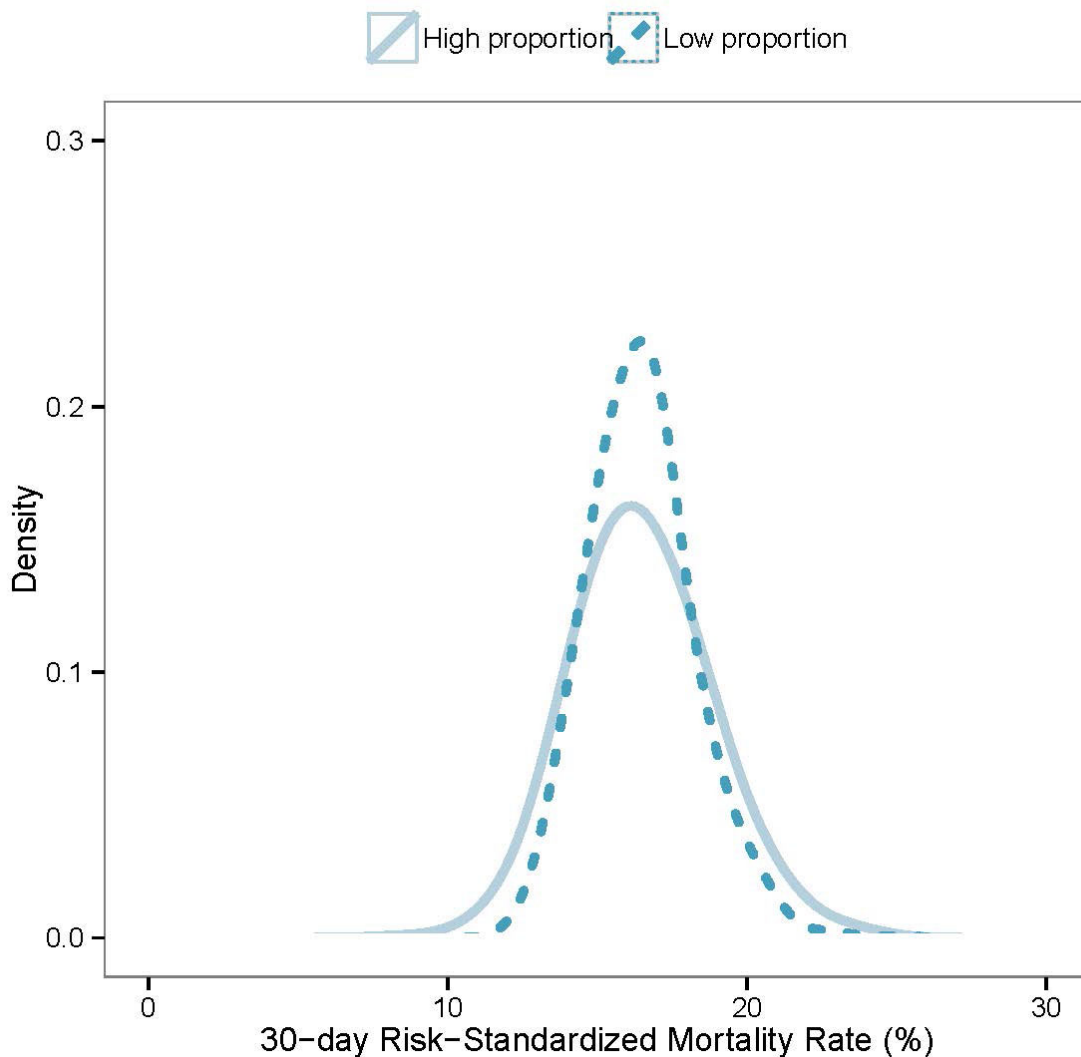


► **Performance on the pneumonia mortality measure:** Hospitals that serve high and low proportions of African-American patients.

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 pneumonia [1]. The pneumonia 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 pneumonia [2]. The pneumonia mortality measure has been publicly reported on [Hospital Compare](#) since 2008 and has been included in the Hospital Value-Based Purchasing (HVBP) Program since 2013 [3,4]. For 2016 public reporting, the pneumonia mortality measure cohort has been expanded to include aspiration pneumonia and non-severe sepsis patients [2].

**FIGURE I.** Distributions of pneumonia RSMRs (%) for hospitals with the lowest and highest proportions of African-American patients, 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 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 pneumonia RSMRs for the 848 hospitals with the lowest overall proportion of African-American Medicare FFS patients (0% of a hospital's Medicare FFS patients) to the 427 hospitals with the highest overall proportion of African-American Medicare FFS patients ( $\geq 21.9\%$  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 pneumonia 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 pneumonia RSMRs (%) for hospitals with the lowest and highest proportions of African-American patients, July 2012-June 2015.*

	Pneumonia RSMR (%)	
	Lowest proportion (0%) African-American patients; n=848	Highest proportion ( $\geq 21.9\%$ ) African-American patients; n=427
Maximum	25.1	24.2
90%	18.7	19.4
75%	17.5	18.0
Median (50%)	16.4	16.3
25%	15.3	14.9
10%	14.3	13.8
Minimum	12.1	8.7

The median pneumonia RSMR for hospitals with the lowest proportion of African-American patients was 16.4% (interquartile range [IQR]: 15.3%-17.5%; Figure 1 and Table 1). The median pneumonia RSMR for hospitals with the highest proportion of African-American patients was 16.3% (IQR: 14.9%-18.0%; Figure 1 and Table 1).

Hospitals with the lowest proportion of African-American patients had a median pneumonia RSMR that was 0.1 percentage points higher 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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