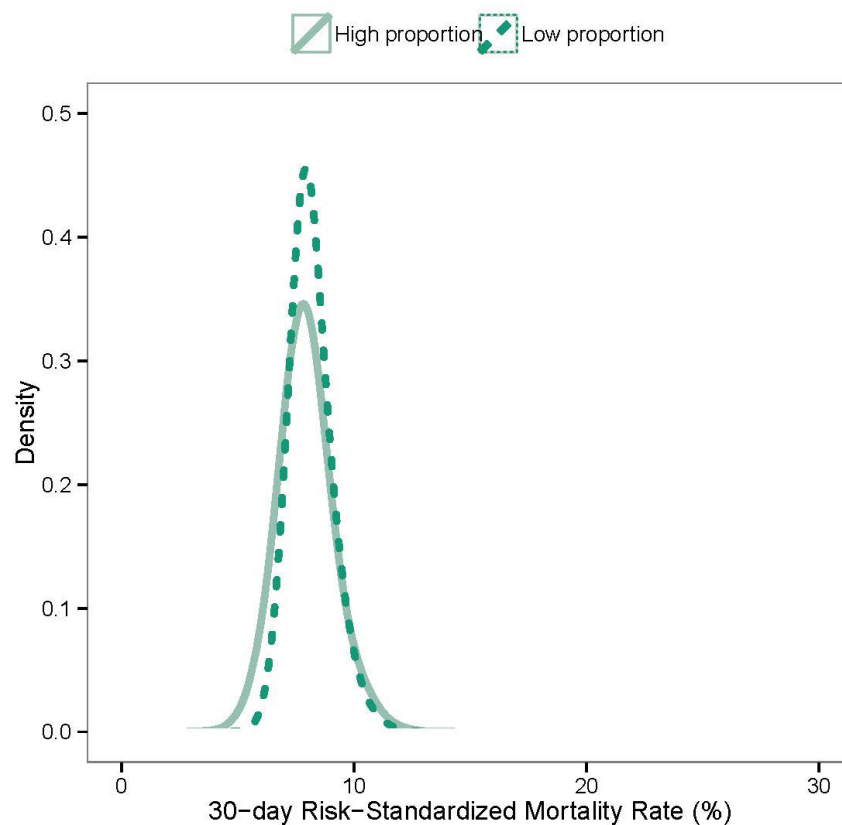


► **Performance on the chronic obstructive pulmonary disease mortality measure:** Hospitals that serve high and low proportions of African-American patients.

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 chronic obstructive pulmonary disease (COPD) [1]. The COPD 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 COPD [2]. The COPD mortality measure has been publicly reported on [Hospital Compare](#) since 2014 [3]. In 2021, the COPD mortality measure will be included in the Hospital Value-Based Purchasing (HVBP) program [4, 5].

FIGURE I. Distributions of COPD RSMRs (%) for hospitals with the lowest and highest proportions of African-American patients, 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 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 COPD RSMRs for the 494 hospitals with the lowest overall proportion of African-American Medicare FFS patients (0% of a hospital's Medicare FFS patients) to the 373 hospitals with the highest overall proportion of African-American Medicare FFS patients ($\geq 22.5\%$ 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 COPD 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 [X].

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

	COPD RSMR (%)	
	Lowest proportion (0%) African-American patients; n=494	Highest proportion (\geq 22.5%) African-American patients; n=373
Maximum	11.7	12.0
90%	9.2	9.3
75%	8.6	8.5
Median (50%)	8.0	7.8
25%	7.6	7.2
10%	7.2	6.7
Minimum	6.2	4.6

The median COPD RSMR for hospitals with the lowest proportion of African-American patients was 8.0% (interquartile range [IQR]: 7.6%-8.6%; Figure 1 and Table 1). The median COPD RSMR for hospitals with the highest proportion of African-American patients was 7.8% (IQR: 7.2%-8.5%; Figure 1 and Table 1).

Hospitals with the lowest proportion of African-American patients had a median COPD RSMR that was 0.2 percentage points higher than that of hospitals with the highest proportion.

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