HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) ADMISSIONS-READMISSIONS REDUCTION (ARR) PROGRAM HOSPITAL INTERVENTIONS: YEAR 1 FINDINGS

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ARR PROGRAM OVERVIEW

• Readmissions following an initial hospital episode are frequent, costly, and often preventable occurrences.

• In FY 2012, the HSCRC launched the ARR Constraint program to incentivize hospitals to reduce unnecessary readmissions to their facilities.

• The 31 participating hospitals created intervention plans aimed at reducing readmissions and developed and monitored at least two metrics to evaluate intervention effectiveness.

• Beginning in December 2012, HSCRC staff collected hospitals' metric results and conducted a qualitative survey of hospital experiences in ARR Year 1.
RESULTS:
HOSPITAL INTERVENTIONS AND METRICS
FREQUENCY OF INTERVENTIONS INSTITUTED BY ARR HOSPITALS

Note: Facilities within a hospital system were counted as individual entities. Hospitals may have multiple interventions within a category.
**Example: Medication Management Intervention Metrics**

<table>
<thead>
<tr>
<th>Types of Metrics</th>
<th>Number of hospitals reporting results/Number of hospitals using the metric</th>
<th>Mean length of implementation, months (range)</th>
<th>Process or outcome measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication reconciliation rate</td>
<td>4/10</td>
<td>6.11 (2-12)</td>
<td>Process</td>
</tr>
<tr>
<td>Medication received prior to discharge</td>
<td>1/1</td>
<td>12 (N/A)</td>
<td>Process</td>
</tr>
<tr>
<td>Charity care provision rate</td>
<td>2/2</td>
<td>9 (12-6)</td>
<td>Process</td>
</tr>
<tr>
<td>Readmission rate</td>
<td>2/2</td>
<td>12 (N/A)</td>
<td>Outcome</td>
</tr>
<tr>
<td>Medication error rate</td>
<td>3/3</td>
<td>9 (N/A)</td>
<td>Outcome</td>
</tr>
</tbody>
</table>
LENGTH OF TIME FOR METRIC DATA COLLECTION

![Graph showing distribution of metric data collection lengths over months]
RESULTS:
HOSPITAL EXPERIENCES
HOSPITAL RATING OF INTERVENTION IMPLEMENTATION EASE

Ease of Implementation (1=Easy & 5=Difficult)
HOSPITAL RATING OF METRIC MONITORING EASE

Ease of Implementation (1=Easy & 5=Difficult)
HOSPITAL REPORTED SUCCESSES OF METRICS

• Helped hospitals understand the specific diagnostic categories of patients who were readmitted to their facilities.

• Helped hospitals develop more thoughtful discharge planning and care coordination programs.

• Helped to guide quality improvement efforts.

• Improvements in metrics were commonly reported for measurements of risk assessment and multidisciplinary team interventions, such ED case management programs.
HOSPITAL REPORTED CHALLENGES OF METRICS

• Hiring and managing new staff.

• Technical difficulty with measurement.

• Patient beliefs and behaviors.

• Primary care physician (PCP) communication and appointment scheduling were frequently cited as challenging among the uninsured or underinsured because patients did not have identified PCPs.

• Lack of dedicated personnel from skilled nursing facilities (SNF) to promote coordination.
CONCLUSIONS

- Findings from Year 1 of the ARR program confirm that addressing admissions and readmissions is complex.

- It involves coordinating pharmacists, hospitalists, community physicians, mental health providers, ED case managers, social workers, and SNF personnel to identify and manage the host of clinical, environmental, and social factors influencing a patient’s health before and after hospital discharge.

- Hospitals must find the appropriate balance between length of stay and improving care transitions to reduce unnecessary readmissions.
CHANGES TO THE ARR PROGRAM MOVING FORWARD

• The HSCRC’s collaboration with the Chesapeake Regional Information System for Our Patients (CRISP) (the State's designated health information exchange (HIE) organization) to create a unique patient identifier will enable the HSCRC to track readmissions between hospitals.

• ARR is required to meet or exceed the results of the Center for Medicare and Medicaid Services (CMS)’s program for readmissions in order for MD to remain exempt from the program.
  • The HSCRC recently recommended implementing a shared savings mechanism.
QUESTIONS