

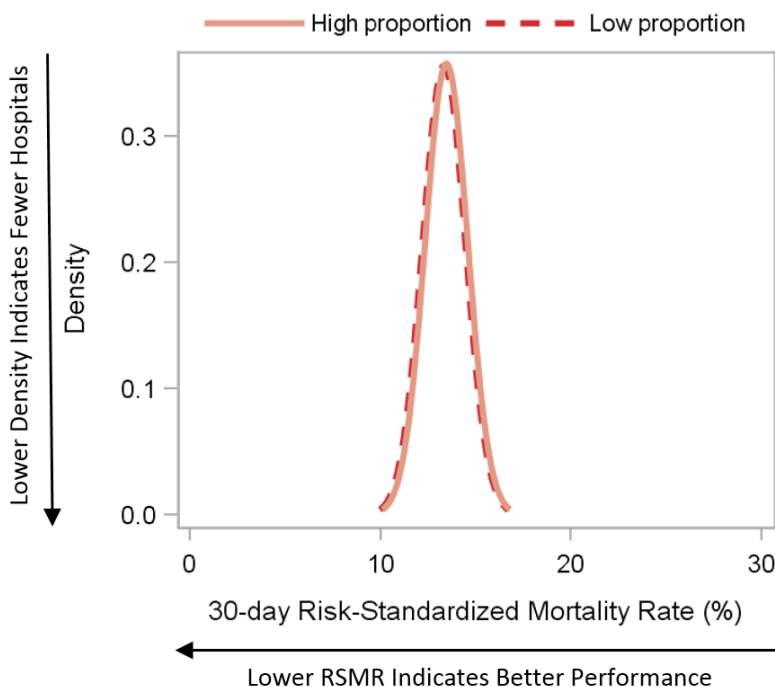
► **Performance on the acute myocardial infarction mortality measure:** Hospitals that serve high and low proportions of Medicaid patients.

The Centers for Medicare & Medicaid Services (CMS) evaluates hospital performance in relation to the proportion of Medicaid patients served in order to monitor patterns, changes, and potential unintended consequences in the measure results. This information allows CMS to better understand the current state of care within U.S. hospitals.

The acute myocardial infarction (AMI) mortality measure includes Medicare fee-for-service (FFS) beneficiaries aged 65 or older and assesses the occurrence of death from any cause within 30 days after the date of hospital admission for AMI [1].

CMS began publicly reporting 30-day risk-standardized mortality rates (RSMRs) following admissions for AMI in 2007 [2]. Publicly reported measure results are updated annually on the [Hospital Compare](#) website. The AMI mortality measure has been included in the Hospital Value-Based Purchasing (HVBP) program since 2014 [3].

**FIGURE I.** Distributions of AMI RSMRs (%) for hospitals with low and high proportions of Medicaid admissions, July 2013–June 2016.



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 Medicaid patients might impact a hospital's RSMR, we examined RSMRs among hospitals with high and low proportions of Medicaid patients. We compared the AMI RSMRs for the 237 hospitals with  $\leq 9.7\%$  Medicaid admissions to the 236 hospitals with  $\geq 32.6\%$  Medicaid admissions for the July 2013 – June 2016 reporting period. We defined hospitals with low and high proportions of Medicaid admissions as those that fall within the lowest and highest deciles of all hospitals with 25 or more qualifying admissions (N= 2,367). The proportion of Medicaid admissions for each hospital was determined using the American Hospital Association (AHA) Annual Survey Database Fiscal Year 2015 [4]. To ensure accurate assessment of each hospital, the AMI 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 [1].

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**TABLE I.** Distributions of AMI RSMRs (%) for hospitals with low and high proportions of Medicaid admissions, July 2013-June 2016.

	AMI RSMR (%)	
	Hospitals with low proportions ( $\leq 9.7\%$ ) of Medicaid admissions n = 237	Hospitals with high proportions ( $\geq 32.6\%$ ) of Medicaid admissions n = 236
Maximum	16.6	17.0
90%	14.7	14.9
75%	14.1	14.2
Median (50%)	13.3	13.5
25%	12.6	12.7
10%	11.9	12.2
Minimum	10.4	9.8

The median AMI RSMR for hospitals with low proportions of Medicaid admissions was 13.3% (interquartile range [IQR]: 12.6%- 14.1%; Figure 1 and Table 1). The median AMI RSMR for hospitals with high proportions of Medicaid admissions was 13.5% (IQR: 12.7%- 14.2%; Figure 1 and Table 1).

Hospitals with low proportions of Medicaid admissions had a median AMI RSMR that was 0.2 percentage points lower than that of hospitals with high proportions.

1. Jaymie Simoes, Jacqueline N. Grady, Jo DeBuhr, et al. 2017 Condition-Specific Measures Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Mortality Measures: Acute Myocardial Infarction – Version 11.0 Chronic Obstructive Pulmonary Disease – Version 6.0 Heart Failure – Version 11.0 Pneumonia – Version 11.0 Stroke – Version 6.0. <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1163010421830>. Available as of April 4, 2017.

2. 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, 2017.

3. Hospital Value-Based Purchasing Overview. QualityNet website. <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937>. Accessed March 1, 2017.

4. AHA Annual Survey Database Fiscal Year 2014; <http://www.ahadataviewer.com/book-cd-products/AHA-Survey/>. Accessed March 2, 2017.

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