

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

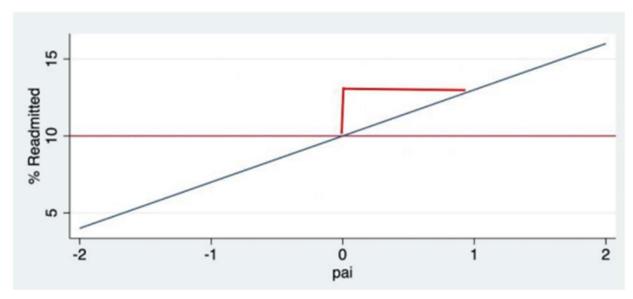
¹ Tsai TC, Orav EJ, Joynt KE. Disparities in surgical 30-day readmission rates for Medicare beneficiaries by race and site of care. Ann Surg. 2014;259(6):1086–1090. doi:10.1097/SLA.000000000000326;

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

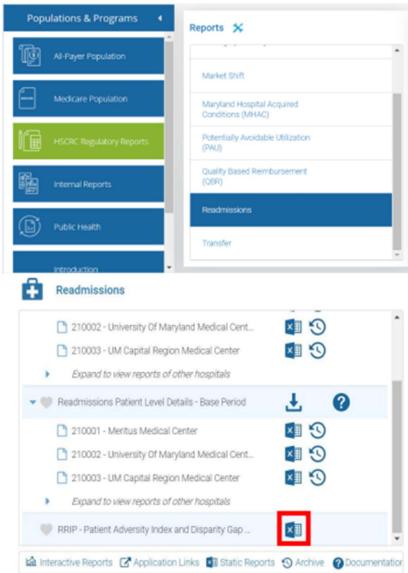
Readmission Report Access/Card

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 <u>reports.crisphealth.org</u>. The following screenshots represent the user's workflow.

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			



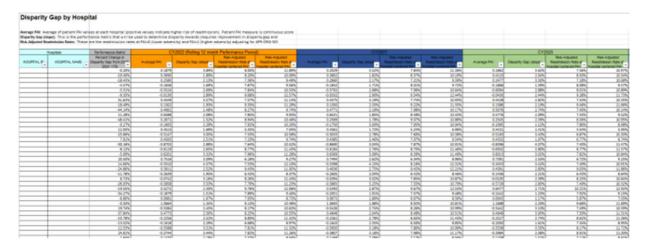
Cover Sheet (1)

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

March (Apr 2021- Mar 2022) Sision 39 base & performance period; ADI v. 2019 National percentiles
rsion 39 base & performance period; ADI v. 2019 National percentiles
and the current disparity gap metric compared to the 2018 disparity gap metric
for PAI components of patients seen at each hospital by year
r Medicaid and non-Medicaid
r Blacks and non-Blacks

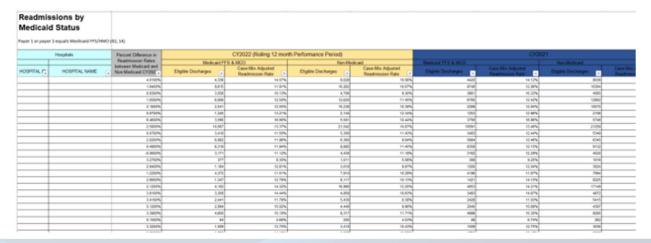
Disparity Gap (2)

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.





Race (3b)

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

ack	ssions by Race Case mix variable fibliock-1 Defaults to zero if rolack does	not equal 1							
Hospitals		Percent Difference in	CY2022 (Rolling 12 month Performance Period)				CY2021		
		Readnession Rates between	Black Non-Black						
OBPITAL IS	HOSPITAL NAME	Black and Non-Black CY2922	Eligible Discharges	Case-Mix Adjusted Readmission Rate	Eligible Discharges	Case-Mix Adjusted Readmission Rate	Eligible Discharges	Case-Nix Adjusted Reptression Rate	Eligible Discharge
		-3.92%	1,264	11.57%	11,830	11.80%	160	11.61%	10195
		7.69%	6515	11.32%	10,262	19.52%	8754	11.53%	16391
		-3.12%	5,960	9.50%	2,314	3.82%	SOUT	3.35%	2358
		17.29%	9,131	12.6%	19,345	11.81%	9373	12.67%	10114
		3.19%	1,431	11.17%	11,346	12,77%	1480	11.77%	11279
		4.15%	10	12.98%	2,666	12.60%	706	12.41%	2790
		56.00%	4,803	15.27%	4,360	13.10%	5000	15.02%	4100
		7,47%	12,533	12.27%	19,476	11.30%	12500	12.68%	19259
		1475	4,009	11.86%	4,629	12.81%	4174	12.38%	4000
		-3.00%	7,590	10.76%	4,524	11.90%	7544	11.50%	4795
		4.00%	4.171	10.87%	11,830	11.80%	4210	11.31%	11280
		24.13%	2.509	12.50%	4,766	13.87%	2612	13.15%	4058
		-196.00%		0.00%	1,362	5.54%		8.00%	1296
		34.99%	1,224	13,34%	2,876	9.60N	1041	13.05%	2983
		14.72%	3,379	11.79%	2,304	10.20%	3342	11.12%	8628
		6.35%	2:367	11.00%	7,407	19.40%	2057	11.02%	7589
		7.79%	5,462	13.30%	15,600	12.34%	5472	13.38%	16738
		7.29%	4,588	12.7%	5,636	11.85%	4715	13.45%	3654
		24.72%	327	11.69%	7,544	9.34%	312	18.92%	7129
		21.15%	1,537	13.34%	5,985	11.01%	1404	13.13%	4943
		434%	3,794	12.09%	9,303	12.86%	3873	13.34%	9290
		163.71%	<	9.27%	224	3.50%	56	5.44%	294
		13.19%	564	12.70%	6,383	11.22%	524	13.01%	4021
		30.05%	497	15,99%	7,210	19.70%	405	13.09%	2174
		4.10%	2.294	12.79%	3,421	13.51%	2133	13.40%	3168
		4.02%	2.572	10.82%	2.595	13.44%	2359	18.27%	3666
		32.40%	973	11.85%	2.377	110%	967	11.50%	3294

ADI (3c)

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

