H2H
HOSPITAL-TO-HOME

Reducing Readmission of HF and AMI Patients

Helping Cardiovascular Professionals Learn. Advance. Heal.

December 2013

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.

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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]

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1 – National Medicare Readmission Findings: Recent Data and Trends, Office of Information Products and Data Analytics, Centers for Medicare and Medicare Services, 2012
2 – Rehospitalizations among Patients in the Medicare Fee-for-Service Program, NEJM 2009: 360:1418-28

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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.

Table 2. Highest Rates of Rehospitalization and Most Frequent Reasons for Rehospitalization, According to Condition at

Condition at Index Discharge	30-Day Rehospitalization Rate	Proportion of All Rehospitalizations	Most Frequent	2nd Most Frequent
	percent			
Medical				
All	21.0	77.6	Heart failure (8.6)	Pneumonia (7.3)
Heart failure	26.9	7.6	Heart failure (37.0)	Pneumonia (5.1)
Pneumonia	20.1	6.3	Pneumonia (29.1)	Heart failure (7.4)
COPD	22.6	4.0	COPD (36.2)	Pneumonia (11.4)
Psychoses	24.6	3.5	Psychoses (67.3)	Drug toxicity (1.9)
GI problems	19.2	3.1	GI problems (21.1)	Nutrition-related or metabolic issues (4.9)
Surgical				
All	15.6	22.4	Heart failure (6.0)	Pneumonia (4.5)
Cardiac stent placement	14.5	1.6	Cardiac stent (19.7)	Circulatory diagnoses (8.5)
Major hip or knee surgery	9.9	1.5	Aftercare (10.3)	Major hip or knee problems (6.0)
Other vascular surgery	23.9	1.4	Other vascular surgery (14.8)	Amputation (5.8)
Major bowel surgery	16.6	1.0	GI problems (15.9)	Postoperative infection (6.4)
Other hip or femur surgery	17.9	0.8	Pneumonia (9.7)	Heart failure (4.8)

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[1] Rehospitalizations among Patients in the Medicare Fee-for-Service Program Stephen F. Jencks, M.D., M.P.H., Mark V. Williams, M.D., and Eric A. Coleman, M.D., M.P.H.
N Engl J Med 2009; 360:1418-1428 April 2, 2009

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Costs of Rehospitalization

TABLE 5–3

Hospital readmissions for seven conditions make up almost 30 percent of spending on readmissions

Condition	Type of hospital admission	Number of admissions with readmissions	Readmission rate	Average Medicare payment for readmission	Total spending on readmissions
Heart failure	Medical	90,273	12.5%	$6,531	$590,000,000
COPD	Medical	52,327	10.7	6,587	345,000,000
Pneumonia	Medical	74,419	9.5	7,165	533,000,000
AMI	Medical	20,866	13.4	6,535	136,000,000
CABG	Surgical	18,554	13.5	8,136	151,000,000
PTCA	Surgical	44,293	10.0	8,109	359,000,000
Other vascular	Surgical	18,029	11.7	10,091	182,000,000
Total for seven conditions		318,760			$2,296,000,000
Total DRGs		1,134,483			$7,980,000,000
Percent of total		28.1%			28.8%

Note: COPD (chronic obstructive pulmonary disease), AMI (acute myocardial infarction), CABG (coronary artery bypass graft), PTCA (percutaneous transluminal coronary angioplasty), DRG (diagnosis related group). Analysis is for readmissions within 15 days of discharge from the initial inpatient stay. Readmissions are identified using 3M's software that defines potentially preventable readmissions.

Source: 3M analysis of 2005 Medicare discharge claims data.

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

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"Payment Policies for Inpatient Admissions" Chapter 5, *Promoting Greater Efficiency in Medicare* MedPAC, June 2007

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."

Hospitals have increased efforts to reduce readmissions

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MedPac Fact Sheet Report to Congress: Medicare and the Health Care Delivery System June 2013
www.**medpac**.gov/documents/Jun13_**FactSheet**.pdf

Penalty Data

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

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

Armed with Bigger Fines, Medicare To Punish 2,225 Hospitals for Excess Readmissions Kaiser Health News, Medicare to Penalize 2,217 Hospitals For Excess Readmissions

Are Readmission Rates Changing Over Time?

