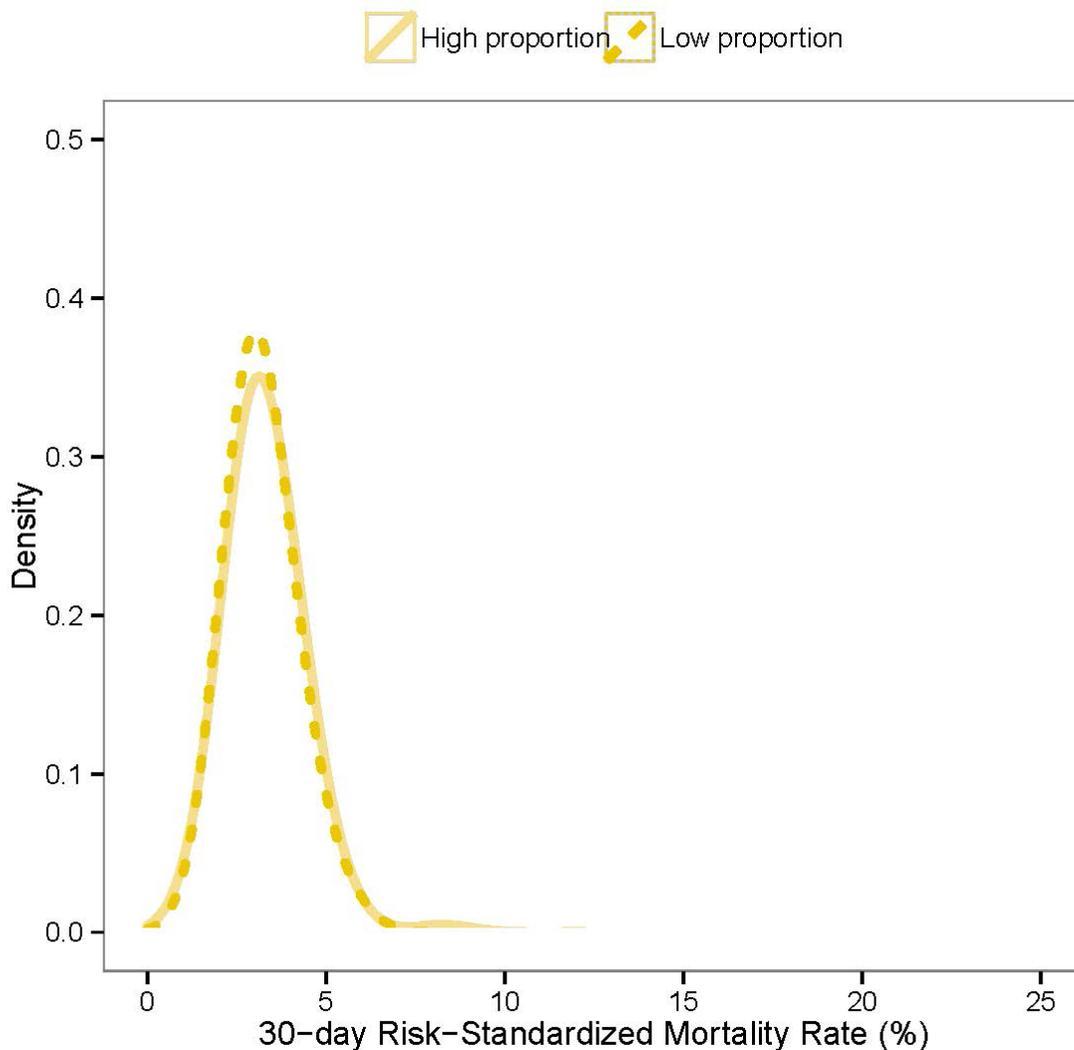


► **Performance on the isolated coronary artery bypass graft surgery mortality measure:**  
Hospitals that serve high and low proportions of Medicaid patients.

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 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 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 procedure date for CABG [2]. The CABG mortality measure has been publicly reported on [Hospital Compare](#) since 2015 [3].

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



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## 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 Medicaid patients might impact a hospital's RSMR, we examined RSMRs among hospitals with high and low proportions of Medicaid patients. Therefore, we compared the CABG RSMRs for the 104 hospitals with the lowest overall proportion of Medicaid admissions ( $\leq 8.0\%$  of a hospital's admissions) to the 105 hospitals with the highest overall proportion of Medicaid admissions ( $\geq 28.6\%$  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, respectively. The proportion of Medicaid admissions for each hospital was determined using the American Hospital Association (AHA) Annual Survey Database Fiscal Year 2014 [4]. To ensure accurate assessment of each hospital, the CABG 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.** Distribution of isolated CABG RSMRs (%) for hospitals with the lowest and highest proportions of Medicaid admissions, July 2012-June 2015.

	CABG RSMR (%)	
	Lowest proportion ( $\leq 8.0\%$ ) Medicaid admissions; n=104	Highest proportion ( $\geq 28.6\%$ ) Medicaid admissions; n=105
Maximum	5.8	8.3
90%	4.2	4.4
75%	3.7	3.8
Median (50%)	3.1	3.1
25%	2.6	2.7
10%	2.3	2.4
Minimum	1.5	1.4

The median CABG RSMR for hospitals with the lowest proportion of Medicaid admissions was 3.1% (interquartile range [IQR]: 2.6%-3.7%; Figure 1 and Table 1). The median CABG RSMR for hospitals with the highest proportion of Medicaid admissions was 3.1% (IQR: 2.7%- 3.8%; Figure 1 and Table 1).

Hospitals with the lowest proportion of Medicaid admissions had a median CABG RSMR that was equal to that of hospitals with the highest proportion.

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