HOSPITAL READMISSION REDUCTION

STRATEGIC PLANNING

HOSPITAL READMISSIONS REDUCTION PROGRAM

- In October 2012, CMS began reducing Medicare payments for Inpatient Prospective Payment System (IPPS) hospitals with excess readmissions.
- Excess readmissions are measured by a ratio, by dividing a hospital's number of "predicted" 30-day readmissions for heart attack, heart failure, pneumonia, COPD, hip/knee replacement, and coronary artery bypass graft surgery by the number that would be "expected," based on an average hospital with similar patients.
- A ratio greater than 1.0000 indicates excess readmissions.

CPAs / ADVISORS
blue

READMISSIONS REDUCTION PROGRAM (HRRP) - HISTORY

- Section 3025 of the Affordable Care Act added section 1886(q) to the Social Security Act establishing the Hospital Readmissions Reduction Program, which requires CMS to reduce payments to IPPS hospitals with excess readmissions, effective for discharges beginning on October 1, 2012.
- The regulations that implement this provision are in subpart I of 42 CFR part 412 (§412.150 through §412.154).

HRRP HISTORY (CONT'D)

- In the FY 2012 IPPS final rule, CMS finalized the following policies with regard to the readmission measures under the Hospital Readmissions Reduction Program: Defined readmission as an admission to a subsection (d) hospital within 30 days of a discharge from the same or another subsection (d) hospital;
- Adopted readmission measures for the applicable conditions of acute myocardial infarction (AMI), heart failure (HF), and pneumonia (PN);
- Established a methodology to calculate the excess readmission ratio for each applicable condition, which is used, in part, to calculate the readmission payment adjustment. A hospital's excess readmission ratio is a measure of a hospital's readmission performance compared to the national average for the hospital's set of patients with that applicable condition.
- Established a policy of using the risk adjustment methodology endorsed by the National Quality Forum (NQF) for the readmissions measures to calculate the excess readmission ratios, which includes adjustment for factors that are clinically relevant including certain patient demographic characteristics, comorbidities, and patient frailty.
- Established an applicable period of three years of discharge data and the use of a minimum of 25 cases to calculate a hospital's excess readmission ratio for each applicable condition.

HRRP PAYMENT ADJUSTMENT

- In the FY 2013 IPPS final rule, CMS finalized the following policies regarding the payment adjustment under the Hospital Readmissions Reduction Program:
- Which hospitals are subject to the Hospital Readmissions Reduction Program;
- The methodology to calculate the hospital readmission payment adjustment factor;
- What portion of the IPPS payment is used to calculate the readmission payment adjustment amount; and
- A process for hospitals to review their readmission information and submit corrections to the information before the readmission rates are to be made public.

UPDATES FOR 2018 HRRP

- CMS has posted the FY 2018 IPPS/LTCH PPS final rule.
- Payment related policies determined by FY 2018 IPPS Final Rule.

CPAs / ADVISORS
blue

READMISSION MEASURES

- In the FY 2018 IPPS final rule, CMS finalized the following policies with regard to the readmission measures:
- Incorporated International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) and Procedure Coding System (ICD-10-PCS) codes in addition to ICD-9-CM codes to the measure methodology and planned readmission algorithm (version 4)

WHAT CAN BE DONE TO LOWER THE RATE OF READMISSIONS?

- Focusing on better coordination of care and communications between providers, and patients and their caregivers.
- Improving discharge planning, education and follow-up for discharged patients.
- Using electronic medical records to share information and provide continuity of care.

CPAs / ADVISORS
blue

READMISSIONS STUDY

- Overview of Key Issues & Strategies Related to Readmissions for Racially & Ethnically Diverse Patients Data from the Agency for Healthcare Research and Quality indicate that black and Hispanic patients experience higher rates of potentially avoidable readmissions than white patients.
- Among Medicare beneficiaries, readmission rates for all of the top conditions in the CMS Hospital Readmissions Reduction Program are higher for black patients and higher for Hispanic patients with congestive heart failure and acute myocardial infarction.

STRATEGIES FOR PREVENTION

- Several factors contribute to disparities in readmission rates for racially and ethnically diverse Medicare beneficiaries.
- A strategic plan should be outlined that is relevant to preventing readmissions in all populations.
- Look for the drivers of readmission and opportunities to eliminate disparities in readmission rates for diverse populations.

STRATEGIES (CONT'D)

- Along with these strategies, hospitals should systematically examine what they can do to improve care in accordance with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, available at: https://www.thinkculturalhealth.hhs.gov/content/clas.asp. Research has shown that the effect of these strategies on readmission rates is enhanced when interventions include multiple strategies, whereas
- Single component interventions are unlikely to have a single impact.

CPAs / ADVISORS

blue

KEY ISSUES AND STRATEGIES IMPACTING READMISSIONS FOR DIVERSE POPULATIONS

Discharge and care transitions

- Racial and ethnic minorities are less likely than white patients to follow up with a primary care provider or an appropriate specialist after discharge.
- Provide early discharge planning and follow-up for patients at high risk for readmission.
- Communicate with patients about the importance of early follow-up.

