Whereas, the Hospital Readmissions Reduction Program (HRRP) was introduced in 2012 and created mechanisms for the Centers for Medicare and Medicaid Services to evaluate and penalize hospitals based on their readmission rates within 30 days for certain conditions such as heart failure, heart attack, and pneumonia; and

Whereas, while the goal of HRRP was to save costs due to reduced readmissions and improve the quality of post-acute care and care coordination services, HRRP disproportionately penalizes resource-limited hospitals that primarily care for socioeconomically disadvantaged patients, further diminishing funding for health and social services for these communities; and

Whereas, HRRP historically imposed up to a 3% percent reduction in Medicare payments for failure to meet ceiling readmission metrics relative to other hospitals, though hospitals were later sorted into peer groups to adjust for socioeconomic conditions of patient populations; and

Whereas, a 2019 study found that even after peer-group stratification, over 75% of hospitals that predominantly care for socioeconomically disadvantaged patients were still penalized; and

Whereas, multiple studies have found that HRRP was associated with increases in 30-day post-discharge mortality for patients with congestive heart failure, chronic obstructive pulmonary disease, and pneumonia, with thousands of excess deaths estimated; and

Whereas, a 2019 retrospective cohort analysis found that post-discharge emergency department revisits and observation stays increased over the 3.5 year study period (+0.016 and +0.022 per 100 patient discharges, respectively), exceeding the decline in readmissions (-0.013 per 100 patient discharges); and

Whereas, a 2022 retrospective cohort analysis found that HRRP’s purported reduction in readmissions was actually almost entirely due to reclassifications of readmissions as observation stays, and a 2019 analysis found that a significant portion of the reductions could be explained by regression to the mean and not due to any success of HRRP; and

Whereas, in 2018 and 2019 the AMA expressed concern to CMS about the need to re-evaluate HRRP “due to emerging evidence that the program and the associated measures may be leading to negative unintended patient consequences”; therefore be it

RESOLVED, that our American Medical Association oppose the Hospital Readmissions Reduction Program. (New HOD Policy)
Fiscal Note: Minimal - less than $1,000
Received: 4/5/2024

REFERENCES
10. Wadhera RK, Joynt Maddox KE, Kazi DS, Shen C, Yeh RW. Hospital revisits within 30 days after discharge for medical conditions targeted by the Hospital Readmissions Reduction Program in the United States: national retrospective analysis. *BMJ.* 2019;366:l4563. doi:10.1136/bmj.l4563

RELEVANT AMA POLICY

H-450.944 Protecting Patients Rights
Our AMA opposes Medicare pay-for-performance initiatives (such as value-based purchasing programs) that do not meet our AMA’s “Principles and Guidelines for Pay-for-Performance,” which include the following five Principles: (1) ensure quality of care; (2) foster the patient/physician relationship; (3) offer voluntary physician participation; (4) use accurate data and fair reporting; and (5) provide fair and equitable program incentives. [Sub. Res. 902, I-05; Reaffirmation A-06; Reaffirmation I-06; Reaffirmation A-07; Reaffirmed: BOT Rep. 22, A-17]