

# Case Management Monthly

Best Practices  
and Practical Solutions

## Reducing readmissions: Query patients to see what is working



Continuing Education | Learning Objectives

After reading this article, you will be able to:

- ▶ Develop a readmission reduction strategy based on readmitting patients' experiences

The Hospital Readmission Payment Reduction program identifies three conditions that CMS will track to evaluate each hospital's ability to avoid preventable readmissions.

There has been extensive literature on each of the three conditions, which may be the reason U.S. Department of Health and Human Services Secretary Kathleen Sebelius chose to focus on them first, says **Michael Taylor, MD**, vice president of clinical operations at Executive Health Resources in Newtown Square, PA.

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"It is most likely that any diagnosis that the secretary elects to pursue as a performance measure will be based on the premise that there is some way to affect that disease course," Taylor says.

However, experts agree that hospitals should address prevention of acute myocardial infarction (AMI), heart failure, and pneumonia readmissions the same as they would address readmissions for any

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—*Beverly Cunningham, MS, RN*

other diagnosis—that is, make sure the patient understands discharge instructions and has access to postacute services.

### Assessment

The first step in any hospital's readmission reduction efforts should be to conduct a root cause analysis, Taylor says. Hospitals can compare their own readmission data to that of their peers using a variety of Medicare data sources such as the Hospital Compare website and Medicare Provider Analysis and Review data. Hospitals should review the information to see where they may be an outlier and what conditions present the biggest problems.

After identifying problematic diagnoses, hospitals need to understand the cause of the readmissions. Is it because the patients do not understand the discharge instructions? Do social workers and case managers have enough time to provide adequate instructions?

**Beverly Cunningham, MS, RN**, vice president of clinical performance improvement at Medical City Hospital (MCH) in Dallas, performed such an analysis at her facility. Although MCH has a readmission rate that is in line with that national average, Cunningham is still working to improve it.

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HCP Pro

## Reducing readmissions

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“Everyone is working to improve readmissions, so that [national] average is going to change. I don’t want to be missing the boat [on improving our care] because I don’t understand my patients,” Cunningham says.

## Understanding patients

MCH asked the core measurement teams for AMI, pneumonia, and heart failure to come up with readmission reduction processes for each condition, Cunningham says. “Even though each of them are very different conditions, the strategy overall is sort of the same in that we are diving deep into why they come in.”

MCH developed readmission questionnaires that its case managers give to patients who are readmitted following a stay for AMI, heart failure, or pneumonia.

Specific questions address issues commonly referenced in readmission literature, such as maintaining a proper medication regimen, having transportation to follow-up appointments, and monitoring symptoms.

But MCH is also interested in finding out why the patient *thinks* he or she was readmitted. Determining that the patient and the physician disagree on why the patient returned could reveal an opportunity for better education, which is always a struggle, Cunningham says.

MCH offers plenty of education for AMI, heart failure, and pneumonia patients, but there is not a lot of data that shows which type of education is effective.

“One strategy we have is making sure our education really hones in on what the patients need,” she says.

## Creating accountability

Even though MCH has not yet made a decision on whether it will be part of an accountable care organization, Cunningham feels it is important to hold postacute care providers accountable for readmissions.

One question on the questionnaires asks patients whether a home health nurse visited the patient regularly. Another question asks where the patient currently lives, which is helpful because a large portion of MCH’s Medicare population lives in one of the several nursing facilities in the area.

“We have to align with postacute care providers and hold them accountable like we hold ourselves accountable,” Cunningham says.

Case management and utilization review (UR) staff should necessarily hold themselves responsible when it comes to readmissions and make sure they get involved in their hospitals’ readmission plans, Taylor says.

“For those case managers and UR personnel who have been frustrated with the inability to get their voices heard, now is the perfect time to take those issues to patient financial services, the CFO, and others. ... Now is the time to fix [these problems] before the hospital suffers penalties in the future.” ■

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