# RRIP- Patient Adversity Index and Disparity Gap for Rate Year 2024

By HSCRC, last updated 6/27/2022

# Contents

Patient Adversity Index and Disparity Gap	3
Background	3
Methodology	3
Data Sources	4
Static Reports User Guide	4
PAI and Disparity Gap Reports	6
1. Cover Sheet	7
2. Disparity Gap	7
3a. Medicaid	7
3b. Race	8
3c. ADI	8

# 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 <a href="RRIP Final Policy">RRIP Final Policy</a>.

# Background

Racial and socioeconomic differences in readmission rates are well documented<sup>1,2</sup> 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.<sup>3</sup> 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 one-unit 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 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

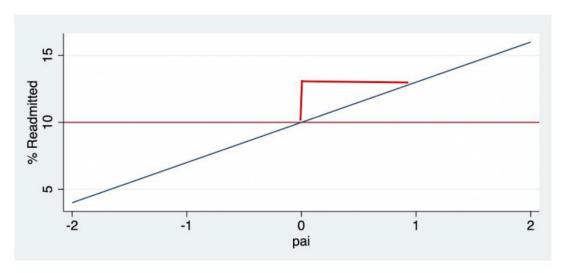
<sup>&</sup>lt;sup>1</sup> Tsai TC, Orav EJ, Joynt KE. Disparities in surgical 30-day readmission rates for Medicare beneficiaries by race and site of care. Ann Surg. 2014;259(6):1086–1090. doi:10.1097/SLA.00000000000326;

<sup>&</sup>lt;sup>2</sup> 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.

<sup>&</sup>lt;sup>3</sup> 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.)

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**

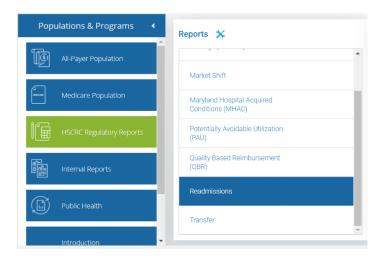
- 1. Inpatient Case-mix data run under APR-DRG grouper v39
- 2. Out-of-state readmission rates from Medicare data obtained from CMMI

# 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.

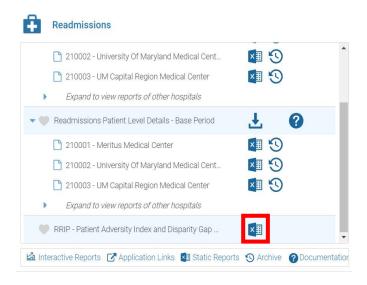
**Step 1**. To access the PAI Report a user must first login to the CRISP Reporting Services Portal by visiting reports.crisphealth.org. The following screenshots represent the user's workflow.



**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 Rate	The readmission rate at PAI=0 (lower adversity) and PAI=1 (higher adversity) adjusting for APR-DRG-SOI readmission risk, age, gender and hospital mean PAI.
Eligible Discharges	Discharges eligible for a readmission
Case-Mix Adjusted Readmission Rate	A given hospital's expected number of readmissions 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 85 <sup>th</sup> ADI percentile
Low ADI	Less than 85 <sup>th</sup> ADI percentile
Percent Difference in Readmission Rates	The percent difference between the readmission rates at PAI factor=0 and PAI factor=1

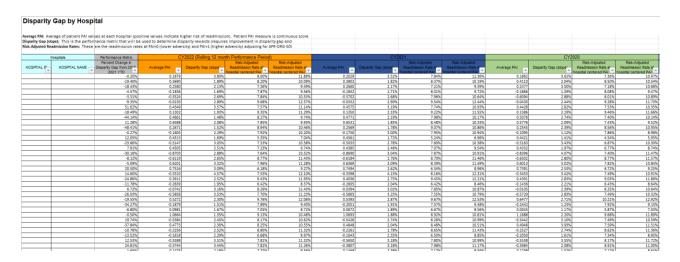
#### 1. Cover Sheet

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-DRG 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	
3. Patient Sociodemographics by Hospital	Descriptive statistics for PAI components of patients seen at each hospital by year	
3a. Medicaid	Readmission rates for Medicaid and non-Medicaid	
3b. Race	Readmission rates for Blacks and non-Blacks	
3c. ADI	Readmission rates by Area Deprivation Index	

