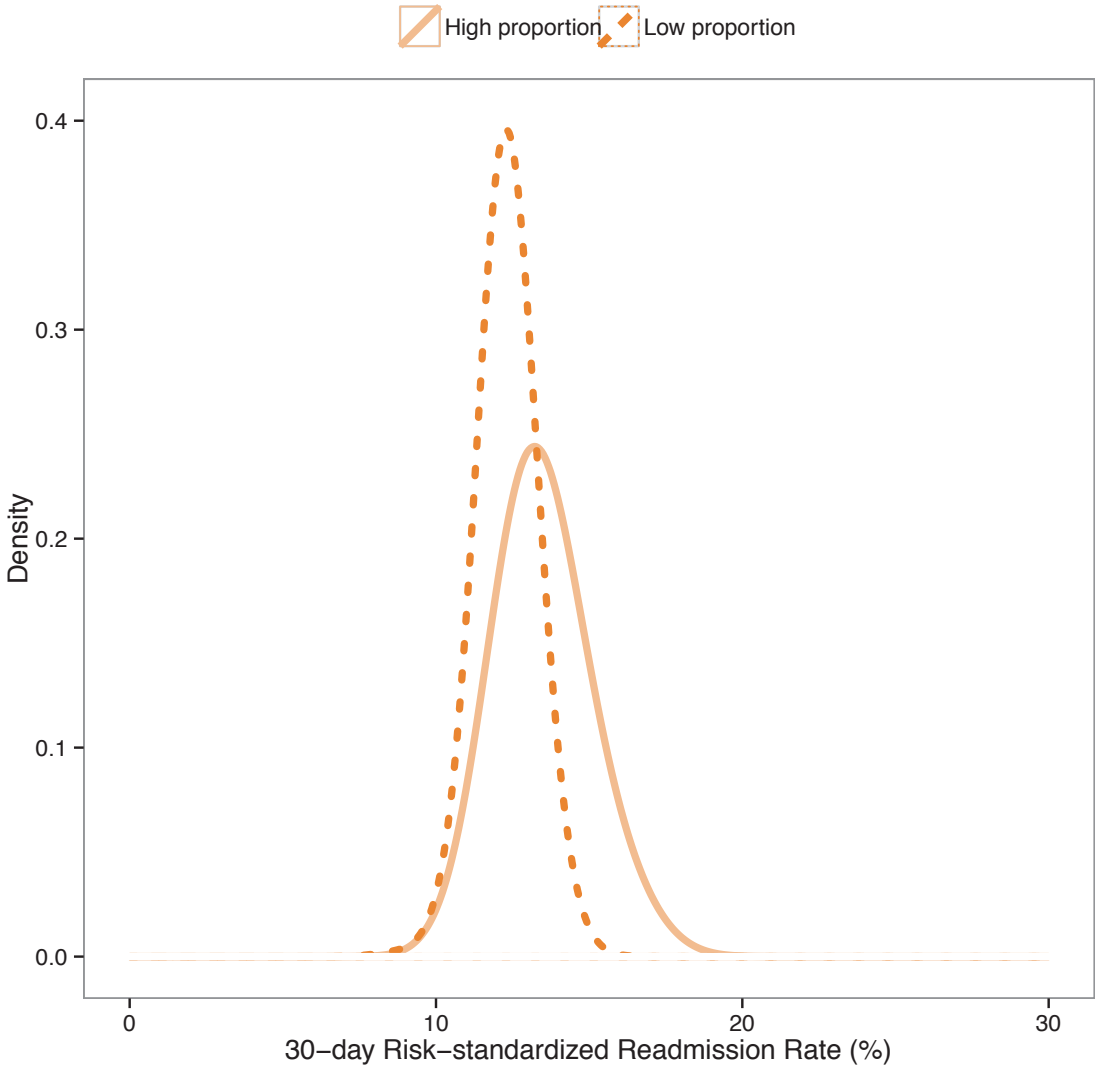
▶ Performance on the stroke readmission measure: **Hospitals that serve high and low proportions of African-American patients.**

The Centers for Medicare & Medicaid Services (CMS) periodically investigates select hospital practices that may impact a hospital's performance on the following readmission measure: hospital-level 30-day risk-standardized readmission rate (RSRR) following acute ischemic stroke [1]. The stroke readmission measure includes Medicare fee-for-service (FFS) beneficiaries aged 65 or older [2]. The stroke readmission measure assesses the occurrence of unplanned readmission for any cause within 30 days after discharge from hospitalization for acute ischemic stroke [2]. The stroke readmission measure has been publicly reported on Hospital Compare since 2014 [3].

FIGURE I *Distributions of stroke RSRRs (%) for hospitals with the lowest and highest proportions of African-American patients, July 2011-June 2014.*



Variation in RSRRs reflects differences in performance among hospitals; lower RSRRs suggest better quality, and higher RSRRs suggest worse quality. To understand the impact of caring for African-American patients, we examined RSRRs among hospitals with high and low proportions of African-American patients. Therefore, we compared the stroke RSRRs for the 277 hospitals with the lowest overall proportion of African-American Medicare FFS patients (0% of a hospital's Medicare FFS patients) to the 275 hospitals with the highest proportion of African-American Medicare FFS patients (≥ 23.8% 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 discharges, 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 readmission 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 readmission outcome [2].

TABLE I *Distributions of stroke RSRRs (%) for hospitals with the lowest and highest proportions of African-American patients, July 2011-June 2014.*

	Stroke RSRR (%)	
	Lowest proportion (0%) African-American patients; n=277	Highest proportion (≥ 23.8%) African-American patients; n=275
Maximum	14.8	17.5
90%	13.3	15.3
75%	12.8	14.2
Median (50%)	12.3	13.3
25%	11.8	12.6
10%	11.5	12.0
Minimum	8.7	10.8

The median stroke RSRR for hospitals with the highest proportion of African-American patients was 13.3% (interquartile range [IQR]: 12.6%-14.2%). The median stroke RSRR for hospitals with the lowest proportion of African-American patients was 12.3% (IQR: 11.8%-12.8%; Figure 1 and Table 1).

Hospitals with the lowest proportion of African-American patients had a median stroke RSRR that was 1.0 percentage point lower than 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 Readmission Measures: Acute Myocardial Infarction – Version 8.0, Heart Failure – Version 8.0, Pneumonia – Version 8.0, Chronic Obstructive Pulmonary Disease – Version 4.0, Stroke – Version 4.0; https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1219069855841. 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.