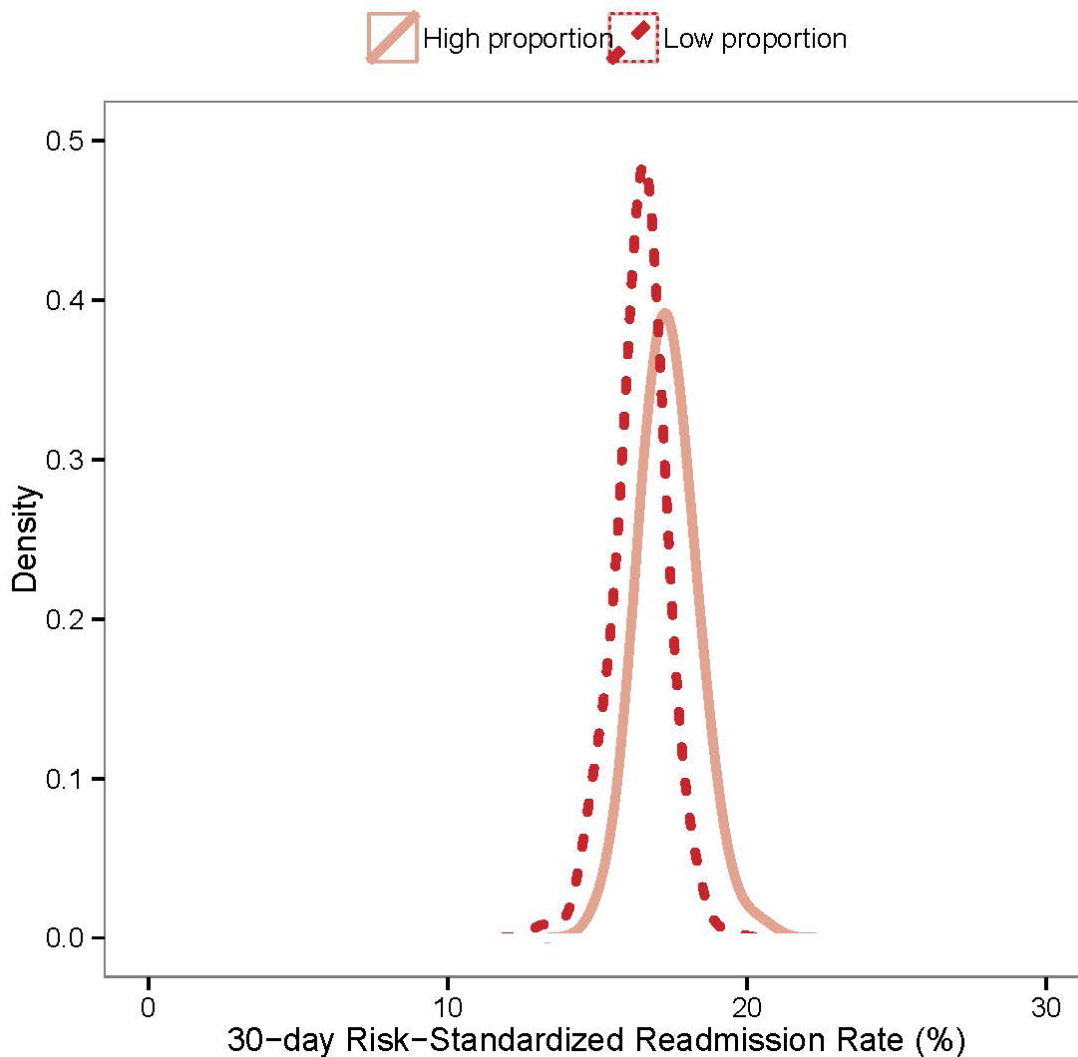


► **Performance on the acute myocardial infarction readmission measure:** Hospitals that serve high and low proportions of African-American patients.

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 myocardial infarction (AMI) [1]. The AMI readmission measure includes Medicare fee-for-service (FFS) beneficiaries aged 65 or older and assesses the occurrence of unplanned readmission for any cause within 30 days after the date of discharge from hospitalization for AMI [2]. The AMI readmission measure has been publicly reported on [Hospital Compare](#) since 2009 and has been included in the Hospital Readmissions Reduction Program (HRRP) since 2012 [3, 4].

FIGURE I. Distributions of AMI RSRRs (%) for hospitals with the lowest and highest proportions of African-American patients, July 2012-June 2015.



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Variation in RSRRs reflects differences in performance among hospitals; lower RSRRs suggest better quality and higher RSRRs suggest worse quality. To understand how caring for African-American patients might impact a hospital's RSRR, we examined RSRRs among hospitals with high and low proportions of African-American patients. We compared the AMI RSRRs for the 221 hospitals with the lowest overall proportion of African-American Medicare FFS patients (0% of a hospital's Medicare FFS patients) to the 222 hospitals with the highest proportion of African-American Medicare FFS patients ($\geq 23.1\%$ 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 AMI 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 AMI RSRRs (%) for hospitals with the lowest and highest proportions of African-American patients, July 2012-June 2015.

	AMI RSRR (%)	
	Lowest proportion (0%) African-American patients; n=221	Highest proportion ($\geq 23.1\%$) African-American patients; n=222
Maximum	19.4	20.6
90%	17.4	18.5
75%	16.9	17.9
Median (50%)	16.5	17.3
25%	16.0	16.7
10%	15.3	16.3
Minimum	13.1	14.9

The median AMI RSRR for hospitals with the lowest proportion of African-American patients was 16.5% (interquartile range [IQR]: 16.0%-16.9%; Figure 1 and Table 1). The median AMI RSRR for hospitals with the highest proportion of African-American patients was 17.3% (IQR: 16.7%-17.9%; Figure 1 and Table 1).

Hospitals with the lowest proportion of African-American patients had a median AMI RSRR that was 0.8 percentage points lower than hospitals with the highest proportion.

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