# 2. Disparity Gap

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



#### 3a. Medicaid

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

	sions by d Status									
ayer 1 or payer	2 equals Medicaid FFS/HMO	(02, 14)								
	Hospitals	Percent Difference in		CY2022 (Rolling 12 mon	th Performance Period)		CY2021			
		Readmission Rates	Medicaid FF	S & MCO	Non-Me	edicaid	Medicaid FFS & MCO Non-Medicaid			
HOSPITAL I	HOSPITAL NAME	between Medicaid and Non-Medicaid CY202 -	Eligible Discharges	Case-Mix Adjusted Readmission Rate	Eligible Discharges	Case-Mix Adjusted Readmission Rate	Eligible Discharges	Case-Mix Adjusted Readmission Rate	Eligible Discharges 😛	Case-N Readn
		4.0100%	4,336	14.57%	8,028	10.56%	4420	14.12%	8038	
		1.8400%	8,615	11.91%	10,262	10.07%	8748	12.08%	10304	
		0.8300%	3,558	10.13%	4,706	9.30%	3661	10.33%	4565	
		1.0500%	6,856	12.50%	12,620	11.45%	6785	12.42%	12902	
		2.1600%	2,541	12.55%	10,236	10.39%	2289	12.84%	10570	
		0.8700%	1,245	13.21%	2,140	12.34%	1253	12.96%	2156	
		6.4600%	3,590	16.90%	5,581	10.44%	3756	16.86%	5746	
		2.5000%	10,567	13.37%	21,542	10.87%	10591	13.46%	21258	
		0.0700%	3,418	11.50%	5,300	11.43%	3483	12.44%	5349	
		2.0200%	6,062	11.86%	6,360	9.84%	5984	12.46%	6345	
		0.4900%	6,319	11.94%	8,882	11.45%	6358	12.15%	9132	
		-0.0800%	3,171	11.12%	4,436	11.18%	3162	12.29%	4520	
		3.2700%	377	8.35%	1,011	5.08%	388	9.25%	1016	
		2.9400%	1,184	12.81%	3,018	9.87%	1200	12.04%	3024	
		1.2200%	4,372	11.51%	7,910	10.29%	4196	11.67%	7994	
		2.6800%	1,347	12.79%	8,117	10.13%	1421	14.15%	8225	
		2.1200%	4,102	14.32%	16,966	12.20%	4053	14.21%	17149	
		3.8100%	3,358	14.44%	4,858	10.63%	3493	14.67%	4872	
		3.4100%	2,441	11.79%	5,430	8.38%	2426	11.03%	5415	
		5.1200%	2,094	15.02%	4,448	9.90%	2040	15.68%	4397	
		3.3900%	4,650	15.10%	8,317	11.71%	4986	15.35%	8285	
		0.1500%	64	4.68%	205	4.53%	88	6.74%	262	
		3.3200%	1,509	13.75%	3,418	10.43%	1509	12.75%	3036	

