

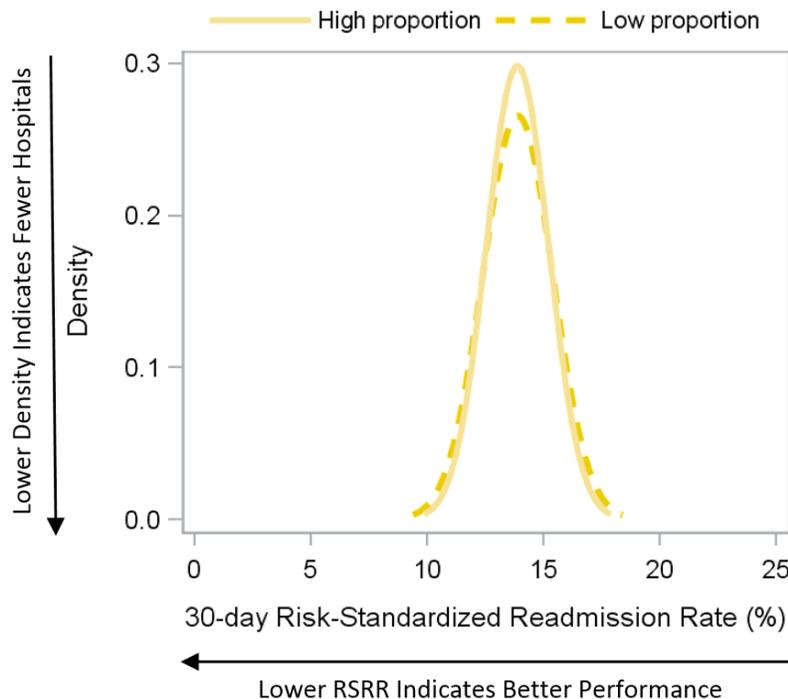
► Performance on the isolated coronary artery bypass graft surgery readmission measure: Hospitals that serve high and low proportions of Medicaid patients.

The Centers for Medicare & Medicaid Services (CMS) evaluates hospital performance in relation to the proportion of Medicaid patients served in order to monitor patterns, changes, and potential unintended consequences in the measure results. This information allows CMS to better understand the current state of care within U.S. hospitals.

The isolated coronary artery bypass graft (CABG) readmission measure includes Medicare fee-for-service (FFS) beneficiaries aged 65 or older and assesses the occurrence of unplanned readmission for any cause within 30 days after discharge from a hospitalization for CABG surgery [1]. “Isolated” CABG procedures are those performed without concomitant high-risk cardiac and non-cardiac procedures, such as valve replacement [1].

CMS began publicly reporting 30-day risk-standardized readmission rates (RSRRs) following isolated CABG surgery in 2015 [2]. Publicly reported measure results are updated annually on the [Hospital Compare](#) website. The CABG readmission measure has been included in the Hospital Readmissions Reduction Program (HRRP) since 2017 [3].

FIGURE I. Distributions of isolated CABG RSRRs (%) for hospitals with low and high proportions of Medicaid admissions, July 2013-June 2016.



Variation in RSRRs reflects differences in performance among hospitals; lower RSRRs suggest better quality and higher RSRRs suggest worse quality. To understand how caring for Medicaid patients might impact a hospital’s RSRR, we examined RSRRs among hospitals with high and low proportions of Medicaid patients. We compared the CABG RSRRs for the 103 hospitals with $\leq 9.0\%$ Medicaid admissions to the 102 hospitals with $\geq 31.0\%$ Medicaid admissions for the July 2013 – June 2016 reporting period. We defined hospitals with low and high proportions of Medicaid admissions as those that fall within the lowest and highest deciles of all hospitals with 25 or more qualifying discharges (N= 1,029). The proportion of Medicaid admissions for each hospital was determined using the American Hospital Association (AHA) Annual Survey Database Fiscal Year 2015 [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 [1].

Prepared for CMS by Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (YNHHC/CORE) September 2017

TABLE I. Distributions of isolated CABG RSRRs (%) for hospitals with low and high proportions of Medicaid admissions, July 2013-June 2016.

	CABG RSRR (%)	
	Hospitals with low proportions ($\leq 9.0\%$) of Medicaid admissions n = 103	Hospitals with high proportions ($\geq 31.0\%$) of Medicaid admissions n = 102
Maximum	19.6	17.8
90%	15.7	15.3
75%	14.7	14.6
Median (50%)	13.8	13.9
25%	12.9	13.0
10%	12.2	12.1
Minimum	10.7	10.7

The median CABG RSRR for hospitals with low proportions of Medicaid admissions was 13.8% (interquartile range [IQR]: 12.9%- 14.7%; Figure 1 and Table 1). The median CABG RSRR for hospitals with high proportions of Medicaid admissions was 13.9% (IQR: 13.0%- 14.6%; Figure 1 and Table 1).

Hospitals with low proportions of Medicaid admissions had a median CABG RSRR that was 0.1 percentage points lower than hospitals with high proportions.

1. Jaymie Simoes, Jacqueline N. Grady, Jo DeBuhr, et al. 2017 Procedure-Specific Measures Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Readmission Measures: Isolated Coronary Artery Bypass Graft (CABG) Surgery – Version 4.0 Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) – Version 6.0. <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1219069855841>. Available as of April 4, 2017.

2. Hospital Inpatient Quality Reporting (IQR) Program Overview. QualityNet website. <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129>. Accessed March 1, 2017.

3. Hospital Readmissions Reduction Program Overview. QualityNet website. <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772412458>. Accessed March 1, 2017.

4. AHA Annual Survey Database Fiscal Year 2015; <http://www.ahadataviewer.com/book-cd-products/AHA-Survey/>. Accessed March 2, 2017.