

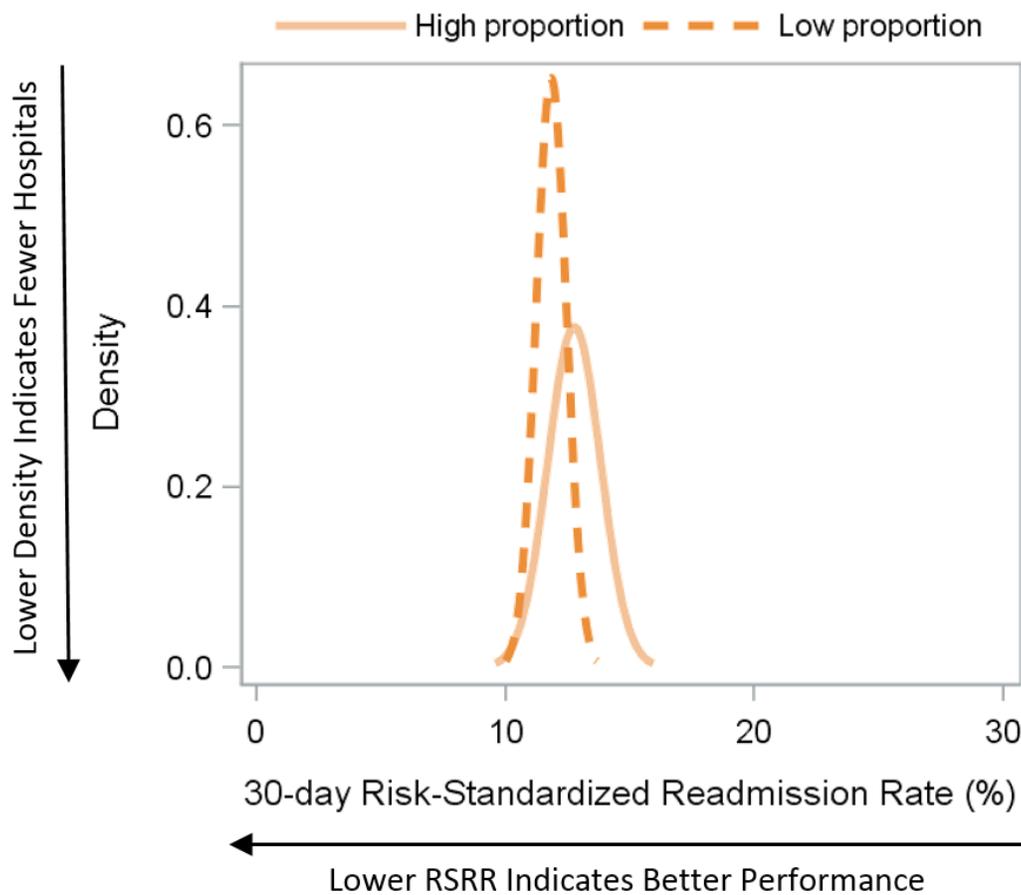
► **Performance on the acute ischemic stroke readmission measure:** Hospitals that serve high and low proportions of African-American patients.

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 stroke 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 hospitalization for acute ischemic stroke [1].

CMS began publicly reporting 30-day risk-standardized readmission rates (RSRRs) following hospitalizations for stroke in 2014 [2]. Publicly reported measure results are updated annually on the [Hospital Compare](#) website.

**FIGURE I.** Distributions of stroke 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 stroke RSRRs for the 261 hospitals with  $\leq 0.2\%$  African-American Medicare FFS patients to the 262 hospitals with  $\geq 23.3\%$  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= 2,613). 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 stroke 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 stroke RSRRs (%) for hospitals with low and high proportions of African-American patients, July 2013-June 2016.

	Stroke RSRR (%)	
	Hospitals with low proportions ( $\leq 0.2\%$ ) of African-American patients n = 261	Hospitals with high proportions ( $\geq 23.3\%$ ) of African-American patients n = 262
Maximum	14.3	16.3
90%	12.5	14.4
75%	12.2	13.3
Median (50%)	11.9	12.6
25%	11.5	12.1
10%	11.2	11.6
Minimum	9.4	10.4

The median stroke RSRR for hospitals with low proportions of African-American patients was 11.9% (interquartile range [IQR]: 11.5%-12.2%; Figure 1 and Table 1). The median stroke RSRR for hospitals with high proportions of African-American patients was 12.6% (IQR: 12.1%- 13.3%; Figure 1 and Table 1).

Hospitals with low proportions of African-American patients had a median stroke RSRR that was 0.7 percentage points lower than 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 Readmission Measures: Acute Myocardial Infarction – Version 10.0 Chronic Obstructive Pulmonary Disease – Version 6.0 Heart Failure – Version 10.0 Pneumonia – Version 10.0 Stroke – 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.