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A Policy Framework for Understanding Readmissions

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Readmissions

Issue: Reducing Readmissions

- About 18% of Medicare patients discharged from hospitals are readmitted within 30 days
  - $15B/yr cost to Medicare
- MedPAC, CBO, President's budget outline
  - Senate Finance Committee
  - Ways and Means Committee

MEDPAC Medicare Payment Advisory Commission

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AHA Actions

- **Discussed with member hospitals**
- **Analyzed data**
- **Assembled advisory panel of clinicians**
- **Developed framework, principles, strategies**
- **Continue to provide assistance to hospitals to help them understand and prevent unnecessary readmissions**

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AHA Perspective

Classification of Readmissions		
	Related to Initial Admission	**Unrelated to Initial Admission**
Planned Readmission	A **planned** readmission for which the reason for readmission is **related** to the reason for the initial admission.	A **planned** readmission for which the reason for readmission is **not related** to the reason for the initial admission.
Unplanned Readmission	An **unplanned** readmission for which the reason for readmission is **related** to the reason for the initial admission.	An **unplanned** readmission for which the reason for readmission is **not related** to the reason for the initial admission.

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The Reasons Behind Unplanned Related Readmissions Are Complex

- **Hospitals have responsibilities, but they are not alone**
- **Readmissions occur when:**
  - **Patients don't understand or can't comply with discharge instructions**
  - **Patients in some communities lack access to primary care, post acute care, pharmacies**
  - **Patients have different home environments**
  - **Patients have multiple diagnoses that make them more vulnerable to complications.**

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Other Insights

- **Different frameworks can be used to classify readmissions.**
- **Some readmissions need to be excluded from public policies.**
- **Administrative data mask many important issues – clinical and environmental information is necessary.**
- **Different types of hospitals have different types of readmissions.**
- **Before changing policy, a deeper examination is necessary.**

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Suggestions for Hospitals

1) Examine your hospital's current rate of readmissions.

Examine readmission rates by diagnosis and significant co-morbidities, and look for correlation with the patient's severity of illness and co-morbidities

- Examine the relationship between readmission source (e.g., home, nursing home) and readmission rate to determine the setting from which patients are most often readmitted
- Examine the relationship between readmission rates, mortality rates and length of stay
- Convene staff around these data to better understand the reasons for the patterns uncovered and identify areas for additional study or action

2) Improve communications to those caring for the patient after discharge.

Examine whether or not readmitted patients have access to a primary care physician

- Improve the timeliness of discharge summaries to referring physicians to minimize confusion regarding the continuing care regimen recommended and identified issues
- Develop standard actions for transitions from the hospital to the next level of care, including home with follow-up from the patient's PCP, skilled nursing facility, long-term care hospital, nursing home, or rehabilitation facility

3) Adopt interventions that may reduce readmissions.

- Provide post-discharge follow-up phone calls by nurses, physicians, pharmacists, or other providers
- Connect patients to a PCP if they do not already have one
- Ensure essential discharge information is transmitted to the next provider of care, patient and caregiver within 24-48 hours
- Improve in-hospital transition processes and communication
- Actively engage patients and families to realistically assess discharge potential, participate in discharge planning and achieve successful care continuity when the patient returns home
- Identify end-of-life issues earlier during an inpatient admission and address them prior to discharge, including connecting patients to available community-based end-of-life care services

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Senate Finance Committee Readmissions Proposal

- **Combines readmissions policy with post-acute bundling to encourage care coordination**
- **Focus on hospitals with high Medicare readmission rates for 8 high volume, high readmission conditions**
- **National average re-admission benchmark for each condition excludes readmissions that are not "potentially preventable"**
- **FY 2013: hospitals above 75th percentile subject to 20% withhold for selected MS-DRGs (based on prior year)**
- **Full payment restored in 2013 if patient not re-admitted within 30 days**
- **Readmission policy phases out in FY 2019**

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AHA Position on Readmissions

- **Select “paired” conditions to start**
- **Exclude readmissions that are not preventable**
- **Timeframe of 30 days is too long**
- **Reduce hospital payments only after a readmission occurs**
- **Withhold amount (20%) is too high**
- **Require CMS to release Medicare claims data**

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Public Policy Is In Flux

What Will Be Expected of Hospitals?

- **More coordination**
  - **Work with other providers to manage care across episodes**
- **More financial risk**
  - **Opportunity to benefit from efficient care management**
- **More Transparency**
  - **Continued reporting of important quality measures to the public**

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