# 3b. Race

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

Black	ssions by Race Case-mix variable Rblack=1 Defaults to zero if rblack does	not equal 1							
	Hospitals	Percent Difference in		CY2022 (Rolling 12 mor	nth Performance Period)			CY20	021
		Readmission Rates between	Bla		Non-E	Black			
HOSPITAL I	HOSPITAL NAME	Black and Non-Black CY2022	Eligible Discharges	Case-Mix Adjusted Readmission Rate	Eligible Discharges	Case-Mix Adjusted Readmission Rate	Eligible Discharges	Case-Mix Adjusted Readmission Rate	Eligible Discharge
		-3.92%	1,344	11.51%	11,020	11.98%	1463	11.61%	10995
		7.60%	8,615	11.32%	10,262	10.52%	8751	11.53%	10301
		-3.73%	5,950	9.55%	2,314	9.92%	5867	9.35%	2359
		13.26%	9,131	12.47%	10,345	11.01%	9373	12.67%	10314
		3.16%	1,431	11.11%	11,346	10.77%	1480	11.77%	11379
		-0.16%	717	12.66%	2,668	12.68%	706	12.41%	2703
		50.00%	4,803	15.27%	4,368	10.18%	5002	15.02%	4500
		7.47%	12,633	12.23%	19,476	11.38%	12580	12.68%	19269
		9.62%	4,089	11.96%	4,629	10.91%	4174	12.38%	4658
		-3.06%	7,598	10.76%	4,824	11.10%	7544	11.59%	4785
		-8.00%	4,171	10.93%	11,030	11.88%	4210	11.31%	11280
		24.13%	2,839	12.50%	4,768	10.07%	2832	13.18%	4850
		-100.00%	6	0.00%	1,382	5.94%	9	0.00%	1395
		34.99%	1,224	13.04%	2,978	9.66%	1241	13.05%	2983
		14.73%	3,378	11.76%	8,904	10.25%	3362	11.12%	8828
		6.35%	2,057	11.06%	7,407	10.40%	2057	11.02%	7589
		7.78%	5,462	13.30%	15,606	12.34%	5472	13.38%	15730
		7.26%	4,588	12.71%	3,628	11.85%	4715	13.45%	3650
		24.73%	327	11.65%	7,544	9.34%	312	10.92%	7529
		21.16%	1,537	13.34%	5,005	11.01%	1494	13.13%	4943
		-0.54%	3,704	12.89%	9,263	12.96%	3873	13.34%	9398
		163.71%	45	9.23%	224	3.50%	56	6.44%	294
		13.19%	544	12.70%	4,383	11.22%	524	13.01%	4021
		39.85%	497	15.09%	7,232	10.79%	485	13.09%	7174
		-5.55%	2,094	12.76%	3,621	13.51%	2133	13.40%	3568
		-4.02%	2,372	10.02%	2,593	10.44%	2359	10.27%	2666
		32.40%	973	11.85%	3,377	8.95%	957	11.58%	3284

# 3c. ADI

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

Readmissions by ADI
High ADI Greater than or equal to 85th ADI Percentile
Low ADI Less than 85th ADI Percentile

	Hospitals	Percent Difference in	Percent Difference in CY2022 (Rolling 12 month Performance Period)							
		Readmission Rates between		High	ADI	Low				
HOSPITAL ID	HOSPITAL NAME	High ADI and Low ADI CY2022	Mean ADI	Eligible Discharges	Case-Mix Adjusted Readmission Rate	Eligible Discharges	Case-Mix Adjusted Readmission Rate	Mean ADI	Eligible Discharges	0
		-22.26%	51.24	525	9.36%	11,839	12.04%	51.59	547	7
		2.76%	46.07	2,265	11.17%	16,612	10.87%	46.49	2355	5
		24.12%	33.43	45	11.94%	8,219	9.62%	33.51	43	3
		-42.64%	26.02	72	6.74%	19,404	11.75%	26.08	69	9
		0.65%	29.51	18	10.88%	12,759	10.81%	29.64	21	1
		28.54%	40.32	24	16.26%	3,361	12.65%	39.76	27	7
		22.81%	50.37	1,334	15.29%	7,837	12.45%	50.40	1364	4
		4.88%	42.87	3,115	12.26%	28,994	11.69%	43.01	3137	7
		-0.35%	51.40	1,149	11.42%	7,569	11.46%	51.79	1197	7
		7.36%	52.18	1,894	11.52%	10,528	10.73%	52.15	1875	5
		3.79%	47.78	667	12.06%	14,534	11.62%	47.73	653	3
		-52.33%	26.61	23	5.33%	7,584	11.18%	26.51	26	5
		39.35%	64.23	57	8.11%	1,331	5.82%	64.26	68	В
		-10.31%	21.54	6	9.57%	4,196	10.67%	21.82	6	5
		4.41%	57.02	868	11.13%	11,414	10.66%	57.06	866	6
		10.43%	15.97	18	11.65%	9,446	10.55%	15.98	18	8
		54.55%	22.75	140	19.38%	20,928	12.54%	22.72	137	7
		16.93%	55.24	1,200	14.09%	7,016	12.05%	55.56	1281	1
		-2.95%	73.12	1,448	9.22%	6,423	9.50%	73.23	1486	8
		70.52%	29.54	3	19.78%	6,539	11.60%	29.51	2	2
		6.78%	53.90	1,409	13.71%	11,558	12.84%	53.74	1447	7
		-100.00%	37.11			269	4.57%	37.02	1	1
		-100.00%	42.84	17	0.00%	4,910	11.41%	43.12	16	5
		54.28%	28.37	6	17.11%	7,723	11.09%	28.50	7	7