# HEALTHCARE MEDICARE QUALITY ANALYSIS

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# INTRODUCTION/BACKGROUND

- A hospital readmission is defined by The Centers of Medicaid and Medicare Services (CMS) as a patient admission to the hospital within 30 days of being discharged from an earlier hospital stay
- In 2012, as a part of the Affordable Care Act (2010), the Hospital Readmissions Reductions Program (HRRP) was a Medicare value based program created to reduce excess admissions.
- HRRP program focused on six 30-day standardized unplanned readmission:
  - Acute Myocardial Infarction (AMI)
  - Chronic Obstructive Pulmonary Disease (COPD)
- Heart Failure (HF)
- Pneumonia
- Coronary Artery Bypass Graft (CABG) Surgery
- Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA)

**SOURCE**: data.medicare.gov

# DATA QUESTIONS

- \*How effective has the Healthcare Readmission Reduction Program (HRRP) been in reducing excess readmissions since implementation in 2012?
- \*What additional factors at state level are contributing to the readmission of Medicare patients?

What death and complications are most prominent by state?

\*Does complications and deaths at a facility impact Readmissions?

#### THE DATA

- \*There was three data sets used during the analysis:
  - \*CMS Hospital Readmission and Reduction Program (HRRP): Provided Medicare data from 2014-2017 in regards to HRR. <a href="https://data.medicare.gov/Hospital-Compare/Hospital-Readmissions-Reduction-Program/9n3s-kdb3">https://data.medicare.gov/Hospital-Compare/Hospital-Readmissions-Reduction-Program/9n3s-kdb3</a>
  - \*CMS Complications and Death-State: Provided state-level data from 2016-2018 for the hip/knee complication measure, the CMS Patient Safety Indicators, and 30-day death rates. <a href="https://data.medicare.gov/Hospital-Compare/Complications-and-Deaths-State/bs2r-24vh">https://data.medicare.gov/Hospital-Compare/Complications-and-Deaths-State/bs2r-24vh</a>
  - \*Big Cities Health Coalition: Provided 18,000 data points from 2010-2018 across more than 50 health, socioeconomic, and demographic indicators across 11 categories in the United States for health in 30 of the largest most urban cities. https://bchi.bigcitieshealth.org/indicators/1829/searches/35654

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https://app.powerbi.com/view?r=eyJrljoiODY1NGJkMzktZTJmYy00MmJjLThhOWUt MzUwODM2MzJmNmZiliwidCl6ljEwMWRhNTg3LTE4NDMtNGY1Mi04YjhhLTE3YjA2O WM2NmQzMylslmMiOjJ9

## CONCLUSION

In conclusion, it does not seem as though the Hospital Readmission Program (HRRP) is making a huge impact in the number of readmissions as of yet.

Large metropolitan areas with larger geriatric populations seem to be struggling the most to prevent readmission rates.

Readmissions does not have a strong impact with complications and death. More data may be needed to further explore.

## OTHER ANALYSIS OPPORTUNITIES

\*Florida has the largest 65+ demographic as well as the highest amount of readmissions, it would be interesting to dig further with detail facility data to find out areas of opportunity.

It would be interesting to pull in Medicare payment data and penalty data to highlight repeat excess readmission offenders.