

Better Living Through Chemistry

B. E. Wolf, MD
Blue Cross & Blue Shield of Rhode Island
brian.wolf@bcbsri.org
(401) 459-5432

- Readmissions are a proxy for quality
- CMS has recognized their importance
- Institutional Medicine has embraced the holy grail of re-admission reduction, albeit with an apoplectic fit

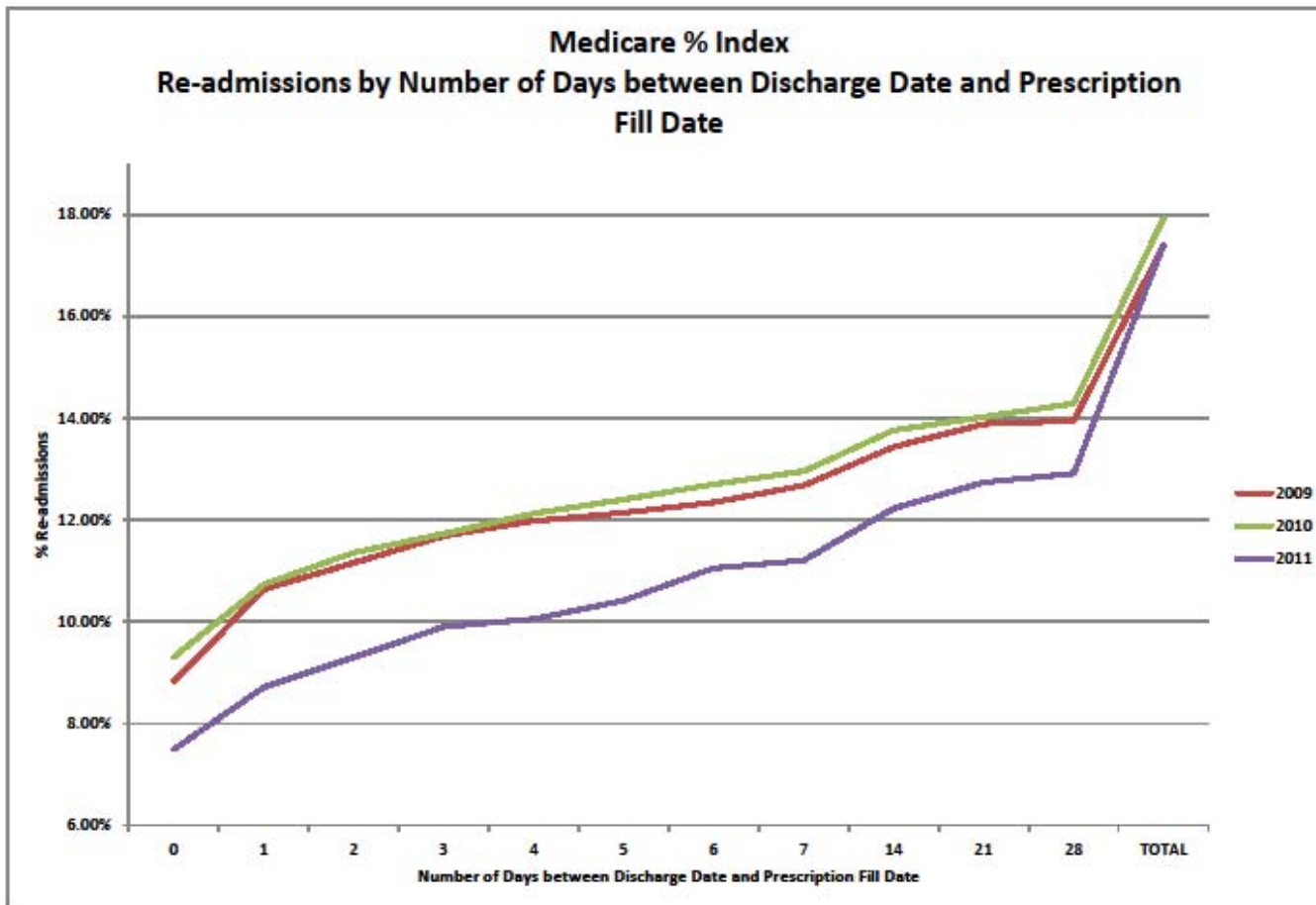
Transition of Care Programs

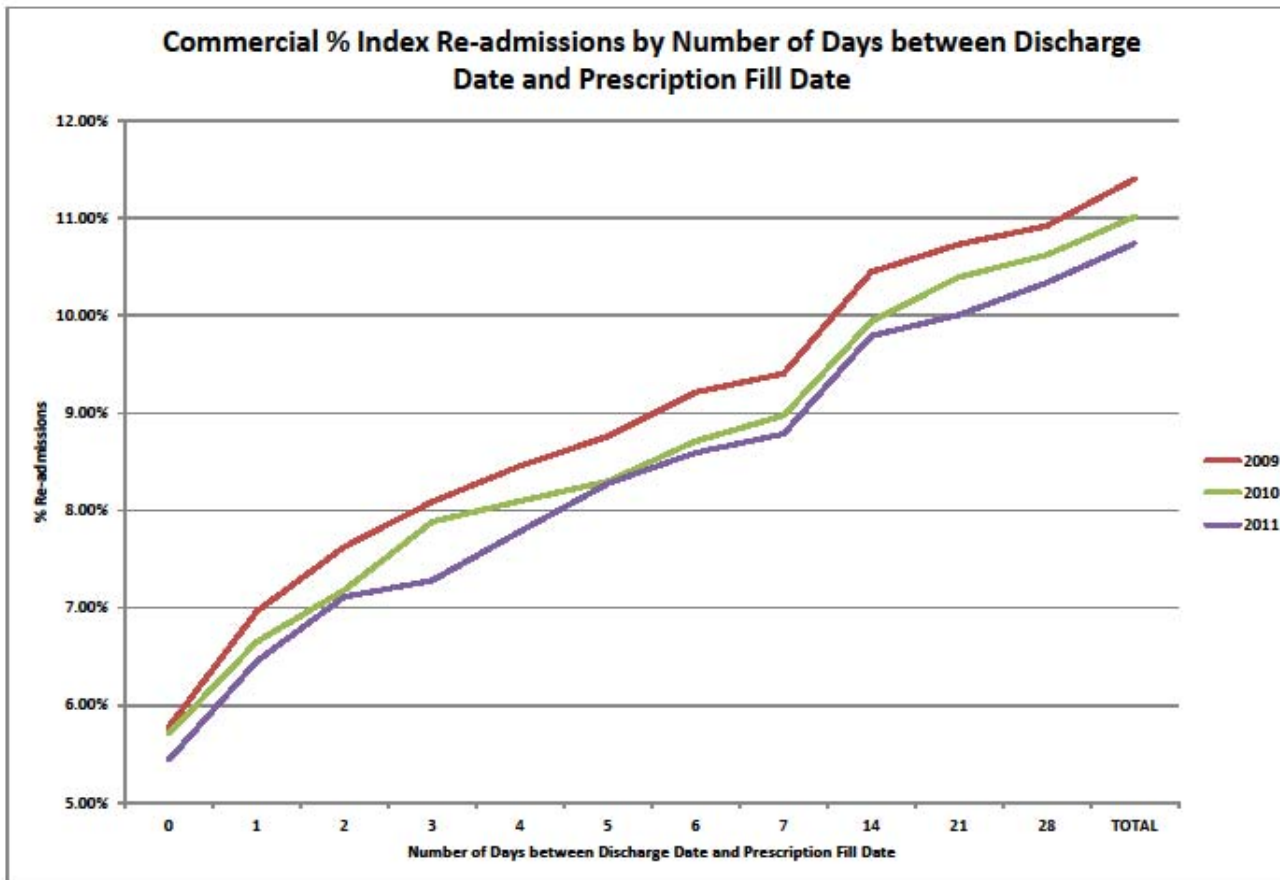
Hospital Best Practice Process

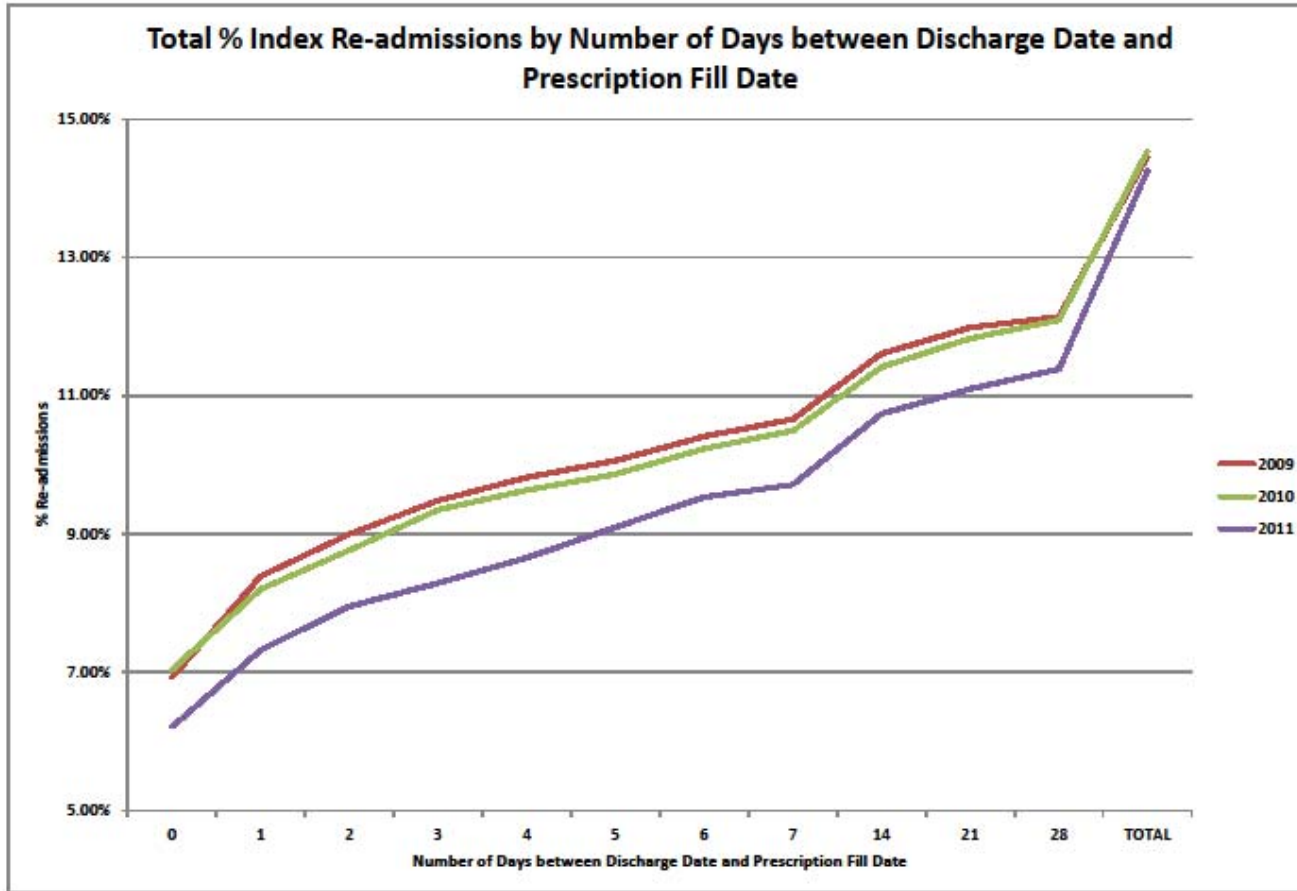
1. Notify PCP about hospital utilization
2. Provide receiving clinicians with hospital clinician's contact information upon discharge
