

Benchmarks in Reducing Hospital Readmissions



Note: This is an authorized excerpt from the full 2010 Benchmarks in Reducing Hospital Readmissions Report. To download the entire report, go to <http://store.hin.com/product.asp?itemid=3979> or call 888-446-3530.

The Healthcare Intelligence Network
1913 Atlantic Ave., Suite 201
Manasquan, NJ 08736

Benchmarks in Reducing Hospital Readmissions

107 healthcare organizations share their best strategies for reducing avoidable hospitalizations and their related costs in vulnerable populations:



“Frank and open discussions with family members and patients regarding the patient’s condition and what both the patient and family should expect moving forward.”

> **Primary care provider**



“Coaching patients and caregivers on how to take meds, when to take meds and the process for managing meds.”

> **Health plan**



“Hospice crisis care deployed during final 48 hours of life, around-the-clock pain management and monitoring of patient needs in the home.”

> **Hospice**



“Post-discharge follow-up calls and care coordination for discharged patients for 35 days post discharge.”

> **Health plan**



“The home care visit, which allows the nurse to have eyes in the home, focuses on the four pillars of care: medication reconciliation, physician follow-up, the red flags of management and a personal health record.”

> **Mary Cooley, manager of case and disease management at Priority Health.**

Benchmarks in Reducing Hospital Readmissions

This special report is based on results from the November 2009 Healthcare Intelligence Network Reducing Hospital Readmissions Benchmark Survey as well as excerpts from recent webinars on readmission reduction strategies.

Contributing Authors

Connie Commander, R.N.-B.C., B.S., C.C.M., A.B.D.A., C.P.U.R., president of Commander's Premier Consulting Corporation

Mary Cooley, R.N., B.S.N., M.S., C.C.M., manager of case and disease management at Priority Health

Michele Gilbert, M.S.N., education coordinator of the heart failure team and pulmonary hypertension program at Hackensack University Medical Center

Gregg Lehman, Ph.D., president and CEO of Health Fitness Corporation and former president and CEO of INSPIRIS, Inc.

Doreen Salek, B.S., R.N., C.C.S./C.P.C., director, business operations of health services for Geisinger Health Plan

Thom Stambaugh, R.Ph., M.B.A., chief pharmacy officer and vice president of clinical programs and specialty pharmacy with CIGNA Pharmacy Management

Janet Tomcavage, R.N., M.S.N., vice president of health services for Geisinger Health Plan

Dr. Marsha Wade, M.D., F.C.C.P., M.M.M., senior medical director at Aetna Medicare Medical Management

Executive Editor

Melanie Matthews

HIN executive vice president and chief operating officer

Project Editor

Patricia Donovan

Cover Design

Jane Salmon

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About the Healthcare Intelligence Network

The Healthcare Intelligence Network (HIN) is an electronic publishing company providing high-quality information on the business of healthcare. In one place, healthcare executives can receive exclusive, customized up-to-the minute information in five key areas: the healthcare and managed care industry, hospital and health system management, health law and regulation, behavioral healthcare and long-term care.

Executive Summary

Public and private payors are sharpening their focus on and realigning reimbursement with hospital readmission rates, particularly among Medicare patients with heart attack, heart failure and pneumonia.

Private health plans are following the lead of CMS, which posts rates for these conditions on its Hospital Compare Web site at www.hospitalcompare.hhs.gov. A growing awareness of the potential healthcare savings achievable through hospital readmission rate reductions have led most healthcare organizations to take a hard look at readmission rates and implement programs to reduce these rates.

What is the prevalence of programs aimed at reducing hospital readmissions? At which populations and conditions are these efforts targeted, and how are program participants identified? What are the most effective tools and strategies to keep patients from returning to the hospital, and what are the benefits, ROI and results of these initiatives?

In its November 2009 Reducing Hospital Readmissions e-survey, the Healthcare Intelligence Network set out to identify the rudiments of readmission reduction efforts in the healthcare industry, from target populations and conditions to responsibilities, roles and ROI. Through responses provided by 107 healthcare organizations to 19 multiple choice and open-ended questions, the survey results reveal an industry in tune with readmission trends, committed to reducing avoidable readmissions in its most vulnerable populations and anxious to coordinate efforts with payors and providers across the healthcare continuum.

