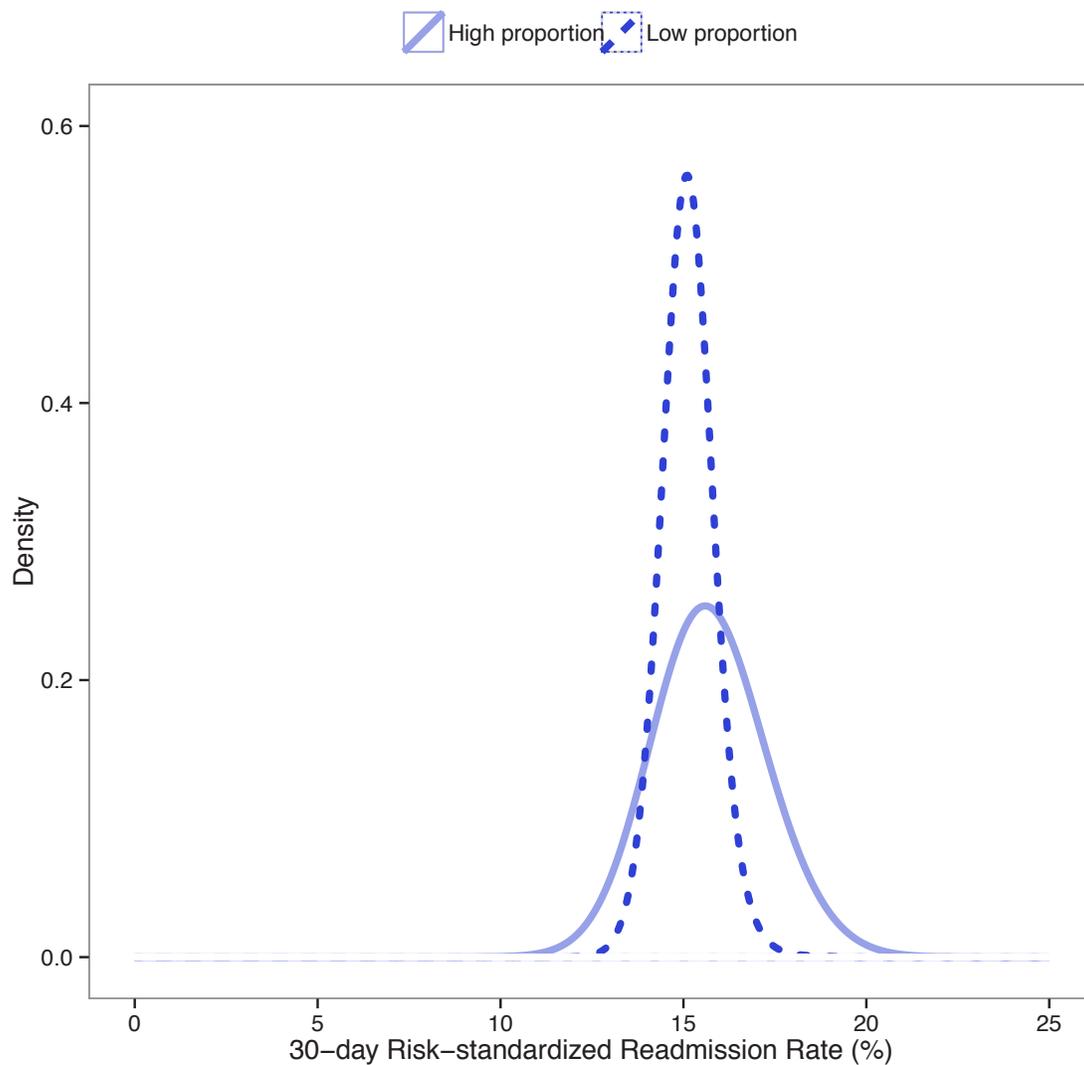


SOCIODEMOGRAPHIC STATUS

► Performance on the hospital-wide 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 hospital-wide all-cause unplanned readmission measure for Medicare fee-for-service (FFS) beneficiaries aged 65 or older [1, 2]. The hospital-wide readmission measure assesses the occurrence of unplanned readmission for any cause within 30 days after discharge from hospitalization for patients admitted for any condition or procedure [2]. The hospital-wide readmission measure has been publicly reported on [Hospital Compare](#) since 2013 [3].

FIGURE I Distributions of hospital-wide RSRRs (%) for hospitals with the lowest and highest proportions of African-American patients, July 2013-June 2014.



Prepared for CMS by Yale New Haven Health Services Corporation (YNHHSC) Center for Outcomes Research and Evaluation (CORE) September 2015

Variation in risk-standardized readmission rates (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 hospital-wide RSRRs for the 952 hospitals with the lowest overall proportion of African-American Medicare FFS patients (0% of a hospital's Medicare FFS patients) to the 459 hospitals with the highest proportion of African-American Medicare FFS patients ($\geq 21.6\%$ of a hospital's Medicare FFS patients) for the July 2013 – 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 hospital-wide 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 hospital-wide RSRRs (%) for hospitals with the lowest and highest proportions of African-American patients, July 2013-June 2014.

	Hospital-wide RSRR (%)	
	Lowest proportion (0%) African-American patients; n=952	Highest proportion ($\geq 21.6\%$) African-American patients; n=459
Maximum	18.4	19.7
90%	15.7	17.1
75%	15.4	16.3
Median (50%)	15.1	15.6
25%	14.8	15.1
10%	14.5	14.7
Minimum	13.2	12.0

The median hospital-wide RSRR for hospitals with the highest proportion of African-American patients was 15.6% (interquartile range [IQR]: 15.1%-16.3%). The median hospital-wide RSRR for hospitals with the lowest proportion of African-American patients was 15.1% (IQR: 14.8%-15.4%; Figure 1 and Table 1).

Hospitals with the lowest proportion of African-American patients had a median hospital-wide 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. Horwitz L, Grady J, Zhang W, et al. 2015 Measure Updates and Specifications Report: Hospital-Wide All-Cause Unplanned Readmission Measure – Version 4.0; <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.

Prepared for CMS by Yale New Haven Health Services Corporation (YNHHSC) Center for Outcomes Research and Evaluation (CORE) September 2015