

# Beyond Classical Risk Adjustment Socioeconomic Status and Hospital Performance in Urologic Oncology

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### Background

- · 30-day readmission rate has become a prevailing measure of hospital and health system performance
- Medicare ties reimbursement to readmission rates
- · SES impacts variety of health conditions, including readmissions
- · Medicare models incorporate demographics and comorbidities, but not socioeconomic status (SES)

### Objective

- · Determine if adding SES to Medicare risk-adjustment models impacts
- Assess differential impact of patient SES on Safety Net Hospital readmission rates for more equitable assessment of performance

## Methods

Data

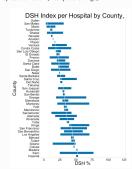
- All adult acute care admissions in non-federal hospitals from 2007-2011 in California
- · We assessed comorbidities with the Elixhauser Index
- Patient SES derived from US Census data based on patient ZIP codes
- · For each patient, we calculated a Diez-Roux Neighborhood Score derived from median household income, median home value, % completed high school, % completed college, % with cap gains/dividend/interest income, % with professional occupations
- We defined Safety Net Hospital (SNH) as those hospitals in the top quartile of Medicare Disproportionate Share Index (DSH)

#### **Statistical Methods**

- · Separated cohort into training and validation samples (75/25%)
- · Created multivariate logistic regression models and compared observed rates to model predicted rates
- · Models were compared with ROC curves, AUC calculation
- · Compared differences in predicted and observed ranking with Wilcoxon signed rank test
- Permutation testing to compare rankings of SNH and non-SNHs

#### Results

Characteristics of Cystectomy, Partial Nephrectomy and Radical Nephrectomy cohorts based on readmission status. Unless otherwise noted, values represent median (interquartile range).



Risk adjustment models for surgical cohorts. Null hypothesis: rankings from each model are not different from rankings based on observed, unadjusted readmission rates.

AUC values from ROC analysis compare observed with model predicted rankings.

Observed and predicted rankings of hospitals based on 30-day readmission rates, based on Safety Net Hospital (SNH) status.

Smaller rank represents lower readmission rates. p values compare selected model to base model using permutation testing.