KEY ISSUES/STRATEGIES (CONT'D)

Usual Source of Care/Linkage to Primary Care

- Racial and ethnic minorities are less likely to be linked to a primary care provider or have a usual source of care. Lack of this linkage leads to lower quality care.
- Determine whether the patient is linked to a primary care provider or has a usual source of care.
- If no linkage exists, attempt to provide a referral and assure the patient can be navigated to a new primary care provider.

CPAs / ADVISORS

blue

KEY ISSUES/STRATEGIES (CONT'D)

Language barriers and access to interpreter services

- Limited English proficiency is associated with several factors that contribute to avoidable readmissions, including lower rates of outpatient follow-up and use of preventive services, medication adherence, and understanding discharge diagnosis and instructions.
- Ensure that patients with limited English proficiency are aware of and have access to professional medical interpreter services during inpatient stays, discharge, and when accessing post-hospital care.
- Ensure that discharge instructions are communicated in the patient's preferred language. Written materials should take into account both literacy level and the preferred language of the patient and/or caregiver. Simply translating instructions may be insufficient to ensure patient understanding.
- Include family members and/or caregivers in care as appropriate, work with members of the extended care team (such as community health workers), and coordinate with traditional healers to help facilitate culturally competent care for patients with limited English proficiency.

KEY ISSUES/STRATEGIES (CONT'D)

Health literacy

- Many factors that contribute to readmissions for racial and ethnic minority populations are associated with health literacy (e.g., limited knowledge of medical condition, poor ability to manage medications and self-care, non-adherence to treatment plans).
- Conduct early screening and documentation of literacy and health literacy to ensure providers are aware of the patient's level of health literacy at all stages of care.
- Provide low literacy discharge instructions and educational materials that incorporate adult learning principles to facilitate patient understanding of diagnosis and treatment regimen.
- Reduce the complexity of self-care instructions provided to patients.
- Use terminology the patient understands, and avoid the use of medical jargon.

KEY ISSUES/STRATEGIES (CONT'D)

Culturally competent patient education

- Cultural beliefs and customs influence patients' health behaviors, perceptions of care, and interpretation of medical information or advice.
- Facilitate trust with patients by demonstrating respect for cultural practices and beliefs that may impact understanding of the disease, treatment, possible outcomes, and risks, as well as patient self-management, and tailor patient education accordingly.
- Engage families in care transitions, as appropriate, and leverage cultural beliefs or practices that promote self-care and family or social support.
- Link patients to community-based educational programs offered by institutions that engender trust (e.g., faith organizations, community-based cultural organizations).
- Address cultural factors predictive of medication non-adherence, such as patient perceptions regarding the benefits of Western vs. Eastern medicine and perceptions of susceptibility to disease/harm.

KEY ISSUES/STRATEGIES (CONT'D)

Social Determinants

- Factors linked to socioeconomic resources are associated with higher readmission rates for patients at minority-serving hospitals.
- Connect patients with community resources such as medication assistance programs, assistance with daily living, and services that address the social determinants of health (e.g., housing and food security, transportation, employment) in order to address financial barriers that disproportionately affect racial and ethnic minorities.
- Facilitate supplemental health insurance for underinsured patients.
- Improve social support through family-centered care, use of health information technology, and community-based interventions that reduce social isolation.

CPAs / ADVISORS
blue

KEY ISSUES/STRATEGIES (CONT'D)

Mental health

- Anxiety and depression disproportionately impact certain minority groups (e.g., black patients with heart failure), and poor mental health has been shown to impact access to services and self-care after discharge.
- Assess patients for depression, assist them in accessing culturally competent mental health services, and support culturally-relevant coping mechanisms (e.g., spirituality).

KEY ISSUES/STRATEGIES (CONT'D)

Co-morbidities

- Racial and ethnic minorities commonly have multiple co-morbidities, resulting in higher readmission risk.
- Focus on the full spectrum of the patient's health, not just the admitting diagnosis, especially for patients with multiple chronic conditions.
- Ensure appropriate referral to specialty care for co-morbidities.
- Implement policies that foster the use of multi-disciplinary disease management teams and provide payment for care coordination.

SUMMARY OF STRATEGIC PLAN FOCUS

- Key themes emerge when developing a system that focuses on preventing readmissions for ALL patients regardless of race, ethnicity, culture, class, language proficiency, or level of health literacy. Here are some identified:
  - Create a strong radar
  - Race and Ethnicity
  - Language
  - Education
  - Social Determinants
  - Disability
  - Linkage to Primary Care

SUMMARY OF STRATEGIC PLAN FOCUS (CONT'D)

Education is by far one of the most important factors in preventing hospital readmissions.

- Clinical Pathways used to navigate through the hospital plan of treatment may follow to the post acute skilled nursing facilities.
- Post Acute nursing staff may receive the education and be guided by the Clinical Pathway revised to fit the Post Acute setting.
- Medical Director buy in and guidance is imperative!
- Researching your referral sources 5 Star status is a KEY element in consideration of the referral when looking at discharge to a SNF. Look at their QM's/Outcomes overall.
- Does the post acute SNF have a NP or other Physician extender available to treat in house clinical episodes?