively. The proportion of African-American Medicare FFS patients for each hospital was determined using the Medicare Part A Inpatient Claims from 2013. 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 2013 dollars.

TABLE I *Distributions of AMI RSPs ($2013) for hospitals with the lowest and highest proportions of African-American patients, July 2011-June 2014.*

	AMI RSP ($2013)	
	Lowest proportion (0%) African-American patients; n=239	Highest proportion (≥ 23.7%) African-American patients; n=239
Maximum	27,942	28,706
90%	23,344	24,287
75%	22,123	23,036
Median (50%)	21,232	21,709
25%	20,158	20,702
10%	19,262	19,847
Minimum	15,276	16,739

The median AMI RSP for hospitals with the highest proportion of African-American patients was $21,709 (interquartile range [IQR]: $20,702-$23,036). The median AMI RSP for hospitals with the lowest proportion of African-American patients was $21,232 (IQR: $20,158-$22,123; Figure 1 and Table 1).

Hospitals with the lowest proportion of African-American patients had a median AMI RSP that was $477 lower than that of hospitals with the highest proportion. Payment results alone are not an indication of quality.

1. "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.

2. Kim N, Ott L, Hsieh A, et al. 2015 Condition-Specific Measure Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Payment Measures: Acute Myocardial Infarction – Version 4.0, Heart Failure – Version 2.0, Pneumonia – Version 2.0; https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228774267858. Accessed 26 June 2015.