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Medicare Readmissions Measures Must Account for Social Complexities of Vulnerable Patients

Our Patients and the Challenges They Face

Essential hospitals have long cared for all people in their communities, including the most vulnerable. More than half of our hospitals' inpatient discharges and outpatient visits are for uninsured or Medicaid patients, and roughly half of the patients we treat are racial or ethnic minorities.

A growing body of research demonstrates that vulnerable populations—our patients—experience social hardships that lead to poor health and that occur outside a hospital's control: poverty, illiteracy, homelessness, a lack of family support, substance abuse, and many similar factors.

Sociodemographic Challenges in the Real World

Parkland Health & Hospital System, in Dallas, stabilized and admitted a 43-year-old homeless man who suffered a diabetic seizure. The hospital discharged him with a prescription to manage his diabetes, but the man faced a choice: wait in line for a shelter bed or get medication. He chose the bed, and later slipped into a diabetic coma and returned to Parkland's emergency department.

Our hospitals tell us many readmissions like this result from patients simply not having the means—money or transportation—to fill prescriptions, make follow-up appointments, or buy nutritious food.

How Readmissions Program Could Harm Care

The Medicare Hospital Readmissions Reduction Program (HRRP) applies a one-size-fits-all approach by using readmissions as a proxy for demonstrating quality of care. But these measures do not accurately reflect quality of care because they do not account for the complex circumstances

of many patients' lives and the causes of readmissions that are beyond a hospital's control.

Because HRRP fails to adjust for sociodemographic factors that lead to readmissions, many essential hospitals will suffer penalties. This will further hamper their ability to care for our country's most vulnerable people. Most essential hospitals operate on narrow or negative margins, and cannot absorb additional funding cuts. HRRP penalties could force some hospitals to make difficult decisions regarding the services they provide, the people they employ, and their reinvestments in the community.

Adjust Program to Support All Patients

America's Essential Hospitals and our members are at the forefront of curbing readmissions and improving patient safety through the work of our Essential Hospitals Engagement Network (EHEN), part of the federal Partnership for Patients initiative. Of particular interest, EHEN hospitals have prevented more than 3,100 readmissions for \$30 million in savings since the network's inception in 2012.

This is how our hospitals improve care quality, reduce health care disparities, and ultimately lower readmissions. Simply penalizing them for the vulnerable populations they serve will achieve none of these outcomes and likely will only make matters worse.

We urge Congress to adjust the HRRP so it recognizes the sociodemographic complexities of vulnerable populations and more fairly assesses hospitals on the work they do, rather than on the patients they serve.