

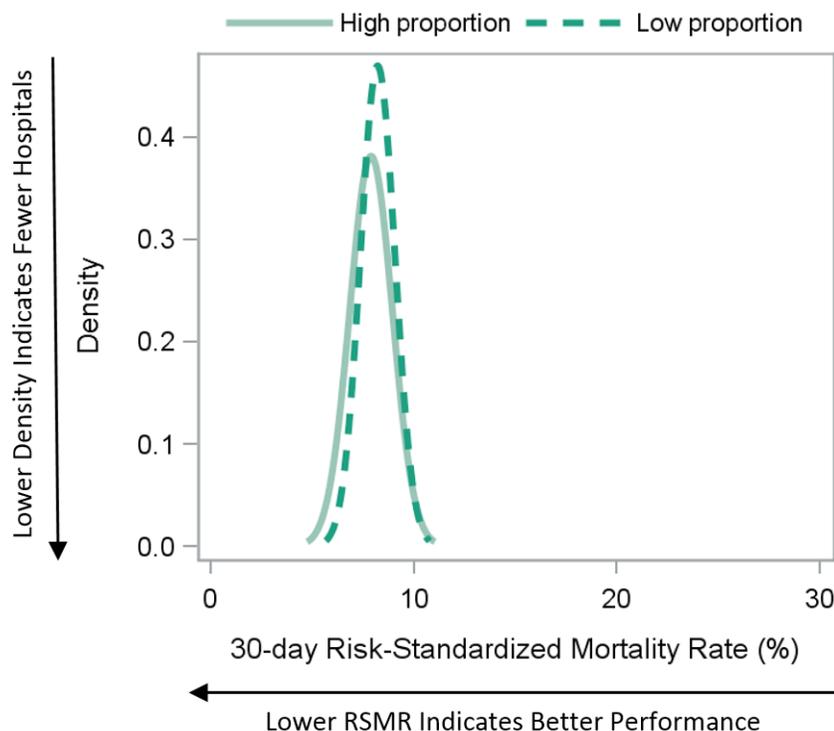
► **Performance on the chronic obstructive pulmonary disease mortality measure: Hospitals that serve high and low proportions of African-American patients.**

The Centers for Medicare & Medicaid Services (CMS) evaluates hospital performance in relation to the proportion of African-American 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 chronic obstructive pulmonary disease (COPD) mortality measure includes Medicare fee-for-service (FFS) beneficiaries aged 65 or older and assesses the occurrence of death from any cause within 30 days after the date of hospital admission for COPD [1].

CMS began publicly reporting 30-day risk-standardized mortality rates (RSMRs) following admissions for COPD in 2014 [2]. Publicly reported measure results are updated annually on the [Hospital Compare](#) website. The COPD mortality measure will be included in the Hospital Value-Based Purchasing (HVBP) program beginning in 2021 [3, 4].

FIGURE I. Distributions of COPD RSMRs (%) for hospitals with low and high proportions of African-American patients, July 2013–June 2016.



Variation in RSMRs reflects differences in performance among hospitals; lower RSMRs suggest better quality, and higher RSMRs suggest worse quality. To understand how caring for African-American patients might impact a hospital's RSMR, we examined RSMRs among hospitals with high and low proportions of African-American patients. We compared the COPD RSMRs for the 453 hospitals with 0% African-American Medicare FFS patients to the 364 hospitals with $\geq 21.9\%$ African-American Medicare FFS patients for the July 2013 – June 2016 reporting period. We defined hospitals with low and high proportions of African-American patients as those that fall within the lowest and highest deciles of all hospitals with 25 or more qualifying admissions (N= 3,633). The proportion of African-American Medicare FFS patients for each hospital was determined using the Medicare Part A Inpatient Claims from 2015. All hospitals with 0% African-American patients were included in the lowest decile. To ensure accurate assessment of each hospital, the COPD mortality 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 mortality outcome [1].

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TABLE I. Distributions of COPD RSMRs (%) for hospitals with low and high proportions of African-American patients, July 2013-June 2016.

| | COPD RSMR (%) | |
|--------------|---|---|
| | Hospitals with low proportions (0%) of African-American patients n = 453 | Hospitals with high proportions ($\geq 21.9\%$) of African-American patients n = 364 |
| Maximum | 12.0 | 12.1 |
| 90% | 9.3 | 9.3 |
| 75% | 8.6 | 8.5 |
| Median (50%) | 8.1 | 7.8 |
| 25% | 7.7 | 7.2 |
| 10% | 7.2 | 6.7 |
| Minimum | 6.4 | 4.8 |

The median COPD RSMR for hospitals with low proportions of African-American patients was 8.1% (interquartile range [IQR]: 7.7%-8.6%; Figure 1 and Table 1). The median COPD RSMR for hospitals with high proportions of African-American patients was 7.8% (IQR: 7.2%- 8.5%; Figure 1 and Table 1).

Hospitals with low proportions of African-American patients had a median COPD RSMR that was 0.3 percentage points higher than that of hospitals with high proportions.

1. Jaymie Simoes, Jacqueline N. Grady, Jo DeBuhr, et al. 2017 Condition-Specific Measures Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Mortality Measures: Acute Myocardial Infarction – Version 11.0 Chronic Obstructive Pulmonary Disease – Version 6.0 Heart Failure – Version 11.0 Pneumonia – Version 11.0 Stroke – Version 6.0. <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1163010421830>. 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 Value-Based Purchasing Overview. QualityNet website. <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937>. Accessed March 1, 2017.

4. Centers for Medicare and Medicaid Services. Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals, Final Rule Fiscal Year 2016. 80 FR 49325. Federal Register website. <https://federalregister.gov/a/2015-19049>. Published August 17, 2015. Effective October 1, 2015. Accessed March 1, 2017.