

Readmissions NEWS

Controversy Erupts Over the Success and Efficacy of the Medicare Hospital Readmissions Reduction Program (HRRP)

by Peter Grant

Controversy and passionate disagreement and nothing new in the world of readmissions policy debate. However, 2019 has proven to start out as an especially contentious year when it comes to Medicare's hospital readmissions policy. A series of high profile research papers and articles criticizing the Affordable Care Act's (ACA) Medicare Hospital Readmissions Reduction Program (HRRP) have been released in respected publications. In response, equally impassioned defenses by other luminaries in the field have disputed these criticisms.

The January issue of *Health Affairs* contained an article entitled, "Decreases In Readmissions Credited To Medicare's Program To Reduce Hospital Readmissions Have Been Overstated". In it authors Christopher Ody, Lucy Msall, Leemore S. Dafny, David C. Grabowski, and David M. Cutler argue:

"Medicare's Hospital Readmissions Reduction Program (HRRP) has been credited with lowering risk-adjusted readmission rates for targeted conditions at general acute care hospitals. However, these reductions appear to be illusory or overstated. This is because a concurrent change in electronic transaction standards allowed hospitals to document a larger number of diagnoses per claim, which had the effect of reducing risk-adjusted patient readmission rates. Prior studies of the HRRP relied upon control groups' having lower baseline readmission rates, which could falsely create the appearance that readmission rates are changing more in the treatment than in the control group.

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Does the Medicare Hospital Readmission Reduction Program (HRRP) Focus on the Right Quality Measures?

by Frank Hayes, MBA, President and Owner of Senior Helpers of Central Texas

To be sure, we have seen a reduction in thirty day readmissions since HRRP was launched as part of the Affordable Care Act (ACA). However, we have also seen mortality rates increase for both heart failure and pneumonia patients. Some have claimed that hospitals have learned how to game the system to reduce thirty day readmission rates without actually improving patient outcomes by keeping sicker patients admitted longer thus reducing a readmission.

While measuring readmissions is probably warranted, shouldn't improving patient outcomes also be one of the main goals of the Centers for Medicare and Medicaid Services (CMS)?

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