Reducing Readmission of HF and AMI Patients

Synopsis

After viewing this presentation, you will be able to:

- Understand the continued benefits of reducing readmissions for your hospital.
- Understand the current health landscape in regard to reducing readmissions for your hospital.
- Understand how the H2H program complements your hospital’s current attempts to be in compliance with CMS guidelines.
Readmissions Refresher

- According to CMS, unplanned readmissions cost Medicare approximately $17.4B annually.\(^1\)
- Approximately 20% of discharged Medicare patients are rehospitalized within 30 days.\(^2\)
- Approximately 34% of discharged Medicare patients are rehospitalized within 90 days.\(^2\)

Causes of Rehospitalization

Heart failure conditions have the highest 30 day rehospitalization rates for medical conditions for Medicare patients.

Cardiac stent placements have the highest 30 day rehospitalization rates for surgical conditions for Medicare patients.

1. Rehospitalizations among Patients in the Medicare Fee-for-Service Program
   Stephan F. Jencks, M.D., M.P.H., Mark V. Williams, M.D., and Eric A. Coleman, M.D., M.P.H.
Costs of Rehospitalization

Heart Failure total spending is $590 million and AMI $136 million.

Current Environment

“At MedPAC’s recommendation, Congress enacted a readmission reduction program in 2010 that included a penalty that would reduce Medicare payments beginning in 2013 to hospitals that have had above-average readmission rates.

Following enactment in 2010, hospitals have increased efforts to reduce readmissions and have shown a small decline in their risk-adjusted readmission rates. The readmission policy may have encouraged hospitals to look beyond their walls and improve care coordination across provider providers to reduce readmissions.”
Penalty Data

<table>
<thead>
<tr>
<th></th>
<th>Year One</th>
<th>Year Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Eligible Hospitals</td>
<td>3,379</td>
<td></td>
</tr>
<tr>
<td>Hospitals Penalized</td>
<td>2,217</td>
<td>2,225</td>
</tr>
<tr>
<td>Total Penalties Paid By All Hospitals</td>
<td>&gt; $280 Million</td>
<td>&gt; $227 Million</td>
</tr>
<tr>
<td>States With Heaviest Burden</td>
<td>NJ, NY, DC, AR, KY, MS, IL, MA</td>
<td>AL, AR, FL, KY, IL, MA, NY, NJ, TN, WV, DC</td>
</tr>
<tr>
<td>Percentage of Hospitals Penalized</td>
<td>71%</td>
<td>66.6%</td>
</tr>
<tr>
<td>Number Hospitals Received Maximum Penalty</td>
<td>307 (Max = 1%)</td>
<td>18 (Max = 2%)</td>
</tr>
<tr>
<td>Number Hospitals Losing 1% or more</td>
<td>307</td>
<td>154</td>
</tr>
<tr>
<td>Number Hospitals Losing Less than 1%</td>
<td>1910</td>
<td>2053</td>
</tr>
<tr>
<td>Number of Hospitals Receiving Maximum Penalty in Y1 Receiving Lower Penalty Year Two</td>
<td>N.A</td>
<td>141</td>
</tr>
<tr>
<td>Average Fine/Hospital</td>
<td>0.42</td>
<td>0.38</td>
</tr>
</tbody>
</table>

1371 hospitals received lower fines from year one to year two however improvement as shown by 1074 hospitals receiving increased fines.

Are Readmission Rates Changing Over Time?

Between 2008 and 2010 a slight decrease of 0.5% and 0.3% in hospital readmissions for AMI and Heart Failure was noted, respectively.
Benefits to Hospitals From Reducing Readmissions

• Cost savings and improved operational efficiency
• Better care coordination
• Improved patient quality of life
• Demonstrate commitment to outcome improvement

Preventable Readmissions are Costly

$25 Billion in Preventable Readmissions

$700 Billion in Annual Medical Waste

Increased Transitional Care Decreases Total Health Care Costs


<table>
<thead>
<tr>
<th></th>
<th>TCM Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>at 26 weeks**</td>
<td>$3,630</td>
<td>$6,661</td>
</tr>
<tr>
<td>at 52 weeks***</td>
<td>$7,636</td>
<td>$12,481</td>
</tr>
</tbody>
</table>

Saving Money by Reducing Readmissions

- In Maryland, preventable readmissions account for $1.2 billion in extra expenditures for the state’s 66 hospitals.¹
- It ultimately costs $2,823 less per patient to provide a one-hour training with a nurse educator than to continue with a standard discharge process.²

Benefits to Hospitals

• Streamline hospital quality improvement efforts
• Identify more efficient uses of technology (HIT)
• Funnel limited resources into areas of greatest need thereby increasing ROI
• Decrease penalties to hospital while strengthening financial baseline

Benefits to Staff

• Grow quality improvement expertise
• Increase opportunities for cross-training of staff
• Energize staff to address quality improvement opportunities in innovative ways
• Engage staff as solvers/solution focused rather than problem-oriented
• More efficiently work in multi-disciplinary teams
Patient Education Reduces Costs and Risks

Self care for managing signs and symptoms of Heart Failure helps to reduce:

- **Hospitalization**: Studies have shown that self-care activities can significantly reduce HF hospitalizations.

- **Mortality**: HF patients who carry out self-care at an above average level are much less likely than patients who are below average in self-care ability to die or be admitted to the hospital.

- **Cost**: HF patients who are confident in their ability to perform self-care have lower inpatient costs than patients who do not perform self-care or those with low confidence.


Patient Education Yields Positive Results

- Patients who receive an education intervention have a lower risk of rehospitalization or death within 180 days of discharge.¹

- When patients learn about their condition and what they can do, they feel some control over the situation and a decrease in anxiety.²

Patient Education Involves Community

Community driven support for patients both in and outside of the hospital leverages existing resources to help patients:

– Establish partnerships within the community
– Connect patients with available community resources

H2H
HOSPITAL-TO-HOME

A national quality improvement campaign to reduce cardiovascular-related hospital readmissions and improve the transition from inpatient to outpatient status for individuals hospitalized with cardiovascular disease.

Core Concept Areas
• Follow-up within 1 week of discharge
• Post-discharge medication management
• Patient recognition of signs and symptoms

Components Include:
• 1 topic focus
• 1 tool kit
• 3 webinars
• 1 survey

Community call-to-action to help build tools and strategies to reduce readmissions
Summary

• Hospitals with high readmission rates can lose up to 3% of their Medicare reimbursement by 2015.
• HF and AMI are leading causes of readmissions.
• Hospitals can receive benefits from participating in readmission reduction programs such as H2H.

Thank You