Figure A.1. Trend in Median Hospital Risk-Standardized Mortality Rates, 2008-2010

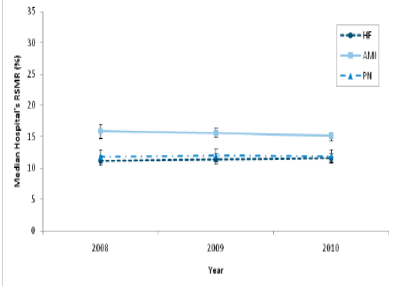


Table A.1. Trend in Median Hospital RSMRs

	Median (Range) of Hospital's RSMR (%)		
	2008	2009	2010
AMI	15.9 (11.1, 25.3)	15.6 (11.8, 20.0)	15.2 (11.8, 19.2)
Heart Failure	11.2 (7.7, 17.8)	11.4 (7.3, 17.2)	11.6 (7.9, 17.1)
Pneumonia	11.8 (8.8, 19.1)	12.0 (7.9, 19.5)	11.9 (7.3, 19.3)

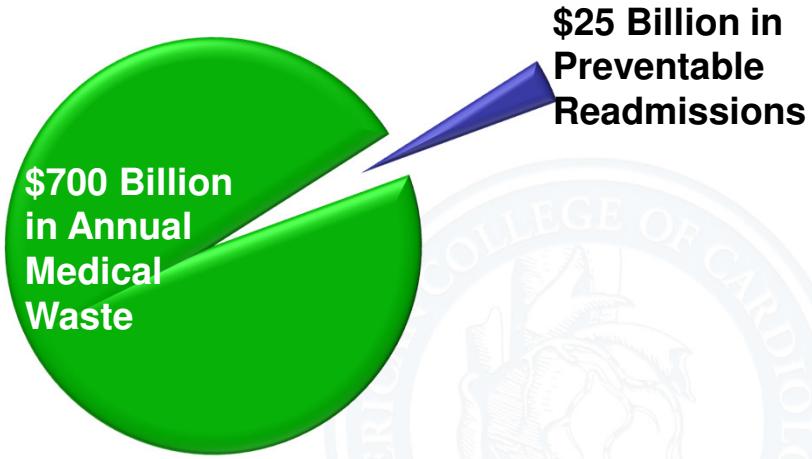
Between 2008 and 2010 a slight decrease of 0.5% and 0.3% in hospital readmissions for AMI and Heart Failure was noted, respectively.

Trends and Distributions
CMS Medicare Hospital Quality Chartbook 2012 Performance Report on Outcome Measures, 2012

Benefits to Hospitals From Reducing Readmissions

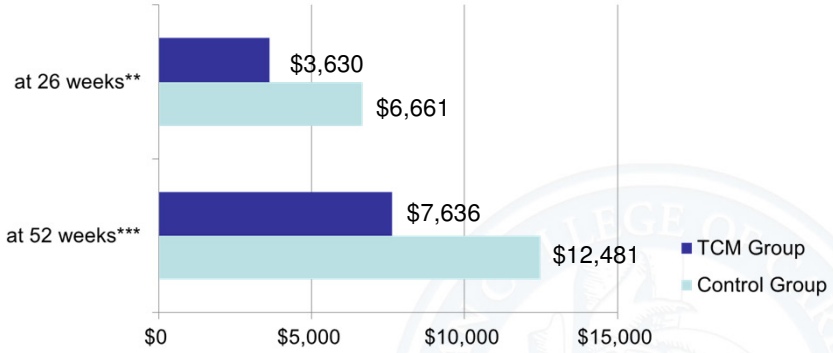
- Cost savings and improved operational efficiency
- Better care coordination
- Improved patient quality of life
- Demonstrate commitment to outcome improvement

Preventable Readmissions are Costly



PriceWaterhouse Coopers' Health Research Institute, The Price of Excess: Identifying Waste in Healthcare, 2008.

Increased Transitional Care Decreases Total Health Care Costs



** Naylor MD, Brooten D, Campbell R, Jacobsen BS, MezeyMD, Pauly MV, & Schwartz JS. Comprehensive discharge planning and home follow-up of hospitalized elders: a randomized clinical trial. *JAMA.* 1999;281:613-620.*** Naylor MD, Brooten DA, Campbell RL, Maislin G, McCauley KM, & Schwartz JS. Transitional care of older adults hospitalized with heart failure: a randomized, controlled trial. *J Am GeriatrSoc.* 2004;52:675-684.

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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 $2823 less per patient to provide a one-hour training with a nurse educator than to continue with a standard discharge process.[2]

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1. Mullin, E. (2011). Baltimore Business Journal
2. Koelling, T.M., et al. (2005). Circulation, 111, 179-185.

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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

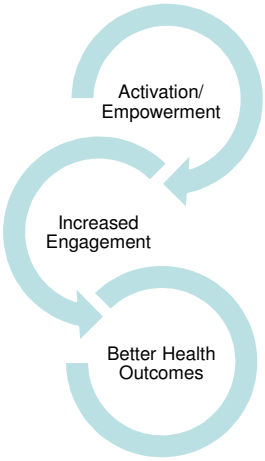
Patient Education Reduces Costs and Risks

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.

Reigel. (2009). Promoting self-care in persons with heart failure scientific statement from the American Heart Association. Circulation, 120:1141-1163.

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]

[1]Koelling, T. M. et al. *Circulation* 2005; 111:179-185
[2]Abott, S. A. et al. *Gastroenterology Nursing* 2005; 21(5): 207-209

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

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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.

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

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

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

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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.

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Thank You

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