

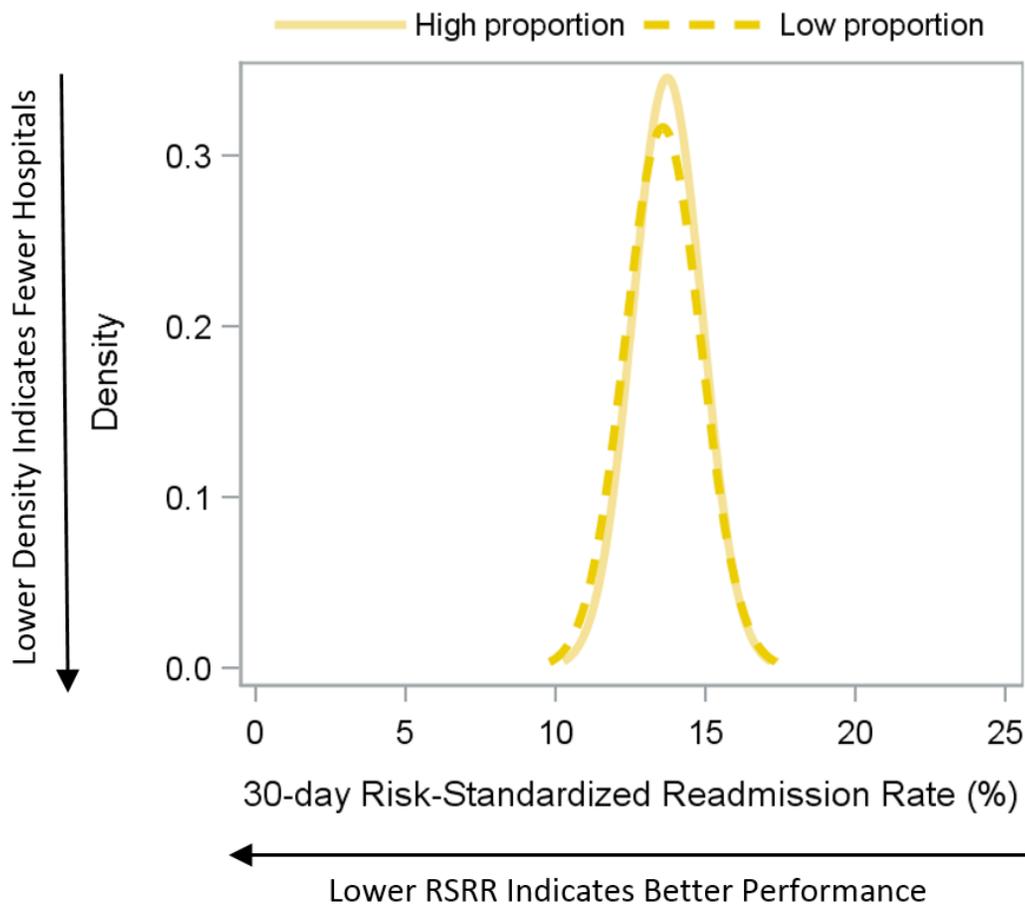
► **Performance on the isolated coronary artery bypass graft surgery readmission measure:**  
Hospitals that serve high and low proportions of African-American patients.

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 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 African-American patients, July 2013-June 2016.



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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 how caring for African-American patients might impact a hospital's RSRR, we examined RSRRs among hospitals with high and low proportions of African-American patients. We compared the CABG RSRRs for the 103 hospitals with  $\leq 0.6\%$  African-American Medicare FFS patients to the 104 hospitals with  $\geq 20.7\%$  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 discharges (N= 1,033). 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 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].

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

	CABG RSRR (%)	
	Hospitals with low proportions ( $\leq 0.6\%$ ) of African-American patients n = 103	Hospitals with high proportions ( $\geq 20.7\%$ ) of African-American patients n = 104
Maximum	17.8	17.3
90%	15.1	15.1
75%	14.3	14.5
Median (50%)	13.6	13.7
25%	12.8	13.0
10%	12.1	12.3
Minimum	10.6	10.6

The median CABG RSRR for hospitals with low proportions of African-American patients was 13.6% (interquartile range [IQR]: 12.8%-14.3%; Figure 1 and Table 1). The median CABG RSRR for hospitals with high proportions of African-American patients was 13.7% (IQR: 13.0%- 14.5%; Figure 1 and Table 1).

Hospitals with low proportions of African-American patients 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.