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Readmissions NEWS

Striving for Stability in Chronic Respiratory Failure Patients Using an Innovative, Home-Based Approach

by Julian Husbands, MD

Landscape is changing

As many are aware, a small proportion of patients who are hospitalized drives most of the cost of healthcare in the United States associated with hospital readmissions. More specifically, as shown in *Figure 1* on page 2, 5% of patients drive 50% of cost across the healthcare system.[1] While the focus on 30-day hospital readmission prevention is leading to important changes, long-term patient stability characterized by positive outcomes may be more important in reducing healthcare costs. Preventing the first admission and keeping those patients who have been discharged out of the hospital at home are both important, especially as we continue to move from mainly fee-for-service reimbursement to other payment models. Initiatives that are guided by the triple aim of (www.ihi.org) improving the health of the population, and providing high quality care with positive outcomes in a cost-effective manner should help focus initiative development.

Tools to manage Chronic Respiratory Failure (CRF)

There are different therapeutic approaches that use positive airway pressure to help prevent exacerbations and improve the quality of life for patients with CRF/Chronic Obstructive Pulmonary Disease (COPD).

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SDOH in Reducing Readmissions — New Perspective

by Anton Berisha, MD and Kathy Mosbaugh

Background

The CMS' Hospital Readmissions Reduction Program (HRRP) has recently come under scrutiny as the progress in reducing readmissions and associated costs came to a standstill. As a result, about 75 percent of eligible US hospitals are being penalized with up to 3 percent cuts to their Medicare payments.

This reminds me of a conversation from a few years ago, when a CMO of a prominent academic medical center – while claiming that he has done everything possible from the clinical recommendations standpoint to curb the readmit rates – said he can tell if a patient is discharged and going back to certain neighborhoods, that chances of being readmitted within next 30 days are very, very high. At that time, we weren't able to measure or validate his assertion, but what is important is that his perception supported that social determinants of health (SDOH) may be a significant driver of 30-day readmissions even more so than clinical conditions.

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