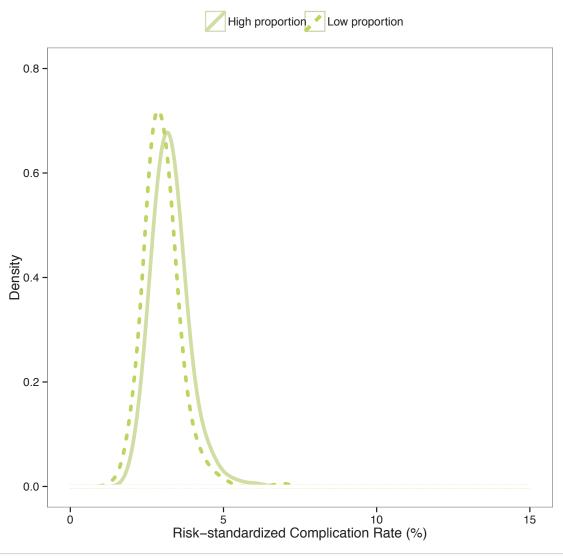
▶ Performance on the elective primary total hip arthroplasty and/or total knee arthroplasty complication measure: **Hospitals that serve high and low proportions of Medicaid patients.** 

The Centers for Medicare & Medicaid Services (CMS) periodically investigates select hospital practices that may impact a hospital's performance on the following complication measure: hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) [1]. The THA/TKA complication measure includes Medicare fee-for-service (FFS) beneficiaries aged 65 or older [2]. The THA/TKA complication measure assesses the occurrence of significant medical and/or surgical complications within 7 to 90 days, depending on the complication, following hospitalization for elective primary THA/TKA. Medical and surgical complications include: acute myocardial infarction (AMI), pneumonia, or sepsis/septicemia during hospitalization or within 7 days of admission; surgical site bleeding, pulmonary embolism or death during hospitalization or within 30 days of admission; or mechanical complications, periprosthetic joint infection, or wound infection during hospitalization or within 90 days of admission [2]. The THA/TKA complication measure has been publicly reported on Hospital Compare since 2013, and in Fiscal Year 2019, it will be included in the Hospital Value-Based Purchasing (HVBP) program [3].

**FIGURE 1** Distributions of THA/TKA RSCRs (%) for hospitals with the lowest and highest proportions of Medicaid patients, April 2011-March 2014.



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Variation in RSCRs reflects differences in performance among hospitals; lower RSCRs suggest better quality, and higher RSCRs suggest worse quality. To understand the impact of caring for Medicaid patients, we examined RSCRs among hospitals with high and low proportions of Medicaid patients. Therefore, we compared the THA/TKA RSCRs for the 277 hospitals with the lowest overall proportion of Medicaid patients (≤ 6.8% of a hospital's patients) to the 276 hospitals with the highest overall proportion of Medicaid patients (≥ 28.8% of a hospital's patients) for the April 2011 − March 2014 reporting period. Hospitals with the lowest and highest proportions of Medicaid 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 Medicaid patients for each hospital was determined using the American Hospital Association (AHA) Annual Survey Database Fiscal Year 2013 [4]. To ensure accurate assessment of each hospital, the THA/TKA complication 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 specified complications [2].

**TABLE 1** Distributions of THA/TKA RSCRs (%) for hospitals with the lowest and highest proportions of Medicaid patients, April 2011-March 2014.

## Lowest proportion ( $\leq 6.8\%$ ) Highest proportion (≥ 28.8%) Medicaid patients; Medicaid patients; n = 276n = 2776.9 6.1 Maximum 4.0 90% 3.7 3.3 3.6 75% 2.9 Median (50%) 3.2 2.6 2.8 25% 10% 2.3 2.6 1.4 2.1 Minimum

## THA/TKA RSCR (%)

The median THA/TKA RSCR for hospitals with the highest proportion of Medicaid patients was 3.2% (interquartile range [IQR]: 2.8%-3.6%). The median THA/TKA RSCR for hospitals with the lowest proportion of Medicaid patients was 2.9% (IQR: 2.6%-3.3%; Figure 1 and Table 1).

Hospitals with the lowest proportion of Medicaid patients had a median THA/TKA RSCR that was 0.3 percentage points lower 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; <a href="http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/Medicare-Hospital-Quality-Chartbook-2014.pdf">http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQuality-Initiatives-Patient-Instruments/HospitalQuality-Initiatives-Patient-Instruments/HospitalQuality-Initiatives-Patient-Instruments/HospitalQuality-Initiatives-Patient-Instruments/HospitalQuality-Initiatives-Patient-Instruments/HospitalQuality-Initiatives-Instruments/HospitalQuality-Initiatives-Initiatives-In
- 2. Suter L, Zhang W, Parzynski C, et al. 2015 Procedure-Specific Complication Measure Updates and Specifications Report: Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Measure Version 4.0; <a href="https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnet-Tier4&cid=1228772782693">https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnet-Tier4&cid=1228772782693</a>. Accessed 16 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.
- 4. AHA Annual Survey Database Fiscal Year 2013; http://www.ahadataviewer.com/book-cd-products/aha-survey/. Accessed 26 June 2015.

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