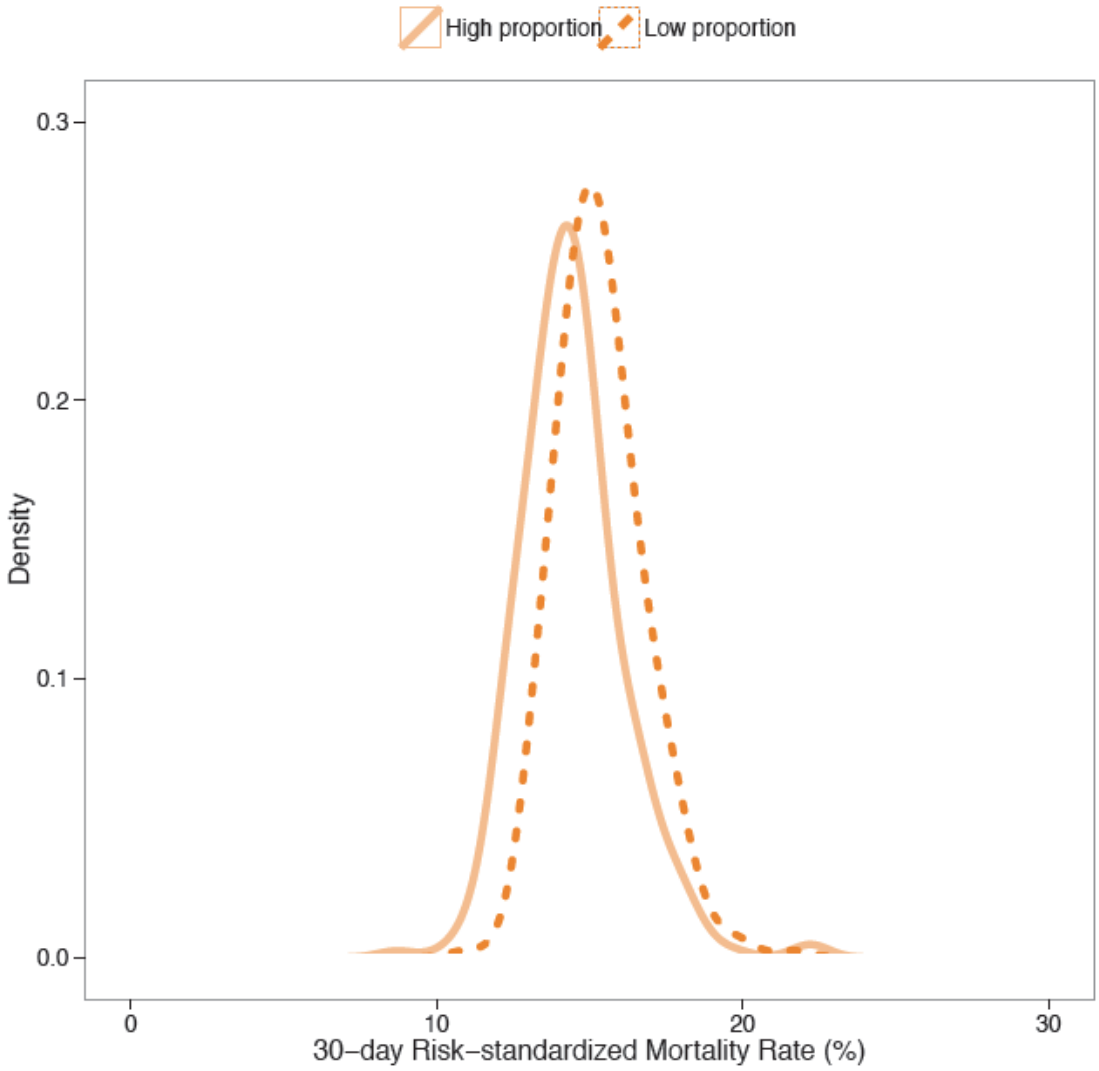
▶ Performance on the stroke mortality measure: **Hospitals that serve high and low proportions of African-American patients.**

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 acute ischemic stroke [1]. The stroke mortality measure includes Medicare fee-for-service (FFS) beneficiaries aged 65 or older [2]. The stroke mortality measure assesses the occurrence of death for any cause within 30 days after hospital admission for acute ischemic stroke [2]. The stroke mortality measure has been publicly reported on Hospital Compare since 2014 [3].

FIGURE I *Distributions of stroke 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 stroke RSMRs for the 279 hospitals with the lowest overall proportion of African-American Medicare FFS patients (0% of a hospital's Medicare FFS patients) to the 279 hospitals with the highest overall proportion of African-American Medicare FFS patients (≥ 23.3% 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 stroke 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 1 *Distributions of stroke RSMRs (%) for hospitals with the lowest and highest proportions of African-American patients, July 2011-June 2014.*

	Stroke RSMR (%)	
	Lowest proportion (0%) African-American patients; n=279	Highest proportion (≥ 23.3%) African-American patients; n=279
Maximum	21.7	22.3
90%	17.2	16.6
75%	16.2	15.2
Median (50%)	15.2	14.3
25%	14.4	13.3
10%	13.6	12.4
Minimum	11.0	8.7

The median stroke RSMR for hospitals with the highest proportion of African-American patients was 14.3% (interquartile range [IQR]: 13.3%-15.2%). The median stroke RSMR for hospitals with the lowest proportion of African-American patients was 15.2% (IQR: 14.4%-16.2%; Figure 1 and Table 1).

Hospitals with the lowest proportion of African-American patients had a median stroke RSMR that was 0.9 percentage points higher than 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. Dorsey K, Grady J, Desai N, et al. 2015 Condition-Specific Measures Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Mortality Measures: Acute Myocardial Infarction – Version 9.0, Heart Failure – Version 9.0, Pneumonia – Version 9.0, Chronic Obstructive Pulmonary Disease – Version 4.0, Stroke – Version 4.0; 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.