

Frequently Asked Questions About Potentially Preventable Readmissions

What is a potentially preventable readmission?

Potentially Preventable Readmissions, or PPRs, are a subset of all readmissions. ODM is not reporting all hospital readmissions on its report card. Rather, we are only reporting the rate of those that are deemed clinically preventable. For example, a patient who had a hospital stay for asthma and was then readmitted for a hip injury would not be considered clinically related. But if the patient was readmitted for COPD, it would be considered a clinically related readmission to the original hospital stay for asthma.

How did you determine what was clinically preventable?

ODM is using software created by 3M™ that is specifically intended to identify potentially preventable readmissions from other readmissions that are not potentially preventable.

Which patients are included in the calculation for each hospital?

Only patients enrolled in the Ohio Medicaid program are included in the calculations each year. Some patients, however, are not counted. Specifically, all maternity and newborn babies, most patients with cancer-related admissions, and those receiving transplants are all excluded from the calculations.

What is the time period to count a case as a readmission?

ODM is using a '30-day readmission window'. In other words, the patient had to have been readmitted to the hospital within 30 days of being discharged from their last hospital stay in order to be considered in the study.

What if a patient was admitted and discharged from one hospital but then readmitted to a different hospital?

It does not matter if the patient readmitted to the same hospital or to a different hospital. Both situations are counted in the study. The hospital that had the initial stay for the patient is the one that is assigned the patient's "readmission chain".

What is the Actual PPR Rate?

The Actual PPR Rate is number of 'readmission chains' (those readmissions within 30 days that are deemed clinically related by the software) divided by the hospital's admissions (which is the admissions that start a readmission chain plus all cases where the patient only had one hospital stay).

The Actual PPR Rate and an Expected PPR Rate are shown on the report card. What is the difference?

Hospitals often have different types of specialties and often serve different type of patients. Therefore, the Actual PPR Rate cannot really be compared apples-to-apples across hospitals. For example, a teaching hospital will have more complex cases than a small rural hospital. Therefore, ODM also computes an *Expected PPR* rate for each hospital. This takes into account key factors that play into the types of patients that a hospital has. First, it factors in the mix of cases based on diagnosis. It also accounts for whether or not the mix of adult and pediatric cases is similar to hospitals across the state. Lastly, if the patient also had mental health concerns in addition to their physical health ailment, this is accounted for in the software. The hospital is assessed for how their patients may be different on these attributes from other hospitals statewide. In doing this, the Expected PPR rate then tells us what we would expect the hospital to have for readmissions given their patient characteristics.

What does the Actual-to-Expected Ratio tell us?

The Actual-to-Expected Ratio equals the *Actual PPR Rate* divided by the *Expected PPR Rate*.

- If a hospital's Actual-to-Expected Ratio is = 1.0, this means the hospital had readmissions within 30 days at a rate that is expected given their patient mix.
- If a hospital's Actual-to-Expected Ratio is less than 1.0, this means the hospital had less readmissions within 30 days than is expected given their patient mix.
- If a hospital's Actual-to-Expected Ratio is greater than 1.0, this means the hospital had more readmissions within 30 days than is expected given their patient mix.

What will ODM do with this data?

ODM will be examining for a specific hospital or a specific Managed Care Plan how its Actual-to-Expected Ratio is changing over the years, with the hopes that the ratio will move below 1.0. In the future, rewards or penalties may be imposed based upon a hospital's or an MCP's performance over time. This approach is similar to one that the Medicare program has implemented. Unlike Medicare, however, ODM's PPR program uses more types of hospital stays and it factors in the clinically related aspect of the stays.

How often will the reports be updated?

Both the Hospital Report Card and the Managed Care Plan Report Card will be updated every six months. The Hospital Report Card will continually report on a 4-year trend. The Managed Care Plan will continually report for a single 12-month period.

What risk adjustment factors are used in the PPR report card?

The risk adjustment factors are updated every time the PPR report cards are refreshed with new claims data. Please see the *History of Risk Adjustment Factors* document on the ODM PPR webpage for more information.