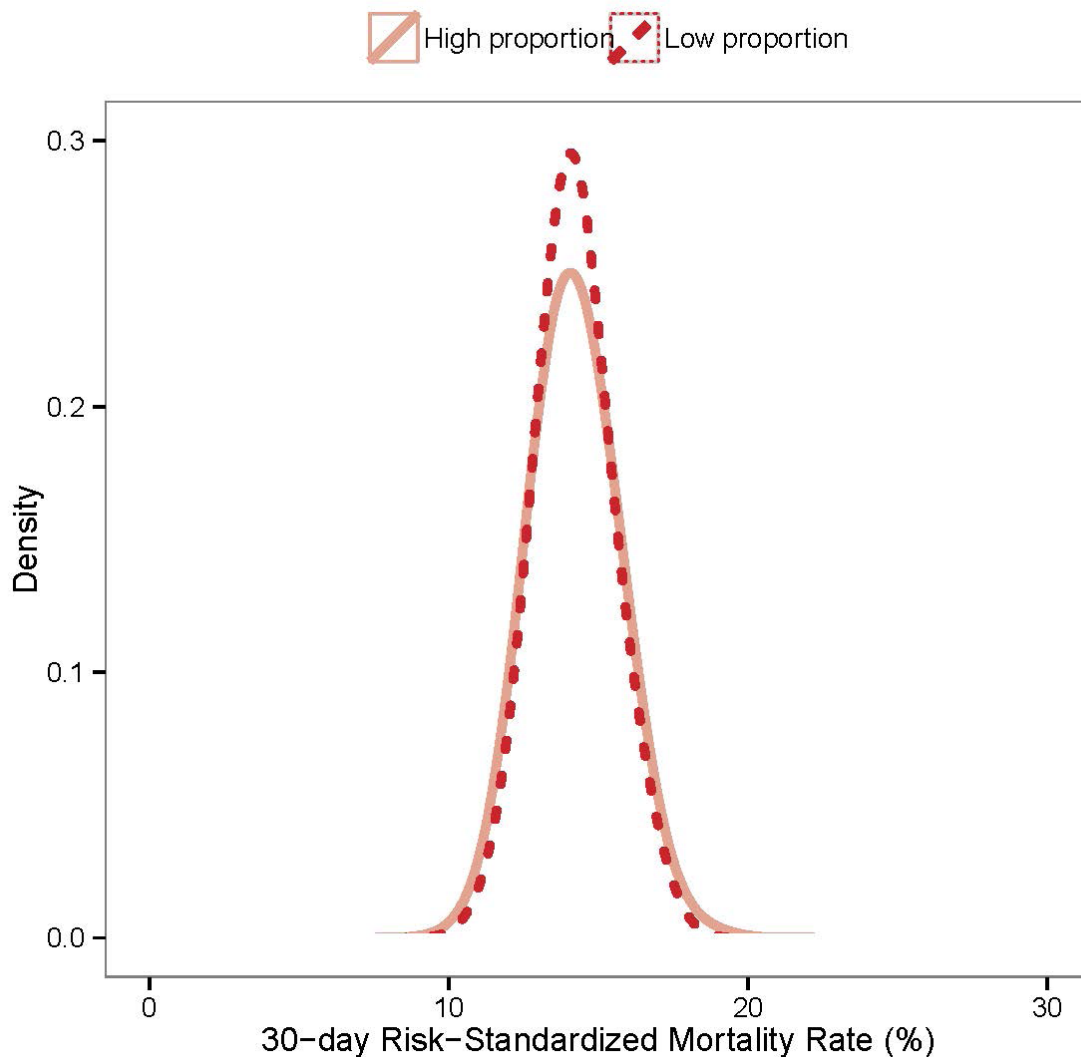


► **Performance on the acute myocardial infarction mortality measure:** Hospitals that serve high and low proportions of African-American patients.

The Centers for Medicare & Medicaid Services (CMS) periodically investigates select hospital practices that may impact a hospital's performance on the following mortality measure: hospital-level 30-day risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) [1]. The AMI mortality measure includes Medicare fee-for-service (FFS) beneficiaries aged 65 or older and assesses the occurrence of death for any cause within 30 days after the date of hospital admission for AMI [2]. The AMI mortality measure has been publicly reported on [Hospital Compare](#) since 2007 and has been included in the Hospital Value-Based Purchasing (HVBP) Program since 2013 [3, 4].

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



Prepared for CMS by Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (YNHHSC/CORE) September 2016

## SOCIODEMOGRAPHIC STATUS

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 African-American patients might impact a hospital's RSMR, we examined RSMRs among hospitals with high and low proportions of African-American patients. We compared the AMI RSMRs for the 244 hospitals with the lowest overall proportion of African-American Medicare FFS patients (0% of a hospital's Medicare FFS patients) to the 245 hospitals with the highest overall proportion of African-American Medicare FFS patients ( $\geq 23.6\%$  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 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 [2].

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

	AMI RSMR (%)	
	Lowest proportion (0%) African-American patients; n=244	Highest proportion ( $\geq 23.6\%$ ) African-American patients; n= 245
Maximum	17.1	18.6
90%	15.7	15.8
75%	14.9	15.0
Median (50%)	14.2	14.1
25%	13.4	13.3
10%	12.8	12.6
Minimum	11.2	10.5

The median AMI RSMR 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 AMI RSMR for hospitals with the highest proportion of African-American patients was 14.1% (IQR: 13.3%-15.0%; Figure 1 and Table 1).

Hospitals with the lowest proportion of African-American patients had a median AMI RSMR that was 0.1 percentage points higher than that of hospitals with the highest proportion.

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Prepared for CMS by Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (YNHHC/CORE) September 2016