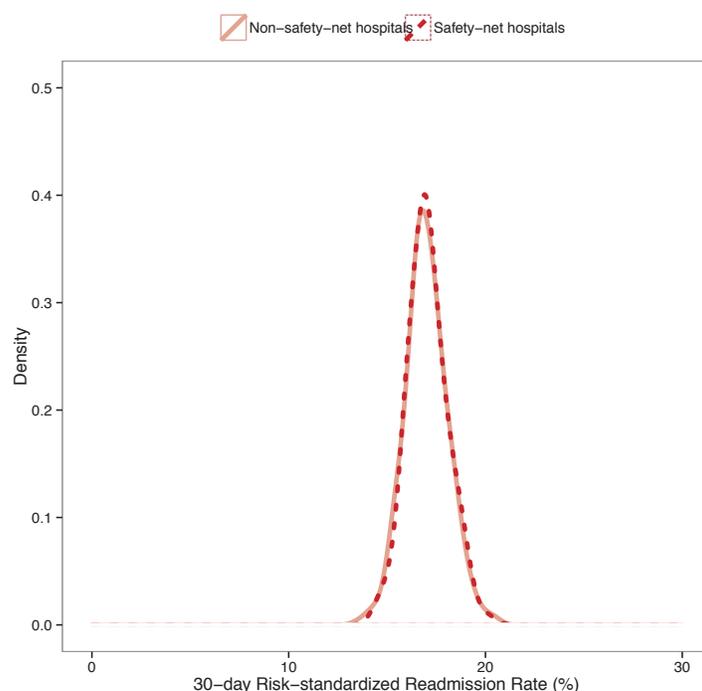


► Performance on the acute myocardial infarction readmission measure by hospital characteristics: **safety-net status, teaching status, and urban or rural location.**

The Centers for Medicare & Medicaid Services (CMS) periodically investigates select hospital characteristics that may impact a hospital's performance on the following readmission measure: hospital-level 30-day risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) [1]. The AMI readmission measure includes Medicare fee-for-service (FFS) and Veterans Health Administration (VA) beneficiaries aged 65 or older [2]. The AMI readmission measure assesses the occurrence of unplanned readmission for any cause within 30 days after discharge from hospitalization for AMI [2]. The AMI readmission measure has been publicly reported on [Hospital Compare](#) since 2009 and has been included in the Hospital Readmissions Reduction Program (HRRP) since 2012 [3].

FIGURE I Distributions of hospital RSRRs (%) for AMI by safety-net status, July 2011-June 2014.



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 hospital safety-net status, teaching status, and urban or rural location, we examined RSRRs among hospitals with these characteristics with 25 or more qualifying discharges. Therefore, we evaluated the AMI RSRRs for a total of 2,226 hospitals by comparing 390 safety net hospitals against 1,836 non-safety-net hospitals, 931 teaching hospitals against 1,295 non-teaching hospitals, and 2,151 urban hospitals against 75 rural hospitals for the July 2011 – June 2014 reporting period.

Safety-net hospitals are defined as those committed to caring for populations without stable access to care, specifically public hospitals or private hospitals with a Medicaid caseload greater than one standard deviation above their respective state's mean private hospital Medicaid caseload [4]. Teaching Hospitals provide post-graduate education for physicians completing residency and fellowship [4]. Urban and rural hospitals are defined by hospital self-identification [4].

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To ensure accurate assessment of each hospital, the AMI 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].

FIGURE 2 Distributions of hospital RSRRs (%) for AMI by teaching status, July 2011-June 2014.

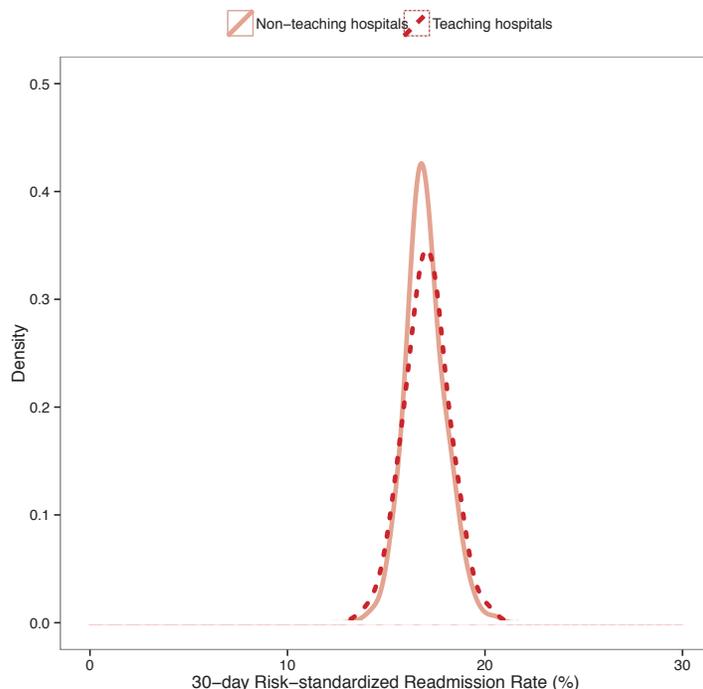


TABLE I Distributions of hospital RSRRs (%) for AMI overall, by safety-net status, teaching status, and urban or rural location, July 2011-June 2014.

