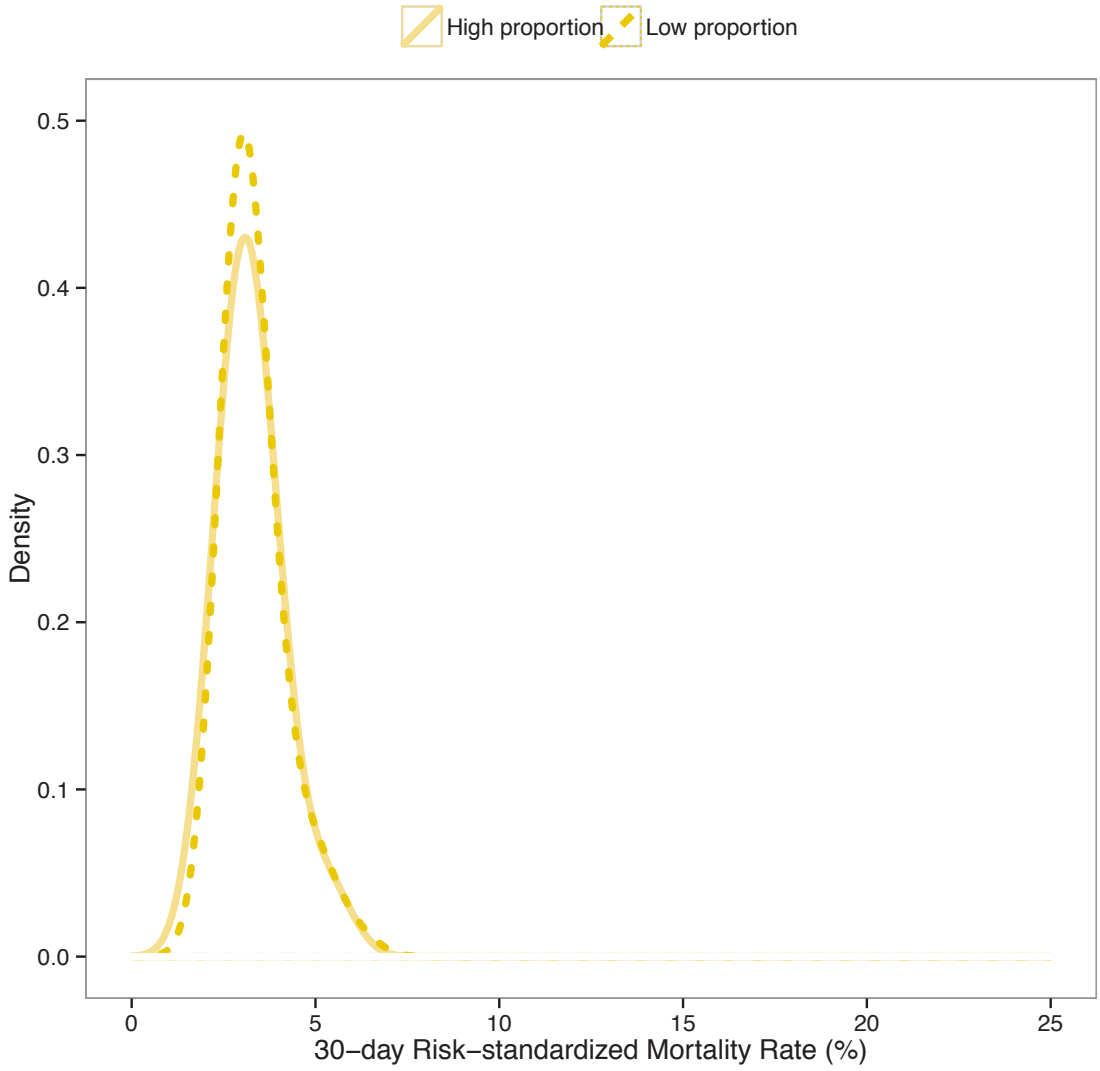
▶ Performance on the isolated coronary artery bypass graft surgery mortality measure: **Hospitals that serve high and low proportions of African-American patients.**

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 isolated coronary artery bypass graft (CABG) surgery [1]. The CABG mortality measure includes Medicare fee-for-service (FFS) beneficiaries aged 65 or older [2]. "Isolated" CABG procedures are those performed without concomitant high-risk cardiac and non-cardiac procedures, such as valve replacement [2]. The CABG mortality measure assesses the occurrence of death for any cause within 30 days after hospital admission for CABG surgery [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 African-American patients, July 2011-June 2014.*



Variation in RSMRs reflects differences in performance among hospitals; lower RSMRs suggest better quality, and higher RSMRs suggest worse quality. To understand the impact of caring for African-American patients, we examined RSMRs among hospitals with high and low proportions of African-American patients. Therefore, we compared the CABG RSMRs for the 107 hospitals with the lowest overall proportion of African-American Medicare FFS patients (0% of a hospital's Medicare FFS patients) to the 106 hospitals with the highest overall proportion of African-American Medicare FFS patients (≥ 21.3% of a hospital's Medicare FFS patients) for the July 2011 – June 2014 reporting period. Hospitals with the lowest and highest proportions of African-American patients are designated as those that fall within the lowest and highest deciles of all hospitals with 25 or more qualifying admissions, respectively. The proportion of African-American Medicare FFS patients for each hospital was determined using the Medicare Part A Inpatient Claims from 2013. All hospitals with 0% African-American patients were included in the lowest decile. 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 African-American patients, July 2011-June 2014.*

	CABG RSMR (%)	
	Lowest proportion (0%) African-American patients; n=107	Highest proportion (≥ 21.3%) African-American patients; n=106
Maximum	6.3	5.9
90%	4.5	4.3
75%	3.7	3.6
Median (50%)	3.1	3.1
25%	2.8	2.7
10%	2.6	2.3
Minimum	2.1	1.8

The median CABG RSMR for hospitals with the highest proportion of African-American patients was 3.1% (interquartile range [IQR]: 2.7%-3.6%). The median CABG RSMR for hospitals with the lowest proportion of African-American patients was 3.1% (IQR: 2.8%-3.7%; Figure 1 and Table 1).

Hospitals with the lowest proportion of African-American patients had a median CABG RSMR that was equal to that of hospitals with the highest proportion.

1. Medicare Hospital Quality Chartbook 2014: Performance Report on Outcome Measures. Prepared by Yale New Haven Health Services Corporation Center for Outcomes Research and Evaluation for the Centers for Medicare and Medicaid Services 2014; http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/Medicare-Hospital-Quality-Chartbook-2014.pdf. Accessed 16 June 2015.

2. Desai N, Suter L, Zhang W, et al. 2015 Procedure-Specific Mortality Measure Updates and Specifications Report: Isolated Coronary Artery Bypass Graft (CABG) Surgery – Version 2.0; https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1163010421830. Accessed 26 June 2015.

3. "Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals, Final Rule." Federal Register / 22 August 2014; http://federalregister.gov/a/2014-18545. Accessed 16 June 2015.