

HOUSE No. 02381

The Commonwealth of Massachusetts

PRESENTED BY:

Joyce A. Spiliotis

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act to reduce preventable hospital readmissions

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PETITION OF:

NAME:

DISTRICT/ADDRESS:

Joyce A. Spiliotis

12th Essex

Christine E. Canavan

10th Plymouth

HOUSE No. 02381

By Ms. Spiliotis of Peabody, a petition (accompanied by bill, House, No. 2381) of Joyce A. Spiliotis and Christine E. Canavan for legislation to reduce preventable hospital readmissions. Public Health.

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act to reduce preventable hospital readmissions

□.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

- 1 Section 1.
- 2 Chapter 118G of the General Laws as appearing in the 2008 Official Edition, is hereby amended
- 3 by inserting after section 41 the following section:- Section 42. Reduction of preventable hospital
- 4 readmissions
- 5 As used in this section, the following words shall have the following meanings:
- 6 “Potentially Preventable Readmission” (PPR) shall mean a readmission to a hospital that follows
- 7 a prior discharge from a hospital within 14 days, and that is clinically-related to the prior hospital
- 8 admission.
- 9 “Observed rate of Readmission” shall meant the number of admissions in each hospital that were
- 10 actually followed by at least one PPR divided by the total number of admissions.

11 “Expected Rate of Readmission” shall mean a risk adjusted rate for each hospital that accounts
12 for the severity of illness, and age of patients at the time of discharge preceding the readmission.

13 ”Excess Rate of Readmission” shall mean the difference between the observed rates of
14 potentially preventable readmissions and the expected rate of potentially preventable
15 readmissions for each hospital.

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17 Section 2. Potentially Preventable Readmission criteria.

18 1) A hospital readmission is a return hospitalization following a prior discharge that meets all
19 of the following criteria:

20 a. The readmission could reasonably have been prevented by the provision of appropriate
21 care consistent with accepted standards in the prior discharge or during the post discharge
22 follow-up period.

23 b. The readmission is for a condition or procedure related to the care during the prior
24 hospitalization or the care during the period immediately following the prior discharge and
25 including, but not limited to:

26 i. The same or closely related condition or procedure as the prior discharge.

27 ii. An infection or other complication of care.

28 iii. A condition or procedure indicative of a failed surgical intervention.

29 iv. An acute decompensation of a coexisting chronic disease.

30 c. The readmission is back to the same or to any other hospital.

31 2) Readmissions, for the purposes of determining potentially preventable readmissions,
32 excludes the following circumstances:

33 a. The original discharge was a patient initiated discharge and was Against Medical Advice
34 (AMA) and the circumstances of such discharge and readmission are documented in the patient's
35 medical record.

36 b. The original discharge was for the purpose of securing treatment of a major or metastatic
37 malignancy, multiple trauma, burns, neonatal and obstetrical admissions.

38 c. The readmission was a planned readmission or one that occurred on or after 15 days
39 following an initial admission.

40 (b) The division shall develop a methodology to calculate the expected rate of potentially
41 preventable readmissions for each hospital, and calculate the excess rate of readmission.

42 (c) The division shall measure the observed rate of readmission, and on a regular and ongoing
43 basis; publish on its website the rates of potentially preventable hospital readmission rates for
44 each hospital licensed in the commonwealth using the definitions and criteria set for in this
45 section. The division shall calculate and publish, both by individual hospital and statewide, the
46 observed rate of readmission, the expected rate of readmission and the excess rate of readmission
47 for each hospital. In compiling the data necessary for the calculation, the division shall, to the
48 maximum extent feasible, utilize existing data collected from hospitals and carriers.

49 (d) The division shall convene an advisory committee to develop a standardized methodology to
50 be applied to payments to hospitals that report excess readmissions and make recommendations

51 for a consistent methodology to be adopted across all payers to reduce hospital payments for
52 those hospitals with excess readmissions. The advisory committee shall consist of the
53 commissioner of the division of health care finance and policy, who shall serve as chair; the
54 commissioner of the group insurance commission, or designee; the director of the office of
55 Medicaid, or designee; the commissioner of the department of public health, or designee; the
56 executive director of the commonwealth connector, or designee; one member representing the
57 Massachusetts association of health plans, one member representing the Massachusetts hospital
58 association, one member representing the Massachusetts medical society, one members with
59 expertise in hospital billing and payment, and one member with expertise in hospital
60 reimbursement.

61 The advisory committee shall convene no later than January 1, 2012 and shall develop its
62 recommendation by no later than April 1, 2012, which shall include a plan to implement the
63 recommended methodologies in all state programs including the state Medicaid program, the
64 health safety net care pool, and the commonwealth care program.