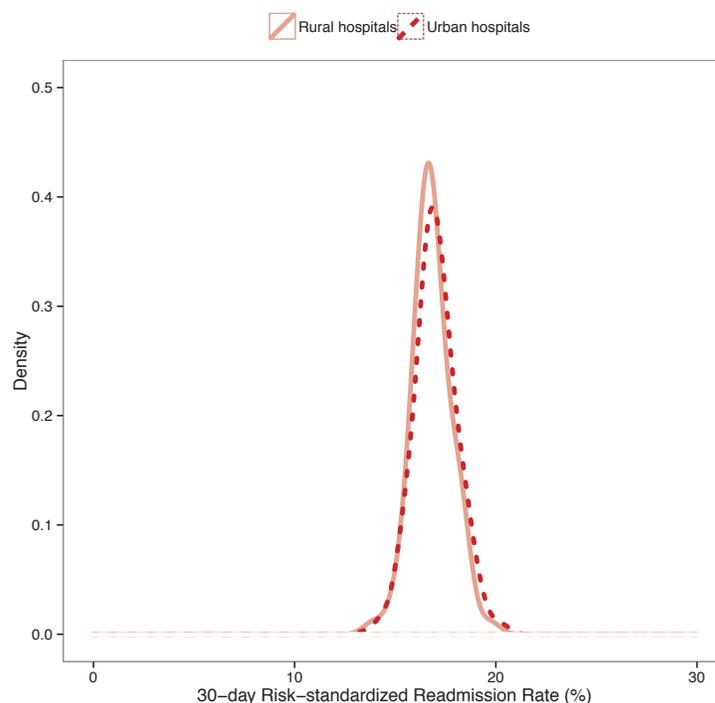
	AMI RSRR (%)						
	Overall; n=2226	Safety-net hospitals; n=390	Non-safety-net hospitals; n=1836	Teaching hospitals; n=931	Non-teaching hospitals; n=1295	Urban hospitals; n=2151	Rural hospitals; n=75
Maximum	20.8	20.4	20.8	20.8	20.7	20.8	19.7
90%	18.4	18.5	18.4	18.6	18.3	18.4	18.2
75%	17.7	17.6	17.7	17.8	17.6	17.7	17.4
Median (50%)	16.9	17.0	16.9	17.1	16.9	17.0	16.8
25%	16.3	16.4	16.3	16.3	16.3	16.3	16.2
10%	15.7	15.9	15.6	15.6	15.8	15.7	15.8
Minimum	13.3	14.3	13.3	13.3	13.4	13.3	13.9

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The median AMI RSRR for all hospitals was 16.9% (interquartile range [IQR]: 16.3%-17.7%; Table 1). The median AMI RSRR for safety-net hospitals was 17.0% (IQR: 16.4%-17.6%) and for non-safety-net hospitals was 16.9% (IQR: 16.3%-17.7%; Figure 1 and Table 1). The median AMI RSRR for teaching hospitals was 17.1% (IQR: 16.3%-17.8%) and for non-teaching hospitals was 16.9% (IQR: 16.3%-17.6%; Figure 2 and Table 1). The median AMI RSRR for urban hospitals was 17.0% (IQR: 16.3%-17.7%) and for rural hospitals was 16.8% (IQR: 16.2%-17.4%; Figure 3 and Table 1).

FIGURE 3 Distributions of hospital RSRRs (%) for AMI by urban or rural location, July 2011-June 2014.



Safety-net hospitals had a median AMI RSRR that was 0.1 percentage points higher than non-safety-net hospitals, teaching hospitals had a median AMI RSRR that was 0.2 percentage points higher than non-teaching hospitals, and urban hospitals had a median AMI RSRR that was 0.2 percentage points higher than rural hospitals.

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2. Dorsey K, Grady J, Desai N, et al. 2015 Condition-Specific Measures Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Readmission Measures: Acute Myocardial Infarction – Version 8.0, Heart Failure – Version 8.0, Pneumonia – Version 8.0, Chronic Obstructive Pulmonary Disease – Version 4.0, Stroke – Version 4.0; <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1219069855841>. Accessed 26 June 2015.

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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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