		Not Readmitted	Readmitted	ρ	Not Readmitted	Readmitted	P	Not Readmitted	Readmitted	ρ
Cases (n)		2,788	983		5,028	528		12,043	1,093	
Age		70 (62 - 77)	71 (63 - 77)	0.43	61 (52 - 69)	63 (53 - 72)	<0.01	64 (55 - 73)	67 (57 - 76)	<0.01
Sex (% Male)		82.5	82.6	1.00	51.8	43.9	<0.01	62.0	59.9	0.19
Elixhauser Sun	1	2.8 ± 1.5	3.0 ± 1.6	<0.01	2.6 ± 1.4	2.9 ± 1.5	<0.01	2.8 ± 1.5	3.4 ± 1.7	< 0.01
Diez-Roux Scor	e	0.99 (-1.80 - 4.38)	1.25 (-1.70 - 4.45)	0.25	1.18 (-2.10 - 4.74)	0.82 (-2.45 - 4.47)	0.17	0.10 (-2.69 - 3.66)	-0.41 (-2.89 - 3.21)	< 0.01
Income (\$1k)		65.1 (51.8 - 81.8)	66.8 (51.5 - 83.8)		67.0 (51.9 - 83.7)	63.5 (52.3 - 83.4)		62.1 (48.9 - 80.0)	60.4 (48.1 - 78.2)	
Home Value (\$	100k)	441 (311 - 619)	445 (327 - 618)	0.53	445 (319 - 630)	424 (319 - 611)	0.32	403 (286 - 588)	390 (282 - 550)	0.02
% with Cap Inc	ome	25.7 (17.2 - 33.6)	26.3 (17.5 - 34.6)	0.17	25.2 (16.2 - 34.2)	23.5 (14.2 - 33.7)	0.25	22.8 (14.7 - 31.8)	21.5 (14.0 - 30.6)	<0.01
% Completed I	is	87.7 (78.8 - 92.8)	88.2 (78.9 - 93.2)	0.69	87.5 (77.5 - 93.2)	85.8 (76.4 - 92.9)	0.09	85.4 (75.0 - 92.1)	83.7 (74.1 - 91.6)	0.02
% Completed 0	ollege	29.3 (18.1 - 43.8)	31.0 (19.9 - 44.1)	0.21	30.2 (18.0 - 46.3)	27.9 (17.1 - 45.5)	0.18	27.2 (16.3 - 41.1)	25.1 (15.7 - 38.6)	< 0.01
% Prof Occupa	tions	16.9 (11.9 - 23.7)	17.2 (12.1 - 24.0)	0.41	17.5 (11.7 - 24.6)	16.8 (11.5 - 24.0)	0.18	16.0 (10.5 - 22.7)	14.9 (10.2 - 21.8)	< 0.01
Ethnicity (%)	White	54.5 (31.0 - 70.6)	53.8 (31.3 - 70.6)	0.97	49.4 (27.4 - 66.8)	47.8 (25.8 - 64.6)	0.18	46.5 (25.1 - 65.7)	43.9 (22.8 - 64.0)	0.03
	Black	2.4 (1.2 - 5.3)	2.3 (1.2 - 5.0)	0.19	2.8 (1.2 - 5.6)	3.1 (1.3 - 5.9)	0.67	2.8 (1.3 - 6.0)	2.8 (1.4 - 6.0)	0.42
	Hispanic	24.8 (13.3 - 40.9)	23.9 (12.7 - 40.9)	0.72	25.3 (13.4 - 43.4)	27.5 (14.2 - 48.7)	0.06	28.0 (15.1 - 47.0)	29.8 (16.4 - 51.0)	< 0.01
	Asian	7.4 (3.6 - 14.6)	8.0 (3.8 - 16.0)	0.18	8.4 (4.1 - 17.0)	7.8 (3.9 - 15.7)	0.31	7.7 (3.7 - 15.4)	7.7 (3.7 - 15.3)	0.22
Rural (Patient)	(%)	4.4	4.1	0.72	3.1	2.1	0.21	3.7	2.8	0.18
Distance to Ho	sp (km)	32.8 (15.0 - 82.8)	35.4 (17.5 - 82.5)	0.78	26.5 (12.5 - 60.1)	26.1 (13.1 - 66.9)	0.38	20.6 (10.3 - 41.7)	19.8 (9.1 - 45.5)	0.23
Hospital Volun	ne .	15.6 (4.2 - 49.2)	16.2 (4.8 - 49.2)	0.64	12.6 (5.8 - 34.4)	13.8 (6.8 - 30.2)	0.25	19.6 (10.2 - 32.4)	20.6 (10.8 - 33.8)	0.71
Safety Net - D	EH (%)	10.7	12.1	0.25	8.6	8.9	0.90	11.7	14.4	0.01
Academic Hosp	oital (%)	49.5	56.1	<0.01	50.3	49.1	0.61	42.4	45.4	0.06
<b>Urology Reside</b>	ncy (%)	50.1	53.1	0.10	36.4	37.1	0.81	25.8	31.1	<0.01
Payer (%)	Medicare	62.9	63.8	0.71	37.5	45.5	<0.01	47.5	58.1	<0.01
	Medi-Cal	5.1	5.7		5.8	10.0		6.3	9.5	
	Private	28.6	28.0		53.0	42.0		42.3	30.0	
	County	1.3	1.0		1.6	0.8		2.1	1.4	
	Self Pay	1.1	0.6		1.0	0.8		1.0	0.5	
	Other Govt	0.5	0.3		0.6	0.8		0.6	0.1	
Length of Stay		9.0 (7.0 - 12.0)	9.0 (7.0 - 13.0)	<0.01	4.0 (3.0 - 6.0)	6.0 (4.0 - 10.0)	<0.01	4.0 (3.0 - 6.0)	6.0 (4.0 - 9.0)	<0.01
Disposition (%)	Home .	34.2	30.6	<0.01	87.7	74.8	<0.01	87.0	74.0	<0.01
	Home Health	53.8	55.6		8.6	17.8		7.1	14.9	
	SNF	10.2	13.5		2.7	6.8		4.9	11.1	
	Residential Care	0.1	0.1		0.1	0.4		0.1	0.0	
	AMA/Other	1.8	0.1		1.0	0.2		1.0	0.0	

