

2014 Healthcare Benchmarks: Reducing Hospital Readmissions

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Abstracts

Note: If you order a hard copy of the report to be shipped out of the United States, you must pay USD 26.95 in addition to the report price.

While great strides have been made in the reduction of 30-day all-cause hospital readmissions, CMS still penalized more than 2,200 hospitals in 2013 for exceeding 30-day readmission rates for heart failure, pneumonia and myocardial infarction.

In 2015, CMS penalties will extend to acute COPD and elective hip and knee replacements.

2014 Healthcare Benchmarks: Reducing Hospital Readmissions documents the latest key initiatives and partnerships to reduce readmissions by patients with these costly conditions and others by more than 100 healthcare organizations.

This 60-page report, now in its fourth year, for the first time provides details on partnerships with post-acute care to reduce readmissions from these care sites.

This market research on current and planned programs to reduce readmissions is supported by more than 50 charts and graphs assembled from responses to HIN's fourth annual survey on Reducing Hospital Readmissions conducted in December 2013.

New in the 2014 edition:

Comparative 2010-over-2014 data on key activities, including efforts targeted at patients with diabetes, UTI, asthma or undergoing hip or knee replacements;

Benchmarks on identification/assessment of high utilizers and individuals at high risk for readmission;

A look at partnerships with post-acute care: trends in collaborations with home health, hospice, and skilled nursing facilities (SNFs) and results from these partnerships;

New metrics on most successful strategies for readmission reduction, from inpatient coaching to telephonic monitoring;

Sector-specific data from hospitals and health plans on programs, processes and outcomes; and

Continued planning in light of ongoing payor scrutiny of 30-day readmissions.

This benchmarks report is designed to meet business and planning needs of hospitals, health plans, managed care organizations, physician practices and others by providing critical benchmarks that show how the industry is working to reduce rehospitalizations.

This report provides expanded data on:

Current and planned readmission reduction programs;

Populations and conditions targeted by readmission reduction efforts;

Tools and strategies to identify patients most at risk for returning to the hospital;

Strategies, protocols and workflows to help prevent hospital readmissions in vulnerable populations;

The top tasks performed at hospital discharge to minimize the chances of a patient returning to the hospital as well as other strategies to strengthen the hospital discharge process;

Roles and responsibilities in readmission avoidance program administration;

The latest metrics on reimbursement trends for 30-day readmission rates;

Overcoming barriers to reducing readmissions;

The impact of hospital readmission management programs on healthcare utilization, member/patient satisfaction and ROI;

The complete December 2013 Reducing Hospital Readmissions survey tool;

and much more.

To prepare for expanded CMS penalties and to avoid leaving reimbursement dollars on the table, healthcare organizations will benefit from a review of these metrics from their peers to evaluate and compare program performance.

The 60-page 2014 Healthcare Benchmarks: Reducing Hospital Readmissions is part of the HIN Healthcare Benchmarking series, which provides a continuous stream of qualitative data on industry trends to empower healthcare companies to assess strengths, weaknesses and opportunities to improve by comparing organizational performance to reported metrics.

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