3. Provide patient with effective education prior to discharge
4. Provide patient with written discharge instructions prior to discharge
5. Provide patient with follow-up phone number prior to discharge
6. Perform medication reconciliation prior to discharge
7. Schedule patient outpatient follow-up appointment prior to discharge
8. Provide PCP with summary clinical information at discharge
9. Invite PCP to participate in end-of-life discussions during hospital visit



Medicare % Index
Re-admissions by Number of Days between Discharge Date and Prescription
Fill Date







Exceptions for Analysis

No Continuous Enrollment Applies

Removal of Admissions = 0 Days

IP Acute

Death-Related Discharges Excluded

Exclude: SNF, Rehab., Maternity, Newborn

Commercial and Medicare (No BlueChip Commercial)

Commercial members 18-64 years old at time of discharge

Medicare Members 18+ Years old at time of discharge

Place of service not in (ER Hospital, Home, Nursing Facility, OP Hospital, SNF, Birthing Center,

Comprehensive Inpatient Rehab.

Adjustments for Interim Billing

Adjustments for Same Day Discharge/Admission for Same Facility

Adjustments for Facilities Reported Under Different Provider IDs

Members Enrolled Same Month as Discharge

W/Rx Benefit



Thanks to the Health Analytics and Quality Staff at
Blue Cross & Blue Shield of Rhode Island