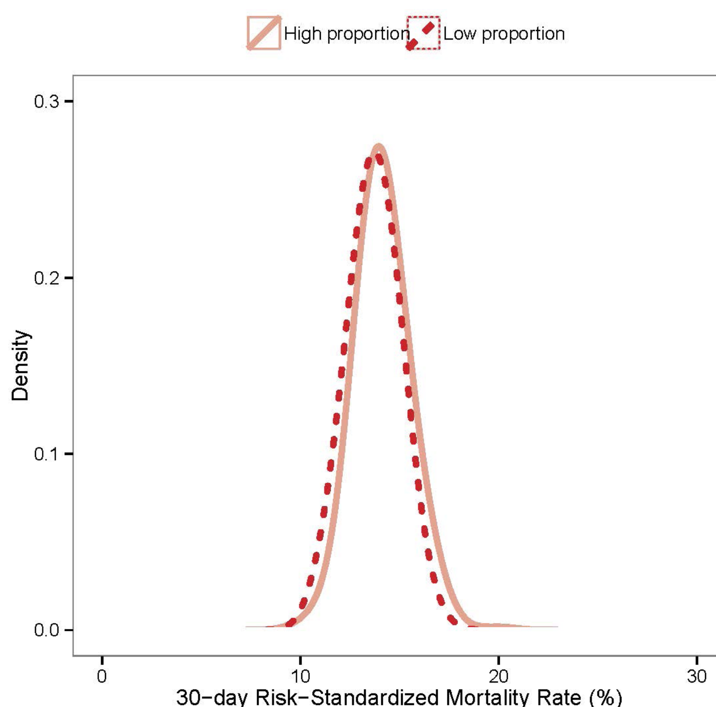
Performance on the acute myocardial infarction mortality measure: Hospitals that serve high and low proportions of Medicaid patients.

The Centers for Medicare & Medicaid Services (CMS) 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 from 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 Medicaid admissions, July 2012-June 2015.*



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 242 hospitals with the lowest overall proportion of Medicaid admissions (≤ 8.3% of a hospital's admissions) to the 242 hospitals with the highest overall proportion of Medicaid admissions (≥ 29.9% of a hospital's admissions) for the July 2012 – June 2015 reporting period. We defined hospitals with the lowest and highest proportions of Medicaid admissions as those that fall within the lowest and highest deciles of all hospitals with 25 or more qualifying admissions. The proportion of Medicaid admissions for each hospital was determined using the American Hospital Association (AHA) Annual Survey Database Fiscal Year 2014 [5]. 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].

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

	AMI RSMR (%)	
	Lowest proportion (≤ 8.3%) Medicaid admissions; n=242	Highest proportion (≥ 29.9%) Medicaid admissions; n=242
Maximum	16.9	20.0
90%	15.2	15.8
75%	14.5	14.9
Median (50%)	13.7	14.0
25%	13.0	13.3
10%	12.2	12.8
Minimum	10.9	10.1

The median AMI RSMR for hospitals with the lowest proportion of Medicaid admissions was 13.7% (interquartile range [IQR]: 13.0%-14.5%; Figure 1 and Table 1). The median AMI RSMR for hospitals with the highest proportion of Medicaid admissions was 14.0% (IQR: 13.3%- 14.9%; Figure 1 and Table 1).

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

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4. Hospital Value-Based Purchasing (HVBP) Overview. QualityNet website. https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937. Accessed March 1, 2016.

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