State hospitals focus on readmission rates

Lack of proper care can create revolving door

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WASHINGTON — Concerned their hospital was a revolving door for high-risk patients, officials at Tallahassee Memorial Healthcare came up with a novel idea several years ago: a transition center that would not only help people stay healthy after leaving the hospital but also help those in danger of being hospitalized in the first place.

Opened in February 2011, the facility gives patients who don't have ready access to a doctor a chance to sit down with a health professional, be evaluated and receive treatment if necessary.

Since it opened in partnership with the Capital Health Plan and the Florida State University College of Medicine, visits by at-risk patients within 30 days of being discharged have plunged 90 percent. And it's one of only 33 hospitals statewide not facing a penalty for excessive readmission rates.

"We give them medications. We supply transportation. We supply whatever their psycho, social or physical need is," said Dean Watson, the hospital's chief medical officer. "We (want) to help prevent them from re-entering the emergency department and hospital. You have to focus on the patient. And it works."

It's the kind of program being touted by the Florida Hospital Association, which issued a report Tuesday listing key progress in reducing the number of patients readmitted soon after being discharged.

Thanks to increased collaboration and improved outpatient monitoring, the Florida Hospital Association said readmission rates dropped 15 percent between 2008 and 2010, a decrease of some 1,500 return visits by patients suffering from a condition related to their previous stay.

The organization also said those partnerships and the greater focus on quality have led to significant decreases in surgical complications, bloodstream infections, and urinary tract infections that have saved dozens of lives and millions of dollars.

"We believe the results we've achieved so far are really great news for the people we serve," said Bruce Rueben, president of the association. "Their care is better and it continues to improve. Because our hospitals have joined together to improve care, the results are greater."

But a new analysis of federal data on readmission rates suggests the state is not doing so well compared to others.

Florida ranked 40th among states when it came to readmission rates, according to the study by Kaiser Health News, an editorially independent program of the Henry J. Kaiser Family Foundation, a nonprofit, nonpartisan health policy research and communication organization not affiliated with Kaiser Permanente.

Out of 168 eligible hospitals in the Sunshine State, four out of five are being financially penalized because of excess readmissions. That 80 percent penalty rate is higher not only than the national average of 66 percent, but also higher than the 77.5 percent rate Florida posted last year.

The rate is based on a three-year average of readmission rates tied to three conditions: heart attack, heart failure and pneumonia. The latest penalties, for fiscal year 2014, are based on the three-year period ending June 30, 2012.

Hospitals nationwide who are penalized face a loss of up to 2 percent of their federal Medicare allotment in fiscal year 2014, which begins Oct. 1. The average penalty levied against a hospital in Florida is 0.35 percent, compared to 0.38 percent nationwide. Those penalties collectively cost Florida hospitals millions of dollars.

One hospital facing a higher penalty is the Capital Regional Medical Center in Tallahassee. Its penalty is 0.88 percent, up from 0.69 percent the previous year, according to Kaiser.

Capital Regional spokeswoman Rachel Stiles said the hospital is working to reduce readmissions in several ways, including:

- Identifying patients who are at greater risk of readmission and coming up with a plan to monitor care after discharge;
- Using nurses to teach patients about better diet, the importance of taking their prescriptions and how to manage symptoms;
- Collaborating with community clinics to provide medicine and treatment to the poor and uninsured.

The federal readmission penalties imposed on hospitals were an accountability measure baked into President Barack Obama's Affordable Care Act to contain costs and improve the quality of health care for patients, especially those — such as the uninsured and the elderly — deemed at higher risk of readmission.

The almost one in five Medicare patients who have historically been readmitted within 30 days had been costing the federal government more than \$26 billion a year.

While not all readmissions can be prevented, Medicare readmissions have been consistently too high and could be lowered through greater coordination of care, according to the Medicare Payment Advisory Commission, or MedPAC, an independent agency that advises Congress.

"There is a concern that in the competition for limited hospital resources, hospitals may choose to allocate funds to revenue-generating or market-share-expanding projects rather than readmissions reduction projects that result in lower hospital revenue," MedPAC told Congress in a June report.

The program does not apply to some hospitals, including critical access and cancer hospitals, and doesn't apply unless a hospital has at least 25 admissions for the covered conditions.

There are important differences between the Florida Hospital Association study and the Kaiser analysis.

First, both reports look at different time periods regarding readmission rates.

Second, FHA looked at rates associated with five conditions: the three used by federal regulators as well as hip replacements and cardiac bypass surgery. Also, Florida's readmission rates are based on whether a patient returns within 15 days after being discharged as opposed to the federal 30-day standard.

And unlike their study that looked at "avoidable" readmissions, Florida hospital officials said the federal penalties don't distinguish between reasons why patents returned.

A patient who is discharged after a heart attack but comes back to the same hospital following a car crash is considered readmitted under federal guidelines even if the accident had no connection to the previous condition, said Sherrie Sitarik, president and CEO of Orlando Health, a network of hospitals serving Central Florida.

Florida officials also said the state has unique challenges serving almost 4 million uninsured residents.

"Florida is different from many other states," Rueben said. "More people are uninsured than some states have in total population. When people are uninsured, they have little access to primary care. So by the time Florida hospitals see some of these people, they are far sicker and in worse health status (than insured patients). We're dealing with some challenges here."