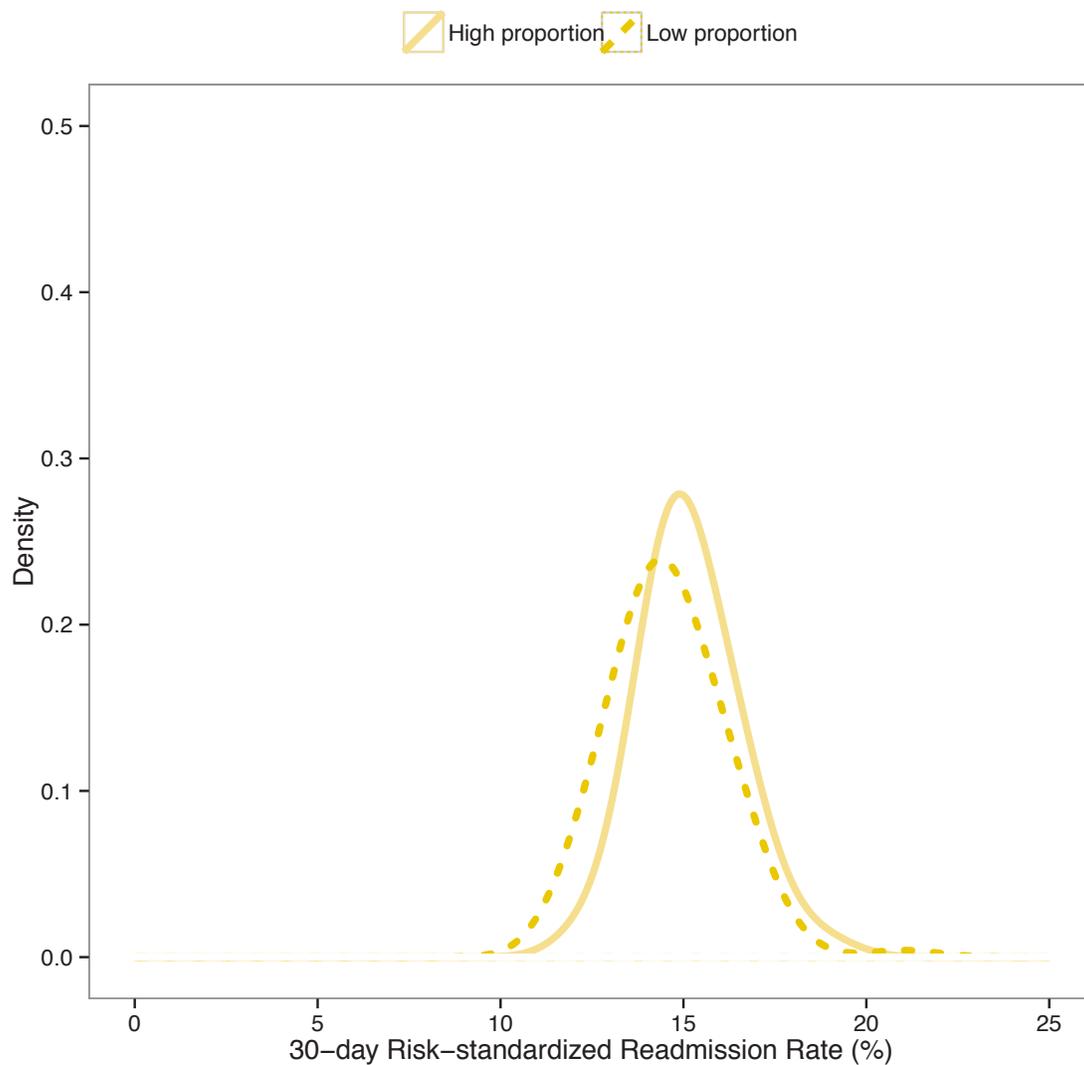


► Performance on the isolated coronary artery bypass graft surgery readmission measure:  
**Hospitals that serve high and low proportions of African-American patients.**

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 isolated coronary artery bypass graft (CABG) surgery [1]. The CABG readmission measure includes Medicare fee-for-service (FFS) beneficiaries aged 65 or older [2]. "Isolated" CABG procedures are those performed without concomitant high-risk cardiac and non-cardiac procedures, such as valve replacement [2]. The CABG readmission measure assesses the occurrence of unplanned readmission for any cause within 30 days after discharge from hospitalization for CABG surgery [2]. The CABG readmission measure has been publicly reported on [Hospital Compare](#) since 2015 and will be included in the Hospital Readmissions Reduction Program (HRRP) in Fiscal Year 2017 [3].

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



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## SOCIODEMOGRAPHIC STATUS

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 106 hospitals with the lowest overall proportion of African-American Medicare FFS patients (0% of a hospital's Medicare FFS patients) to the 105 hospitals with the highest proportion of African-American Medicare FFS patients ( $\geq 21.2\%$  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 CABG 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 1** Distributions of isolated CABG RSRRs (%) for hospitals with the lowest and highest proportions of African-American patients, July 2011-June 2014.

	CABG RSRR (%)	
	Lowest proportion (0%) African-American patients; n=106	Highest proportion ( $\geq 21.2\%$ ) African-American patients; n=105
Maximum	21.0	19.3
90%	16.5	16.8
75%	15.4	16.0
Median (50%)	14.5	14.9
25%	13.6	14.4
10%	12.8	13.7
Minimum	11.6	12.0

The median CABG RSRR for hospitals with the highest proportion of African-American patients was 14.9% (interquartile range [IQR]: 14.4%-16.0%). The median CABG RSRR for hospitals with the lowest proportion of African-American patients was 14.5% (IQR: 13.6%-15.4%; Figure 1 and Table 1).

Hospitals with the lowest proportion of African-American patients had a median CABG RSRR that was 0.4 percentage points 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. Suter L; Desai N, Zhang W, et al. 2015 Procedure-Specific Readmission Measures Updates and Specifications Report: Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) – Version 4.0, Isolated Coronary Artery Bypass Graft (CABG) Surgery – Version 2.0; <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.

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