**About 20%
of Medicare
beneficiaries
were
readmitted
within 30 days
of hospital
discharge.**

*New England
Journal of Medicine, 2009*

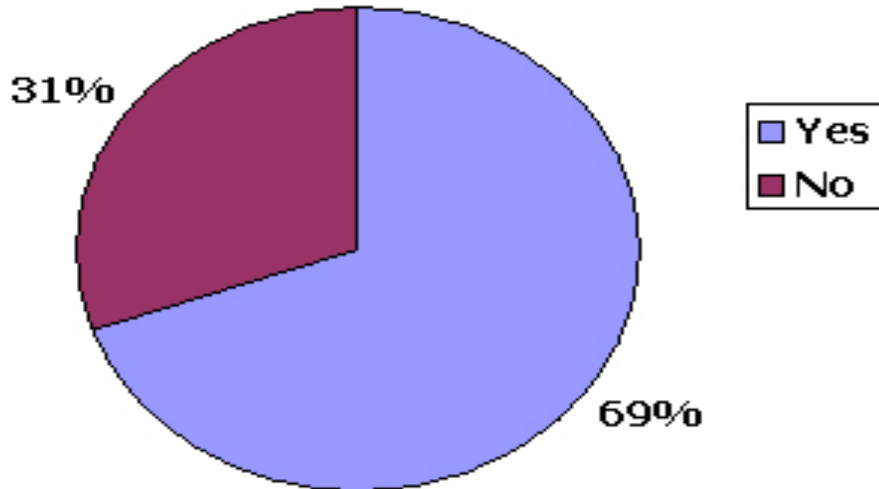
Responses to Questions

The Reducing Hospital Readmissions 2009 survey is divided into three parts. Part One presents data from survey respondents overall. Part Two presents responses to key questions from health plans. Part Three presents responses to key questions from hospitals.

Part I: Overall Survey Responses

1. Has your organization created specific programs that seek to reduce hospital readmission rates?

Figure 1: Respondents with Programs to Reduce Readmissions

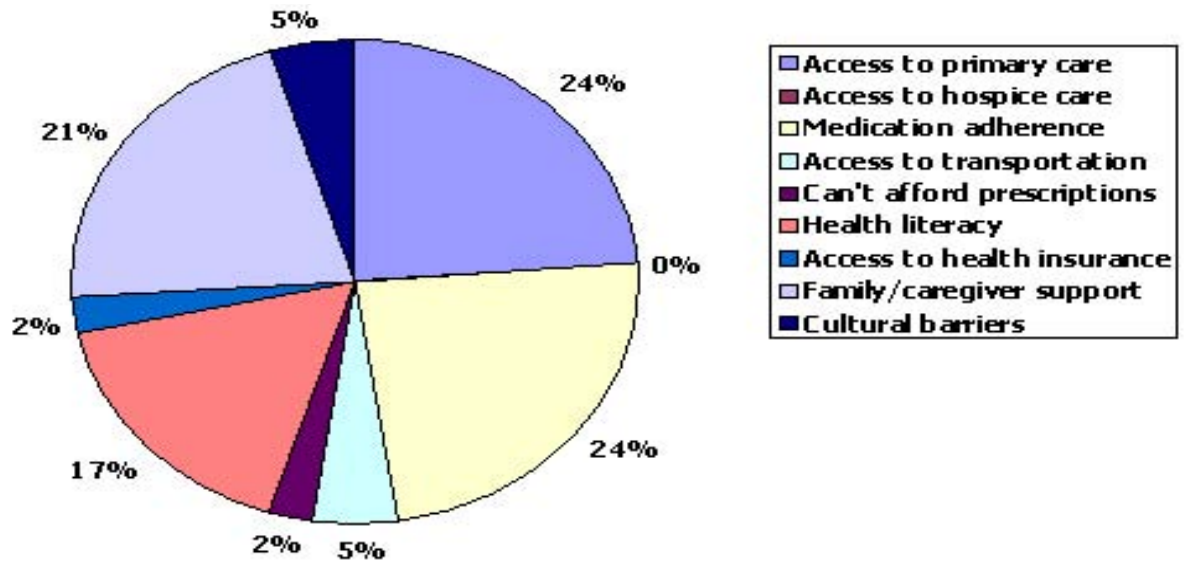


Source: HIN Hospital Readmissions Survey
November, 2009



What is the greatest barrier to reducing readmission rates in your population?

