Population and Quantitative Health Sciences
Inaugural Seminar of UMass Health Policy Laboratory

January 22, 2019
Location: AS7-2072

Presentation by: David C. Grabowski, PhD,

Professor of health care policy in the Department of Health Care Policy at Harvard Medical School

11:00am – 12:00pm

 Title: "Reexamining the Effect of the Hospital Readmission Reduction Program"

Biosketch: David C. Grabowski, PhD, is a professor of health care policy in the Department of Health Care Policy at Harvard Medical School. His research examines the economics of aging with a particular interest in the areas of long-term care and post-acute care. His works also examines the integration and coordination of care for dually eligible beneficiaries. Dr. Grabowski has been the Principal Investigator on five R01s from the National Institute on Aging on projects related to the value of post-acute care, skilled nursing facility payment, demand for long-term care insurance, specialization in dementia care, and nonprofit provision of nursing home care. His research has also been supported by a number of private foundations including the Robert Wood Johnson Foundation, the Commonwealth Fund, Arnold Foundation, and the Donaghue Foundation. Dr. Grabowski also led a team at Harvard in the evaluation of the CMS Nursing Home Value-Based Purchasing Demonstration.

Abstract: Medicare's Hospital Readmissions Reduction Program (HRRP) has been credited with lowering risk-adjusted readmission rates for targeted conditions at general acute care hospitals. However, these reductions appear to be illusory or overstated. This is because a concurrent change in electronic transaction standards allowed hospitals to document a larger number of diagnoses per claim, which had the effect of reducing risk-adjusted patient readmission rates. Prior studies of the HRRP relied upon control groups' having lower baseline readmission rates, which could falsely create the appearance that readmission rates are changing more in the treatment than in the control group. Accounting for the revised standards reduced the decline in risk-adjusted readmission rates for targeted conditions by 48 percent. After further adjusting for differences in pre-HRRP readmission rates across samples, we found that declines for targeted conditions at general acute care hospitals were statistically indistinguishable from declines in two control samples. Either the HRRP had no effect on readmissions, or it led to a systemwide reduction in readmissions that was roughly half as large as prior estimates have suggested.

If you are interested in participating a joint discussion <u>after the seminar</u> and learning more about the UMass Health Policy Lab, please RSVP to Manning, Sandra at Sandra.Manning@umassmed.edu