



# Potentially Preventable Readmissions

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# Opportunity for Massachusetts

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- Preventable readmissions present an important opportunity for improved quality of care and reduction in unnecessary costs
- Preventing readmissions requires system-wide collaboration
- Statewide initiative to support and engage hospitals, health plans, home health, skilled nursing facilities and others to improve delivery of care

# DHCFP Readmissions Project

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## Project Goals

- Validate the accuracy and usefulness of the 3M Potential Preventable Readmissions (PPR) methodology for potential public reporting and shared accountability for quality improvement

## Process

- Steering Committee involving a broad group of stakeholders
- Confidential reporting to hospitals
- Collaborative input from hospitals via survey and pilot evaluation

# 3M Potentially Preventable Readmissions (PPR) Model

		Readmission	
		Medical	Surgical
Initial Discharge	Medical	PPR except if clearly unrelated acute events	Not PPR unless initial medical diagnosis clearly should have resulted in surgery
	Surgical	PPR except conditions clearly unrelated	PPR if related to complications of prior surgery

***For DHCFP analysis, 3M examined readmission across hospitals (i.e., readmissions could be to a different hospital from initial discharge)***

# Statewide Findings

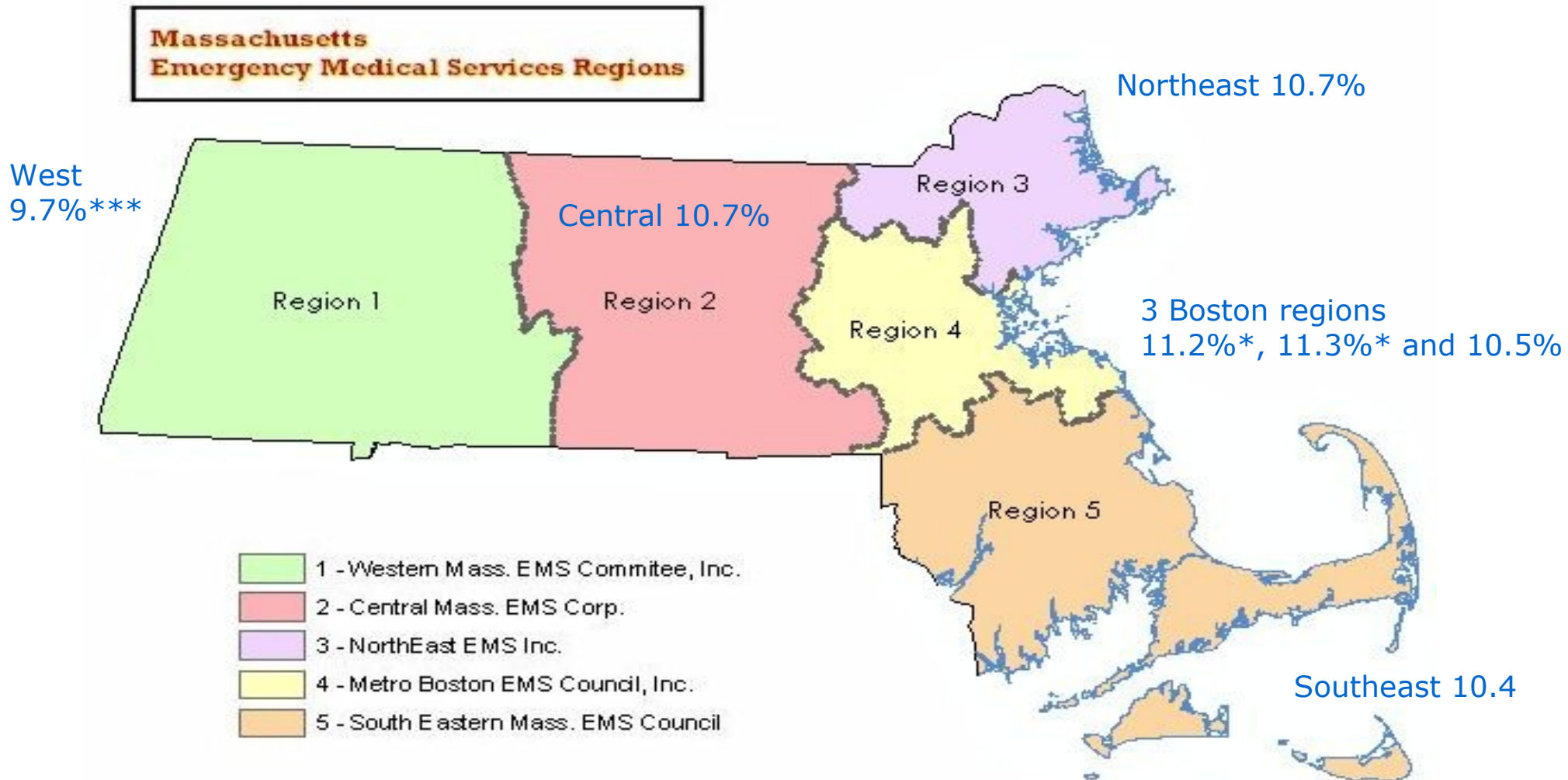
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- 30-day PPR rate – 10.7%  
(9.5% for surgical; 11.6% for medical)
- Days due to PPRs >377,000 days
- Estimated costs ~\$577M

Data Source: DHCFP Hospital Discharge Database, FY2006

# Western MA found to have lower rate Two of three Boston regions found to have higher rates

Statewide 30-day PPR Rate: 10.7%



\* Statistically significant higher rate than statewide

\*\*\*Statistically significant lower rate than statewide

# Rates by Hospital Type and Payer

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- Teaching hospitals have higher rates overall
  - Teaching hospitals – 10.9%\*
  - Community hospitals – 10.6%
- Disproportionate share hospitals (DSH) have higher rates overall
  - DSH hospitals – 10.737%\*
  - Non-DSH hospitals – 10.730%

*(Note: while the difference between DSH and non-DSH is small, it is statistically significant)*
- Medicaid and Medicare have higher rates
  - Medicaid – 12.0%\*
  - Medicaid managed care – 11.2%\*
  - Medicare – 11.9%\*

\*statistically significant higher rates

# Top 10 Services Areas by Volume

	Number of Readmission Chains	PPR Rate	Estimated Costs (in millions)
General Surgery	7,938	10.72	\$106.5
Cardiology	6,054	11.66	\$58.7
Pulmonary	5,656	13.27	\$62.2
Gastroenterology	4,325	11.04	\$44.3
Psychiatry	3,416	13.84	\$38.0
Orthopedic Surgery	3,346	6.74	\$44.7
Neurology	2,261	9.77	\$24.7
Nephrology	2,224	13.89	\$22.1
Invasive Cardiology	2,101	10.97	\$27.7
Infectious Disease	1,572	10.14	\$16.5



# Next Steps

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- Evaluation results due out summer 2009
- Initial step towards informing understanding of readmissions and opportunities for quality improvement and reduction in unnecessary costs
- *Possible* next steps:
  - Continued confidential reporting to prompt quality improvement efforts??
  - Public reporting??
  - Use information to support changes in payment policies and /or pay-for-performance initiatives??