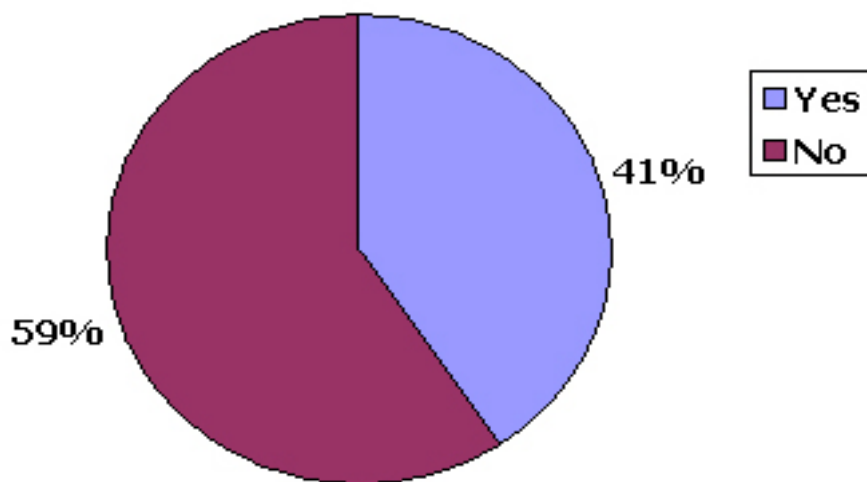
Figure 10: Barriers to Reducing Readmission Rates



Source: HIN Hospital Readmissions Survey
November, 2009

ORGANIZATIONS WITH NO PROGRAM: Do you plan to launch any programs targeting hospital readmissions in the next 12 months?

Figure 11: Planning Program to Reduce Readmissions in Next 12 Months



Source: HIN Hospital Readmissions Survey
November, 2009



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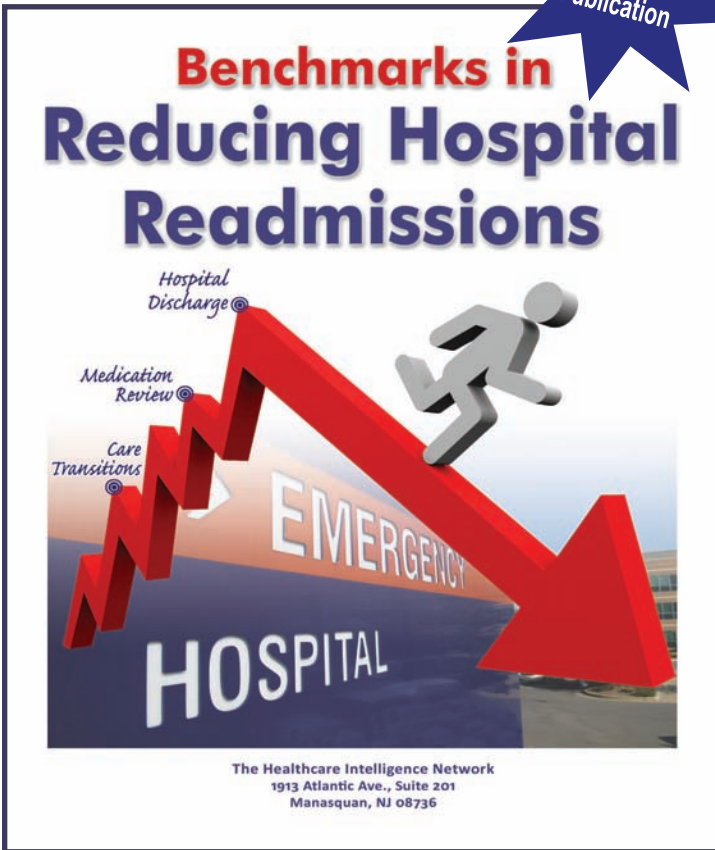
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Actionable information on efforts to reduce avoidable readmissions in vulnerable and highest-utilization populations:

- Provides metrics and measures on current and planned initiatives as well as lessons learned and results from early adopters of readmission reduction strategies:
 - ◇ Current and planned programs;
 - ◇ Populations and conditions targeted;
 - ◇ Tools and strategies to identify at-risk patients;
 - ◇ The patient care model;
 - ◇ Strategies, protocols and policies;
 - ◇ The top five tasks performed at hospital discharge to minimize readmissions;
 - ◇ Roles and responsibilities in readmission avoidance;
 - ◇ Emerging trends in reimbursement and incentives for readmission reduction;
 - ◇ Overcoming barriers to reducing readmissions;
 - ◇ The impact on healthcare utilization, member/patient satisfaction and ROI; and
 - ◇ The complete November 2009 Reducing Hospital Readmissions survey tool

Yes, I need benchmark data to help me evaluate my organization's hospital readmission reduction program, plan improvements, measure our program's effectiveness and determine program success and ROI. Please send me my copy of **Benchmarks in Reducing Hospital Readmissions**, today for \$139.



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