

RRIP – Patient Adversity Index and Disparity Gap for Rate Year 2024

By HSCRC, last updated 6/27/2022

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Patient Adversity Index and Disparity Gap

This is a user guide specifically for the Patient Adversity Index and Disparity Gap report, used to track within-hospital disparities in readmission rates. For more information about the PAI policy, please visit the RRIP Final Policy.

Background

Racial and socioeconomic differences in readmission rates are well documented^{1, 2} and are a source of significant concern. Many Maryland hospitals, as well as the Maryland Hospital Association, identify reduction in readmission disparities as a key priority over the near term. Thus, staff developed the Patient Adversity Index (PAI), a composite social risk index incorporating information on patient race, Medicaid status, and the Area Deprivation Index (ADI) for the area surrounding the patient's address (as recorded in claims). Staff chose, and vetted with stakeholders, these three variables because they are among the few available in claims that capture social determinants of health. Medicaid status is often used as a proxy for income. Race is included, not to reflect biological differences across races, but rather as a proxy for exposure to structural racism.³ The ADI reflects exposure to diminished access to neighborhood resources, such as health care providers, pharmacies, transportation, and gainful employment, which may impact health outcomes.

Methodology

The PAI for each patient discharge is calculated by regressing readmission status (yes or no) against Medicaid status, race (black vs. other), and ADI percentile, along with terms for interactions between each of these three variables. The result is a continuous value reflecting the patient's social exposures, weighted by the degree to which each of them is associated with readmissions. The PAI value is then converted to a standardized score which sets the statewide mean at zero and the scale so that a oneunit change is equal to a change of one standard deviation.

To measure the effect of PAI, staff developed a regression model that estimates the slope of PAI at each hospital, after controlling for patient age, gender, and APR-DRG readmission

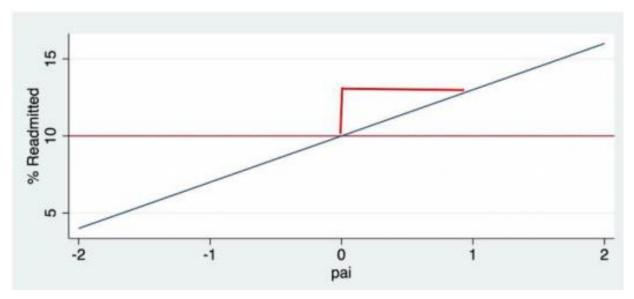
¹ Tsai TC, Orav EJ, Joynt KE. Disparities in surgical 30-day readmission rates for Medicare beneficiaries by race and site of care. Ann Surg. 2014;259(6):1086–1090. doi:10.1097/SLA.000000000000326;

² Calvillo–King, Linda, et al. "Impact of social factors on risk of readmission or mortality in pneumonia and heart failure: systematic review." Journal of general internal medicine 28.2 (2013): 269-282 ³ 5 Structural racism is defined as the macro-level systems, social forces, institutions, ideologies, and processes that interact with one another to generate and reinforce inequities among racial and ethnic groups (Powell JA. Structural Racism: Building upon the Insights of John Calmore. North Carolina Law Review. 2008;86:791–816.)



risk. Additionally, staff controlled for the average PAI value for patients at the hospital, as hospitals serving higher proportions of disadvantaged patients may face heightened challenges in reducing readmission rates. The PAI slope, or disparity gap measure, is interpreted as the difference in readmission rates at a given hospital between patients at a base (lower) level of PAI, and patients with PAI one unit higher than the base. The change in disparity gap measure from the base year (CY2018) to a given performance year (CY2020) is the performance metric.

Understanding the Disparity Measure



We use a statistical model to estimate the slope of the line connecting readmission rates at various levels of PAI within a hospital. A flat slope means there is no disparity.

Data Sources

- 1. Inpatient Case-mix data run under APR-DRG grouper v39
- 2. Out-of-state readmission rates from Medicare data obtained from CMMI



Static Reports User Guide

Readmission Report Access/Card

The Patient Adversity Index and Disparity Gap report can be accessed by visiting reports.crisphealth.org and logging-in with a CRS username and password.

Step 1. To access the PAI Report a user must first login to the CRISP Reporting Services Portal by visiting reports.crisphealth.org. The following screenshots represent the user's workflow.

Email

Reset your password?

Warning: CRISP policy prohibits username and password sharing. Violation could result in account termination.

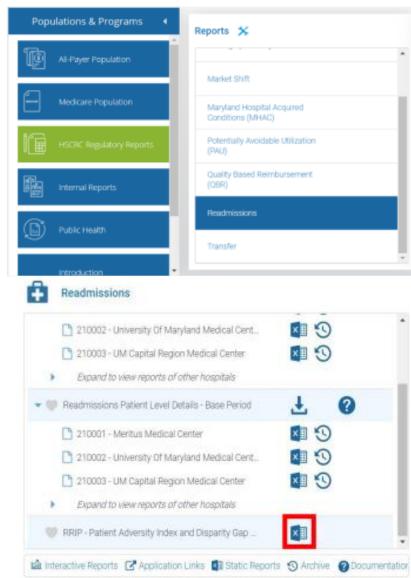
Questions or Concerns? Please contact the CRISP Customer Care Team at support@crisphealth.org or 877-952-7477.

