

Plan All-Cause Readmissions (PCR)

Why it Matters

Discharge from a hospital is a critical transition point in patient's care. Inadequate care coordination at discharge can lead to unplanned readmissions, which are associated with increased mortality, higher healthcare costs, and are demanding on healthcare resources. They also present a threat to patients' safety through preventable adverse drug events, hospital-acquired complications, procedural complications, and avoidable exacerbations of disease of functional decline.ⁱ

Clinical factors that increase a patient's risk of admission include use of high- risk medication, polypharmacy, more than six chronic conditions and specific clinical conditions. The six most frequent diagnoses for all readmissions and potentially preventable readmissions are heart failure, COPD, ischemic heart disease, arrhythmias, cerebral vascular accidents, and adverse drug events. Demographic and logistical factors also put patients at a higher risk of readmission including low literacy, prior hospitalizations, lower socioeconomic factors and discharge against medical advice.ⁱⁱ

Description of Measure

The number of acute inpatient and observation stays for patients 18 years of age and older between January 1st and December 1st, followed by an acute readmission, for any diagnosis, within 30 days of discharge and the predicted probability of an acute readmission.ⁱⁱⁱ

Note: This measure is based on discharges, not patients, and includes behavioral health facilities.

Exclusions

Patients are excluded if they have any of these:

- In hospice or using hospice services anytime during the measurement year (MY)
- Hospital stays where the patient expired
- Principal diagnosis of pregnancy
- Principal diagnosis of a condition originating during the perinatal period
- Acute hospitalizations where the discharge claims have a diagnosis for:
 - Chemotherapy maintenance
 - Principle diagnosis of rehabilitation
 - Organ transplant
 - Potentially planned procedure without a principle acute diagnosis



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<p>Tips for Success</p>	<ul style="list-style-type: none"> ■ Please help members avoid readmission by: <ul style="list-style-type: none"> - Following up with them within 1 week of their discharge - Making sure they filled their new prescriptions post-discharge. - Implementing a robust, safe discharge plan that includes a post-discharge plan that includes a phone call to discuss these questions: <ul style="list-style-type: none"> - Do you completely understand all the instructions you were given at discharge? - Do you completely understand the medications and your medication instructions? Have you filled all your medications? - Have you made your follow-up appointments? Do you need help scheduling them? - Do you have transportation to the appointment and/or do you need help arranging transportation? - Do you have any questions? ■ Implement an appointment frequency protocol for patients at high-risk for admission. ■ Utilize telehealth appointments for patients who are not able to come to the office for appointments. ■ Obtain any test results that were not available when patients were discharged. ■ Ask about barriers or issues that might have contributed to patients' hospitalization and discuss how to prevent them in the future. ■ Consider outreach calls to members that are prone to readmission. ■ Educate patients that are non-adherent to treatment plans on the risk to hospitalization, as appropriate. ■ Educate patients to call their PCP prior to going to the emergency room/hospital, if appropriate. ■ Patients with multiple comorbidities are expected to return post inpatient or observation discharge at a higher rate. Ensure all suspect conditions are appropriately identified in the patient's medical record and claims. ■ Encourage members to engage in palliative care or hospice programs as appropriate.

Resources

- I. Making Healthcare Safer III: A Critical Analysis of Existing and Emerging Patient Safety Practices; Hall KK, Shoemaker-Hunt S., Hoffman, L.
- II. www.ncbi.nlm.nih.gov/pmd/articles/PMC8640920
- III. National Committee for Quality Assurance, HEDIS® Measurement Year 2023 Volume 2 Technical Specifications for Health Plans

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