	Cystectomy			Partial Nephrectomy			Radical Nephrectomy		
Model	p vs. Observed	p vs. Base	AUC	p vs. Observed	p vs. Base	AUC	p vs. Observed	p vs. Base	AUC
Base	0.18	-	0.558	<0.01	-	0.585	<0.01	-	0.624
Base + SES <sup>1</sup>	0.23	0.07	0.554	< 0.01	0.05	0.554	< 0.01	0.02	0.624
Base + SES <sup>1</sup> , Rural <sup>2</sup>	0.25	< 0.01	0.546	< 0.01	0.12	0.591	< 0.01	< 0.01	0.628
Base + Hospital Factors <sup>2</sup>	0.51	< 0.01	0.580	< 0.01	< 0.01	0.583	0.01	< 0.01	0.630
Base + Hospital Factors <sup>3</sup> , + SES <sup>1</sup>	0.49	< 0.01	0.578	< 0.01	< 0.01	0.573	0.02	< 0.01	0.631
Base + Hospital Factors <sup>2</sup> , + SES <sup>1</sup> + Rural <sup>2</sup>	0.51	< 0.01	0.584	< 0.01	< 0.01	0.593	0.01	< 0.01	0.631

	Cystectomy			Partial Nephrectomy			Radical Nephrectomy		
Model	Non-SNH	SNH	p vs Base	Non-SNH	SNH	p vs Base	Non-SNH	SNH	p vs Base
Observed Rankings	67.9	74.1		95.7	82.6		126.0	123.5	
Base	69.1	68.4		93.8	91.9		125.6	125.2	
Base + SES <sup>1</sup>	69.8	65.4	0.48	90.9	106.6	< 0.01	120.4	145.5	<0.01
Base + SES <sup>1</sup> , Rural <sup>2</sup>	69.6	66.2	0.95	91.3	104.6	<0.01	121.5	141.0	<0.01
Base + Hospital Factors <sup>2</sup>	69.1	68.5	0.91	100.3	59.7	< 0.01	122.9	135.7	0.08
Base + Hospital Factors <sup>3</sup> , + SES <sup>1</sup>	69.2	68.1	0.99	98.3	69.6	< 0.01	120.4	145.3	<0.01
Base + Hospital Factors <sup>2</sup> + SES <sup>1</sup> , Rural <sup>2</sup>	69.0	68.8	0.77	98.1	70.4	< 0.01	121.7	140.3	0.04

Base model: patient age, sex, surgical approach (open vs. laparoscopic), and Elixhauser comorbidity score.

SES: Diez Roux Neighborhood score and Ethnicity (% white in ZIP code)
Rural: RUCA Rural/Urban classification and driving distance from hospital for index admission

<sup>3</sup> Hospital Factors: Case specific hospital volume (quintiles), number of hospital beds, and academic status

## Discussion



#### SES changes the hospital rankings in statistically significant manner

- SES adjustment narrows the gap between expected and observed. accounts for some of the unexplained difference between SNH and
- · Hospital Factors impact risk adjustment

Safety Net Hospitals disproportionately punished by traditional risk adjustment models

#### Readmission for each surgery is driven by different factors

· SES, comorbidities, cancer severity, morbidity of the surgery

#### AUC may not be the right measure of readmission model performance

- AUC compares with a gold standard. What is the readmission gold standard?
- · AUC is low compared with values for diagnostic tests, but approaches the best Medicare risk adjustment models
- · Move to new ranking-based methodology

#### Conclusion

- · SES is critical to risk adjustment for urologic cancer surgery
- There is a differential impact of SES on risk-adjusted readmission rates for SNHs

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