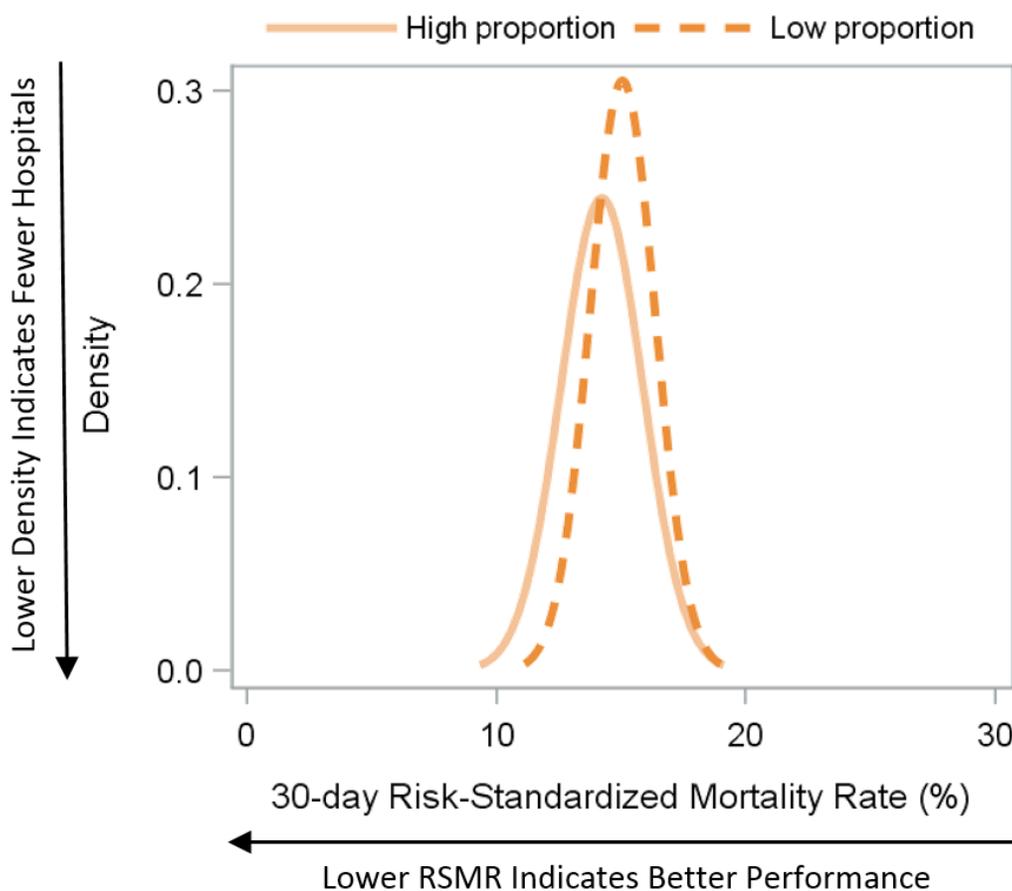▶   **Performance on the acute ischemic stroke mortality measure:** Hospitals that serve high and low proportions of African-American patients.

The Centers for Medicare & Medicaid Services (CMS) evaluates hospital performance in relation to the proportion of African-American patients served in order to monitor patterns, changes, and potential unintended consequences in the measure results. This information allows CMS to better understand the current state of care within U.S. hospitals.

The stroke mortality measure includes Medicare fee-for-service (FFS) beneficiaries aged 65 or older and assesses the occurrence of death for any cause within 30 days after the date of hospital admission for acute ischemic stroke [1].

CMS began publicly reporting 30-day risk-standardized mortality rates (RSMRs) following admissions for stroke in 2014 [2]. Publicly reported measure results are updated annually on the *Hospital Compare* website.

FIGURE I. *Distributions of stroke RSMRs (%) for hospitals with low and high proportions of African-American patients, July 2013-June 2016.*

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Variation in RSMRs reflects differences in performance among hospitals; lower RSMRs suggest better quality and higher RSMRs suggest worse quality. To understand how caring for African-American patients might impact a hospital's RSMR, we examined RSMRs among hospitals with high and low proportions of African-American patients. We compared the stroke RSMRs for the 270 hospitals with ≤0.2% African-American Medicare FFS patients to the 270 hospitals with ≥23.3% African-American Medicare FFS patients for the July 2013 – June 2016 reporting period. We defined hospitals with low and high proportions of African-American patients as those that fall within the lowest and highest deciles of all hospitals with 25 or more qualifying admissions (N= 2,693). The proportion of African-American Medicare FFS patients for each hospital was determined using the Medicare Part A Inpatient Claims from 2015. 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 [1].

TABLE I. *Distributions of stroke RSMRs (%) for hospitals with low and high proportions of African-American patients, July 2013-June 2016.*

	Stroke RSMR (%)	
	Hospitals with low proportions (≤ 0.2%) of African-American patients n = 270	Hospitals with high proportions (≥ 23.3%) of African-American patients n = 270
Maximum	19.5	20.8
90%	16.7	16.1
75%	15.8	15.0
Median (50%)	15.0	14.3
25%	14.1	13.2
10%	13.5	12.1
Minimum	12.1	9.3

The median stroke RSMR for hospitals with low proportions of African-American patients was 15.0% (interquartile range [IQR]: 14.1%-15.8%; Figure 1 and Table 1). The median stroke RSMR for hospitals with high proportions of African-American patients was 14.3% (IQR: 13.2%- 15.0%; Figure 1 and Table 1).

Hospitals with low proportions of African-American patients had a median stroke RSMR that was 0.7 percentage points higher than that of hospitals with high proportions.

1. Jaymie Simoes, Jacqueline N. Grady, Jo DeBuhr, et al. 2017 Condition-Specific Measures Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Mortality Measures: Acute Myocardial Infarction – Version 11.0 Chronic Obstructive Pulmonary Disease – Version 6.0 Heart Failure – Version 11.0 Pneumonia – Version 11.0 Stroke – Version 6.0. https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1163010421830. Available as of April 4, 2017.

2. Hospital Inpatient Quality Reporting (IQR) Program Overview. QualityNet website. https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2F-Page%2FQnetTier2&cid=1138115987129. Accessed March 1, 2017.

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