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Step 2. Once in the CRS Portal, a dashboard of different blue report "cards" will appear based on the access permissions of the user. Clicking the card named "Readmissions" will bring up the available reports for this category.

Step 3. By clicking the excel icon as shown below, you will access the most recent static summary file. An excel workbook will open with all available tabs.





PAI and Disparity Gap Reports

Sheets included in workbook:

- (1) Cover Sheet
- (2) Disparity Gap
- (3a) Medicaid
- (3b) Race
- (3c) ADI

The following metrics can be found in the PAI and Disparity Gap Report:

Metric	Description
Average PAI	Average of patient PAI values at each hospital (positive
	values indicate higher risk of readmission). Patient PAI
	measure is continuous score of readmission risk based
	on Medicaid status, race, and Area Deprivation Index.
Disparity Gap (slope)	The disparity gap is the percent difference between the
	readmission rates at PAI=0 and PAI=1, which also is
	equivalent to the slope of the line for readmissions
	across all values of PAI
Risk-Adjusted Readmission	The readmission rate at PAI=0 (lower adversity) and
Rate	PAI=1 (higher adversity) adjusting for APRDRG-SOI
	readmission risk, age, gender and hospital mean PAI.
Eligible Discharges	Discharges eligible for a readmission
Case-mix Adjusted	A given hospital's expected number of readmissions
Readmission Rate	based on the process of indirect standardization
Medicaid FFS & MCO	Payer 1 or 2 equals Medicaid FFS/HMO (02,14)
Non-Medicaid	Payer 1 or 2 does not equal Medicaid FFS/HMO
Black	Case-mix variable "rblack" equals 1
Non-Black	Case-mix variable "rblack" does not equal 1
High ADI	Greater than or equal to 85th ADI percentile
Low ADI	Less than 85th ADI percentile
Percent Difference in	The percent difference between the readmission rates at
Readmission Rates	PAI factor=0 and PAI factor=1



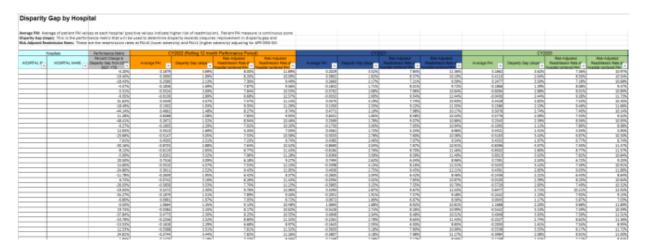
Cover Sheet (1)

The cover sheet provides an overview of each sheet available in the PAI and Disparity Gap Report.

RY2024 Readmissions Reduction Incentive Program (RRIP)	RY 24 Readmissions Reduction Incentive Program (RRIP)
Disparity Gap Workbook	Disparity Gap Workbook
BASE YEAR	CY2018
PERFORMANCE YEAR	CY2022 YTD Through March (Apr 2021- Mar 2022)
VERSION	APR-ORG Grouper version 39 base & performance period; ADI v. 2019 National percentiles
INCLUDED IN THIS EXCEL WORKBOOK:-	Description
2. PAI and Disparity Gap by Hospital	Provides average PAI and the current disparity gap metric compared to the 2018 disparity gap metric
	Provides average PAI and the current disparity gap metric compared to the 2018 disparity gap metric Descriptive statistics for PAI components of patients seen at each hospital by year
3. Patient Sociodemographics by Hospital	
2. PAI and Disparity Gap by Hospital 3. Patient Sociodemographics by Hospital 3a. Medicaid 3b. Race	Descriptive statistics for PAI components of patients seen at each hospital by year
3. Patient Sociodemographics by Hospital 3a. Medicaid	Descriptive statistics for PAI components of patients seen at each hospital by year Readmission rates for Medicaid and non-Medicaid

Disparity Gap (2)

The Disparity Gap sheet provides average PAI and the current disparity gap metric compared to the 2018 disparity gap metric by hospital by year.



Medicaid (3a)

The Medicaid sheet provides case-mix adjusted readmission rates for Medicaid and non-Medicaid beneficiaries by year.

