

Unintended consequences of the Hospital Readmission Reduction Program following targeted and non-targeted surgical procedures among targeted and non-targeted beneficiaries

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Abstract ID: 20-8871



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Background

- The 2013 Hospital Readmission Reduction Program (HRRP) penalized hospitals for higher than expected 30-day readmissions. Little is known about potential unintended consequences of the HRRP.
- **Objective:** We used all-payer claims data to assess the impact of the HRRP on various perioperative outcomes not explicitly targeted by the HRRP: 1) 30-day revisit rates, 2) 31 to 90-day readmission rates, and 3) 30 versus 90-day costs.

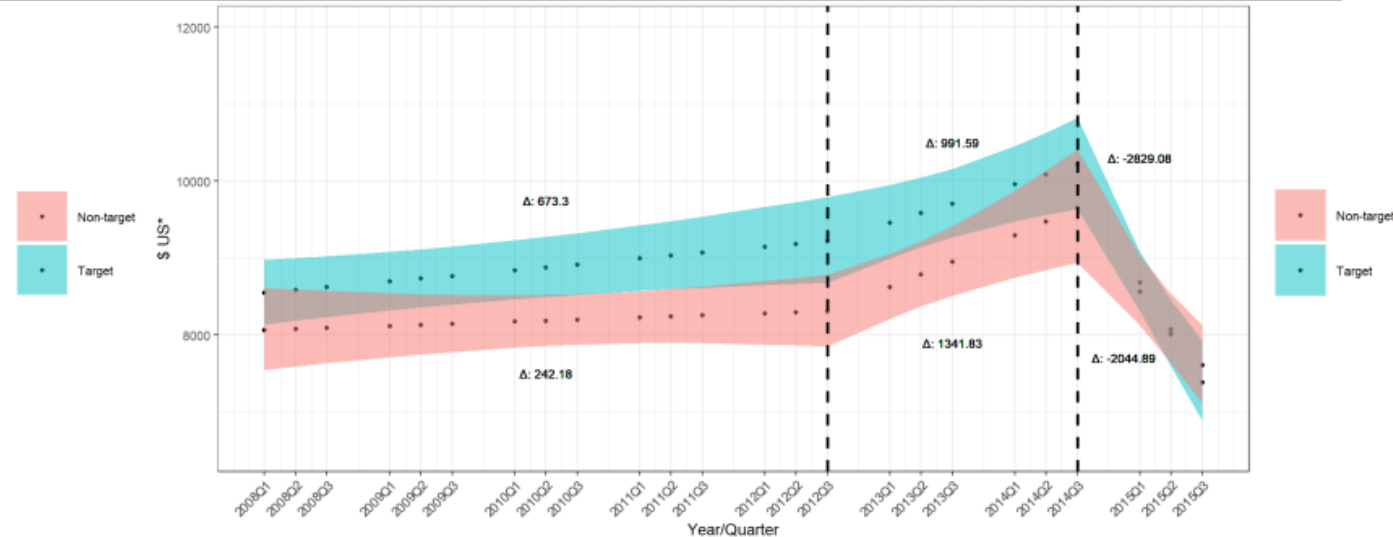
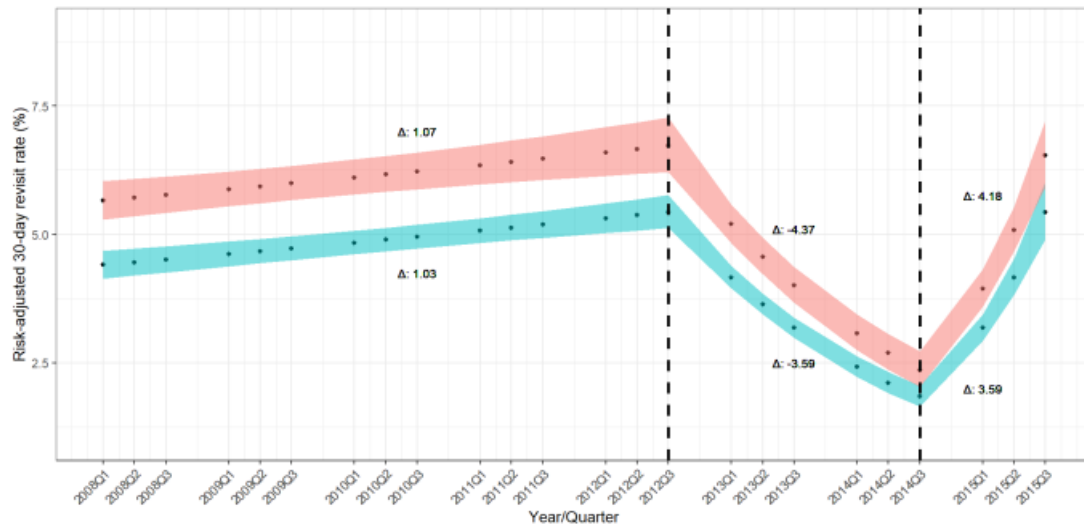
Methods

- All-payer data from the **2008-2015 Healthcare Cost and Utilization Project (HCUP)** to identify 571,404 patients undergoing a targeted or non-targeted surgical procedure
- Interrupted time-series analysis to assess risk-adjusted rate of change in revisit/readmission rates and costs before the HRRP was announced, while the program was being implemented, and after penalties were initiated.

Results

Key findings:

- HRRP implementation was associated with a decrease in readmission rates following the penalty period (-1.1%, 95% CI: -0.3 to -1.9%), but higher 30-day revisit rates (+1.0%, 95% CI: 0.8 to 1.2%) among targeted procedures (P<0.001).
- A similar trend was noted among non-targeted procedures (P<0.001).
- HRRP implementation was not associated with higher rates of 30-day revisit, 31 to 90-day readmission, nor higher readmission costs (P>0.05 for all) (Figure 2).



- The HRRP successfully reduced 30-day postoperative readmission rates largely without compromising other measures of post-discharge quality, although this success has come at the expense of more costly readmissions.