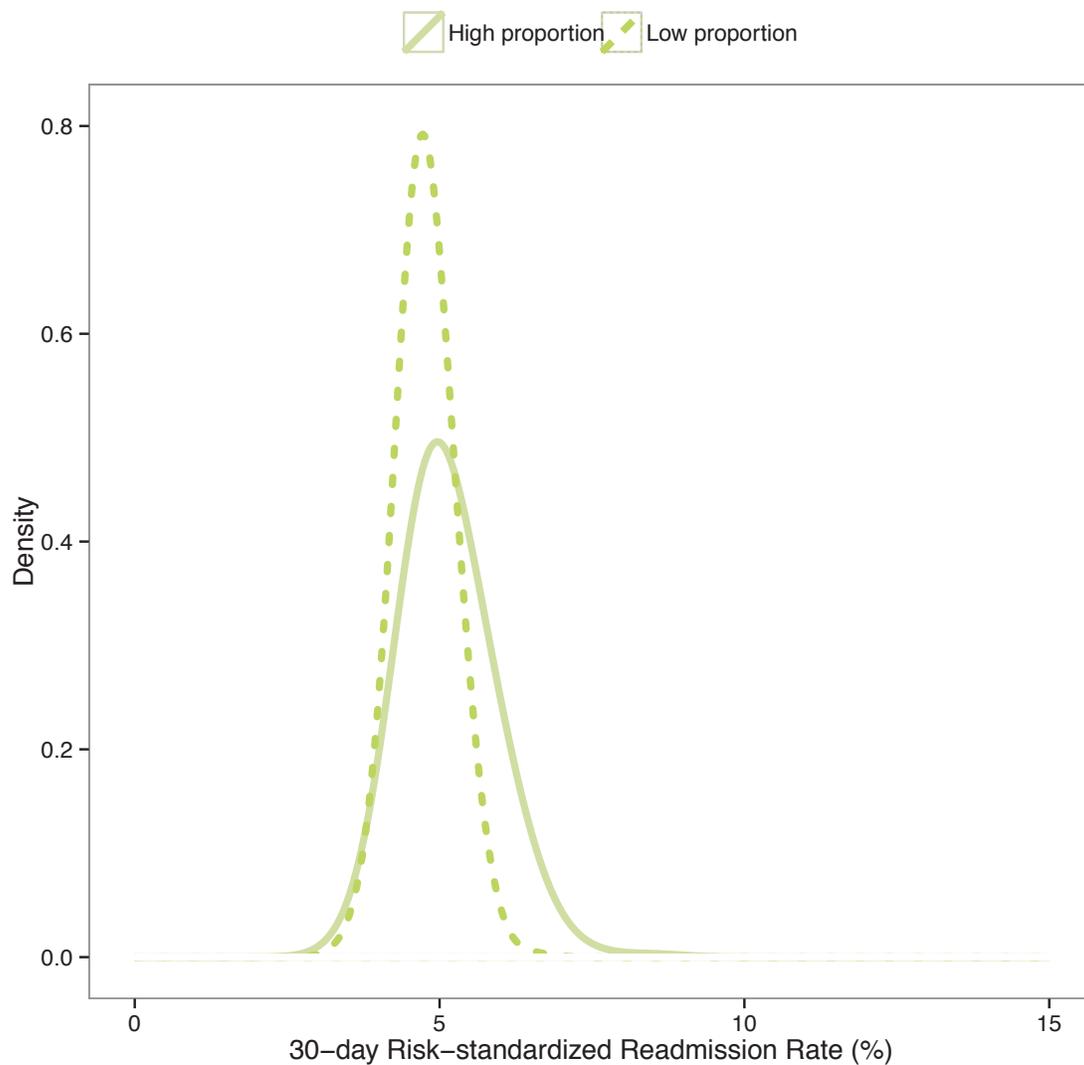


► Performance on the elective primary total hip arthroplasty and/or total knee arthroplasty readmission measure: **Hospitals that serve high and low proportions of African-American patients.**

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 elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) [1]. The THA/TKA readmission measure includes Medicare fee-for-service (FFS) beneficiaries aged 65 or older [2]. The THA/TKA readmission measure assesses the occurrence of unplanned readmission for any cause within 30 days after discharge from hospitalization for THA/TKA [2]. The THA/TKA readmission measure has been publicly reported on [Hospital Compare](#) since 2013 and has been included in the Hospital Readmissions Reduction Program (HRRP) since Fiscal Year 2015 [3].

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



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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 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 THA/TKA RSRRs for the 281 hospitals with the lowest overall proportion of African-American Medicare FFS patients (0% of a hospital's Medicare FFS patients) to the 278 hospitals with the highest proportion of African-American Medicare FFS patients ($\geq 19.0\%$ 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 THA/TKA 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 THA/TKA arthroplasty RSRRs (%) for hospitals with the lowest and highest proportions of African-American patients, July 2011-June 2014.

	THA/TKA RSRR (%)	
	Lowest proportion (0%) African-American patients; n=281	Highest proportion ($\geq 19.0\%$) African-American patients; n=278
Maximum	6.5	8.5
90%	5.3	6.0
75%	5.0	5.6
Median (50%)	4.7	5.0
25%	4.5	4.7
10%	4.3	4.4
Minimum	3.5	3.4

The median THA/TKA RSRR for hospitals with the highest proportion of African-American patients was 5.0% (interquartile range [IQR]: 4.7%-5.6%). The median THA/TKA RSRR for hospitals with the lowest proportion of African-American patients was 4.7% (IQR: 4.5%-5.0%; Figure 1 and Table 1).

Hospitals with the lowest proportion of African-American patients had a median THA/TKA RSRR that was 0.3 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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