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Mini Review

Medicare's 30-days Readmission Rule in the United States: A Review and Recommendations

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Abstract

This review intends to explain the Center for Medicare and Medicaid Services (CMS) 30-days unplanned readmission rule under its Hospital Reduction Readmission Program (HRRP). In this article, we will briefly define this rule with its intent, origin, impact on patients, hospitals, and staff/managers. In other words, we will describe who, what, when, where, why, and how this rule applies. We would also make some recommendations in this regard.

Keywords: Medicare; Readmissions; 30-days rule; CMS; Hospital Reduction Readmission Program

Abbreviations

CMS: Center for Medicare and Medicaid Services; HRRP: Hospital Reduction Readmission Program; MedPAC: Medicare Payment Advisory Commission; ACA: Affordable Care Act; AMI: Acute Myocardial Infarction; CHF: Congestive Heart Failure; COPD: Chronic Obstructive Pulmonary Disease; CABG: Coronary Bypass Graft Surgery; THA: Total Hip Arthroplasty; TKA: Total Knee Arthroplasty; ED: Emergency Department; EHR: Electronic Health Records; LTAC: Long-term Acute Care

Background

CMS has been publicly started reporting comparative hospitals' 30-days readmission rates since 2009. In 2012, Medicare implemented HRRP to reduce avoidable readmissions and encourage the hospitals to improve communication and care coordination via streamlining the discharge planning in 2012 [1]. About 20 percent of all Medicare patients were re-admitted within 30 days before this program [2]. It was reported by The Medicare Payment Advisory Commission, popularly known as MedPAC, that more than half of these readmissions could have been prevented. Moreover, avoiding just one-tenth of these readmissions can potentially save millions of dollars for Medicare [3]. It was estimated that bundling the payments with readmission can save a whopping 12 billion dollars to the Medicare [4]. Under the Affordable Care Act (ACA), popularly known as Obamacare, hospitals were made to be penalized with higher-than-expected risk-standardized 30-day readmission rates [5].

How unplanned 30-days readmission is defined: As per CMS's HRRP [1],

- Unplanned readmissions happen within 30 days of discharge from the initial admission.

- Patients' readmission to the same hospital or another acute care hospital for any reason.

Readmissions to any acute care hospital are counted, irrespective of the principal diagnosis. As the name implies, it excludes planned readmissions [1].

Included diagnoses

In the first phase of the implementation, three major diagnoses (Acute Myocardial Infarction (AMI), Congestive Heart Failure (CHF), and pneumonia) were included. Later, chronic obstructive pulmonary disease (COPD), coronary artery bypass graft (CABG) surgery, elective primary total hip arthroplasty, and/or total knee arthroplasty (THA/TKA) were added to the previous three diagnoses [7]. In addition, the diagnosis of pneumonia was expanded to include aspiration pneumonia and pneumonia with sepsis [4].

Benefit vs. harm

It has been reported that since the launch of this program, the National Emergency Department's (ED) visits have been on rising [7,8]. However, government reports insist that the rise in ED visits is unrelated to the HRRP program. On the contrary, both raw and risk-adjusted readmissions within 30 days for the said included diagnoses have declined faster than anticipated [4]. Debate is still unabated as independent reports continue to suggest an increase in 30-day, 90-day, and 1-year risk-adjusted mortality for CHF [8].

Impact on hospitals and patients

In the fiscal year 2019, 82% of hospitals received readmissions penalties. This is even after hospitals employed process improvement in managing the patients and streamlining the discharge planning. The hospitals also created observation units in the ED that can hold patients for longer periods of time [9,10]. Hospitals have hired extra staff and, in some cases, created offices to comply with this rule and avoid penalties. It has also been alleged that hospitals may be trying to prevent Medicare patients from readmissions [9]. One of the unseen consequences of this change in paradigm is the shifting of many financial obligations directly to the patients for ED visits [10].

Recommendations for hospital

Although reports have shown that some hospitals have tried to game this rule as described above, the authors of this memorandum would like to endorse the following actions adapted by many hospitals.

- Medications reconciliation before discharge
- Follow up on test results pending at discharge
- Ensuring compliance for follow up outpatient visits
- Home health follow up
- Supporting patient capacity for self-care [11]
- Enhancing patients' contact with providers via electronic media
- Identify patients on scientific grounds (readmission predictive model) via various scores available in this regard and incorporate such scorecards in Electronic Health Record (EHR) [12,13]
- In patients who still appears to be high risks for readmission – provision of a skilled nursing facility or Long-Term Acute Care (LTAC) [14]
- Hospitals' continuous effort to improve the current level of performance, processes of care, improved teamwork, enhanced patient satisfaction, and quality and safety [15].

Conclusion

In conclusion, though still debated, CMS's 30-days unplanned readmission rule under HRRP is here to stay. Instead, there is a chance that more diagnoses may get included. Hospitals should prepare themselves with long-term strategies instead of relying on short-term band-aids like observation units in ED. In this point of view article, we have presented background, definition, included diagnoses, its impact on hospitals and patients, and finally, some long-term strategies to deal with the governmental policies.

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