

## OASIS Alert

### News You Can Use: Check Out Local Hospitals' Readmission Rates To Improve Your Rehospitalization Score.

Diabetes case management study disappoints proponents.

Home health agencies often find that their struggle to reduce hospital readmissions collides with the hospital's or physician's practice patterns or needs. A new piece of public information may better align hospital and home health agency goals.

The Hospital Compare Web site has added an important measurement to its collection. Along with data showing the hospital's 30-day mortality rate for acute myocardial infarction, heart failure, and pneumonia, you can now see the institution's 30-day rehospitalization data for those conditions. The rehospitalization may have taken place in the same hospital or a different one. This is "a possible indicator of how well the facility did the first time around," the **Centers for Medicare & Medicaid Services** suggests.

The risk-adjusted data represent averages over the 2005 to 2008 period for fee-for-service beneficiaries treated at short-term acute and critical access nonfederal hospitals. The national average rate of hospital readmission within 30 days for heart attack patients is 19.9 percent as of July 2009. The national readmission rate for heart failure patients is 24.5 percent. For pneumonia it is 18.2 percent.

Reality: Twenty percent of Medicare patients discharged from the hospital are readmitted within 30 days, according to a study published in the New England Journal of Medicine. The study -- "Rehospitalizations Among Patients in the Medicare Fee-for-Service Program" -- found that most patients were rehospitalized for conditions other than the one that caused the original hospitalization. There was also a wide variation in rehospitalization rates between states, the study pointed out.

- **CMS and the Agency for Healthcare Research and Quality have concluded** their research on negative pressure wound therapy, but NPWT proponents may not like their findings. "The available evidence does not support significant therapeutic distinction of an NPWT system or component of a system," CMS says. In other words, no one NPWT system or part deserves its own HCPCS code, CMS says. The study backing up CMS's decision is at [www.ahrq.gov/clinic/ta/negpresswtd/npwtd01.htm](http://www.ahrq.gov/clinic/ta/negpresswtd/npwtd01.htm).

- Having a spouse as the primary caregiver for a patient with Alzheimer's disease can significantly slow the clinical progression of the disease, according to a study funded by the **National Institute on Aging**.

After three years, researchers found that the closer the relationship of the caregiver to the patient, the slower the cognitive and functional decline. The study showed spouses had the most significant effect.

- A new diabetes study fails to support cost savings and outcome expectations. Two groups of beneficiaries in New York received intensive nurse case management for diabetes via televisits and regular care from 2000 to 2007, say study authors from **Mathematica Policy Research** and CMS.

But costs for those beneficiaries over subsequent years were 71 to 116 percent higher than the control group that didn't receive telemedicine, says a study in the July issue of Diabetes Care Journal.

Furthermore, clinical outcome effects were merely "modest," the authors say. "The intervention's costs were excessive (over \$8,000 per person per year) compared with programs with similar-sized clinical impacts," the study concludes.

- **Venipuncture is no longer allowed** by law as the sole qualifying service for the Medicare home care benefit,

regional home health intermediary **Cahaba GBA** reminds in its July newsletter for providers. But you may bill it as a skilled service if another qualifying service is already present.

For example: "A patient with coronary artery disease was hospitalized with atrial fibrillation and for a fractured femur. Subsequently, the patient was discharged to the home health agency with orders for new anticoagulation therapy and physical therapy needs," Cahaba says in the newsletter. "The qualifying skilled needs for this patient are the physical therapy and the observation/assessment and teaching by the skilled nurse. Venipunctures, as indicated, are necessary to report PT/INR levels to the physician for titration of the anticoagulant therapy."

**Bottom line:** "These visits are billable, because there are already other qualifying skilled services in the home," Cahaba explains. Venipuncture still must be reasonable and necessary, the intermediary reminds HHAs. That means a physician order associated with a specific symptom or diagnosis and testing frequency within "accepted standards of medical practice."