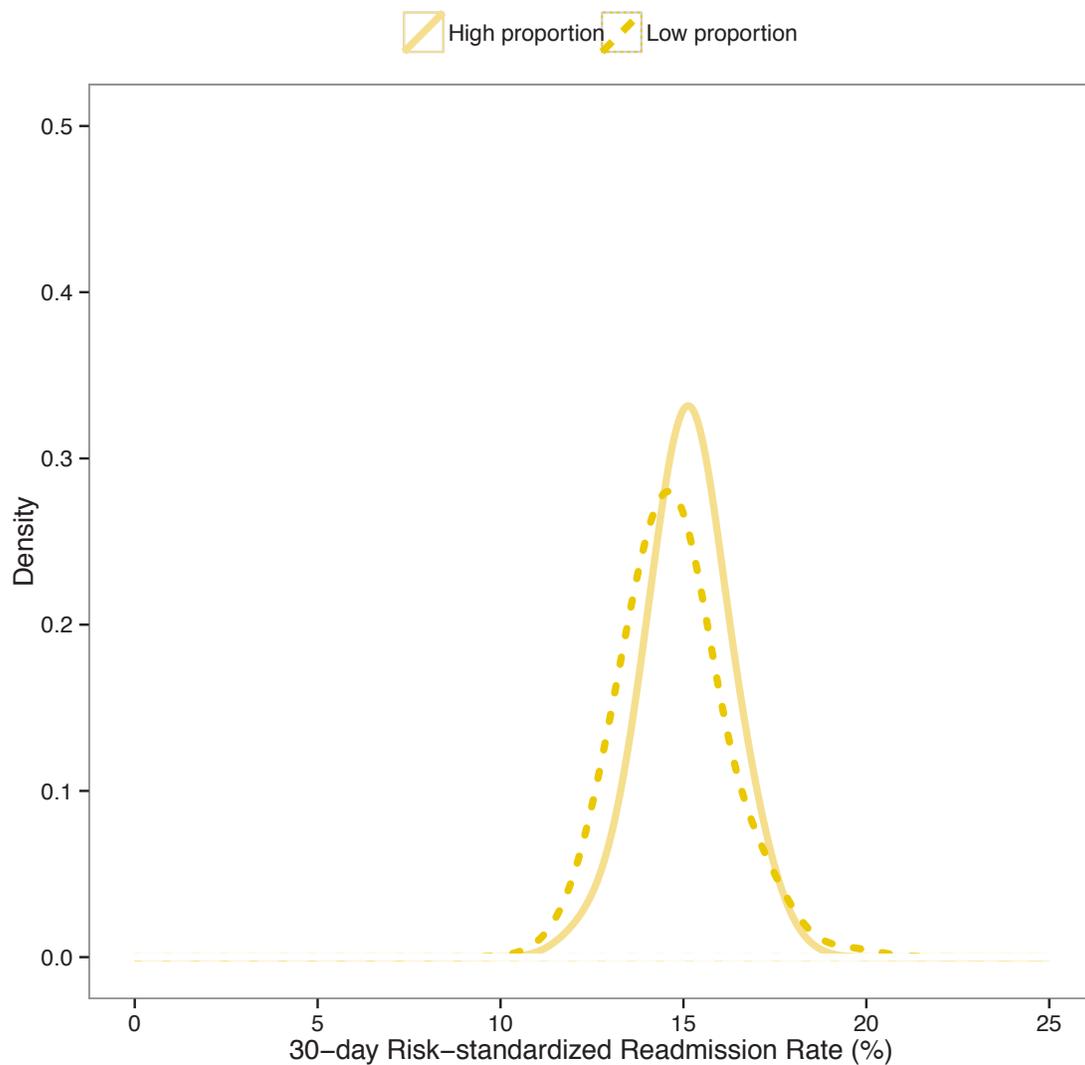


## SOCIODEMOGRAPHIC STATUS

► Performance on the isolated coronary artery bypass graft surgery readmission 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 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 [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 Medicaid 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 Medicaid patients, we examined RSRRs among hospitals with high and low proportions of Medicaid patients. Therefore, we compared the CABG RSRRs for the 106 hospitals with the lowest overall proportion of Medicaid patients ( $\leq 8.1\%$  of a hospital's patients) to the 106 hospitals with the highest overall proportion of Medicaid patients ( $\geq 29.8\%$  of a hospital's patients) for the July 2011 – June 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 discharges, 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 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 I** Distributions of isolated CABG RSRRs (%) for hospitals with the lowest and highest proportions of Medicaid patients, July 2011-June 2014.

	CABG RSRR (%)	
	Lowest proportion ( $\leq 8.1\%$ ) Medicaid patients; n=106	Highest proportion ( $\geq 29.8\%$ ) Medicaid patients; n=106
Maximum	19.6	17.9
90%	16.6	16.6
75%	15.4	15.7
Median (50%)	14.7	15.2
25%	13.9	14.4
10%	13.1	13.8
Minimum	11.5	12.0

The median CABG RSRR for hospitals with the highest proportion of Medicaid patients was 15.2% (interquartile range [IQR]: 14.4%-15.7%). The median CABG RSRR for hospitals with the lowest proportion of Medicaid patients was 14.7% (IQR: 13.9%-15.4%; Figure 1 and Table 1).

Hospitals with the lowest proportion of Medicaid patients had a median CABG RSRR that was 0.5 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.

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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