A 1975	Readmis	sions by									
Process Difference on Rates Section Adjusted Section Section Adjusted Section Adjusted Section Adjusted Section Section Adjusted Section Adjusted Section Section Adjusted Section Section Adjusted Section Section Adjusted Section Section Section Section Adjusted Section	Medicaio	f Status									
Part	Payer 1 or payer	2 equals Medicaid FFS/HMO (02, 14)								
		Hospitals			CY2022 (Rolling 12 mor	th Performance Period)			CY20	021	
Control Age				Medicaid F	FS & MCO	Non-M	edicaid				
1 1 1 1 1 1 1 1 1 1	HOSPITAL C	HOSPITAL NAME		Eligible Discharges		Eligible Discharges		Elgible Discharges	Case Mix Adjusted Readmission Rate	Eligible Discharges	Case Mix Readmiss
BERNS 3.500 10.000 4.000 5.0			4,0100%	4,336	14.57%	6,628	10.50%	401	14.12%	8656	
1 100000										16564	
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\$47000 1.240								6700			
6 600 3.88 5.89			2.1600%	2,641	12.00%	10,236	10.39%	2289	12.00%	10170	
2 55000 1 5500 1											
8.570% 3.40											
2.0309% 6.002 11.00% 6.000 5.64% 5044 12.46% 6.001 11.00% 6.000 5.64% 5044 12.46% 6.000 12.15% 9722 14.00% 6.000 12.15% 9722 6.0000% 3.77 11.00% 4.400 11.00% 300 12.25% 4020 3.25% 6.000 3.25% 6.00% 3.00% 5.00%											
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1,22005											
2 (2004) 1.047 12.79% 8.117 16.10% 16.77 14.15% (2004) 2 (2004) 4.902 14.50% 15.60% 15.20% 16.00% 14.20% 15.00% 15.20% 15.00% 15.20% 15.00% 15.20% 15.00% 15											
2 (90%) A 102 (42%) (52%) (52%) 400 (42%) (746) 3 (40%) 3 (40%) 4 (40%) 4 (50) (42%) 400 (42%) 400 (42%) 400 (42%) 2 (40%) 2 (40%) 2 (40%) 4 (
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3.3300% 1.609 13.70% 3.410 10.47% 1009 12.70% 35M											
	_										
	_		3.3300%	1,600		3,411		1606	0.7%	3036	



Race (3b)

The Race sheet provides case-mix adjusted readmission rates for Blacks and Non-Blacks by year.

ck	asions by Race Case-mix variable fiblish-1. Defaults to pero if riblack does	not equal 1							
Hospitals December Difference in		Percent Difference in		CY2022 (Rolling 12 mon	th Performance Period)	CY2021			
		Readmission Rates between	Disc	ck	Non-I	Slack			
OSPITAL IC	HOSPITAL NAME	Black and Non-Black CY2022	Eligible Discharges	Case-Mix Adjusted Readmission Rate	Eligible Discharges	Case-liftx Adjusted Readmission Rate	Eligible Discharges	Case-Mix Adjusted Readmission Rate	Eligible Discharge
		-0.92%	1,384	11.57%	11,820	11.90%	1460	11.61%	10995
		7.60%	8.616	11.32%	10,262	10.52%	8751	11.53%	10301
		-3.72%	5,960	9.50%	2,214	9.82%	5067	9.38%	2359
		13.28%	9.131	0.0%	10,345	11.01%	9375	12.67%	16514
		3.16%	1,621	11.17%	11,346	10.77%	1480	11.77%	11379
		-0.10%	717	12.68%	2,966	12.68%	706	12.41%	2790
		50.00%	4,003	15.27%	4,360	10.18%	5000	15.02%	4100
		7.47%	12,603	12.27%	19,476	11.38%	12580	12.68%	19259
		142%	4,009	11.96%	4,629	10.91%	4174	12:38%	4000
		-1.00%	7,598	10.78%	4,824	11.10%	7544	11.50%	4755
		-8.00%	4,171	10.87%	11,830	11.88%	4210	1131%	11280
		24.13%	2.509	Q.5P%	4,766	10.07%	2612	13.18%	4000
		-195.00%		0.00%	1,382	5.54%	9	0.00%	1296
		34.99%	1,224	13.94%	2,876	9.86%	1041	13.05%	2960
		14.72%	3,376	11.79%	8,904	10.29%	2362	11.12%	8121
		6.35%	2.067	11.00%	T,467	10.40%	2057	11.02%	7500
		2.79%	5,462	13.30%	15,606	12.34%	5412	13.38%	19730
		7.26%	4.588	12.7%	5,636	11.85%	4715	13,45%	3650
		24.72%	227	11.60%	T,544	9.34%	312	10.92%	7129
		21.16%	1,507	1534%	5,865	11.01%	1404	10.13%	4943
		-0.14%	3,734	12.09%	9,261	12.90%	3873	13.34%	9290
		163.71%	6	9.29%	224	3.50%	98	5.44%	294
		13.19%	544	12.70%	4,383	11.22%	528	13.01%	4021
		39.88%	497	15.00%	7,212	19.79%	405	13.00%	7174
		-5.10%	2.094	12.79%	3,621	12.51%	2130	13.40%	390
		4.02%	2,572	10.02%	2,595	10.44%	2360	10.27%	2666
		22.40%	973	11,85%	3,377	2.90%	967	11,98%	2294

ADI (3c)

The ADI sheet provides case-mix adjusted readmission rates by low vs high Area Deprivation Index by year

