HEDIS MEASURE OVERVIEW

Plan All-Cause Readmissions (PCR)

Please note: The information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to preclude your clinical judgment.

What eligible events are included in the PCR measure?

The denominator for this measure is based on discharges, not patients. For patients 18 years old and older, include the number of acute inpatient and observation stays through Dec. 1 of the measurement year (denominator) and a subsequent unplanned acute readmission or observation stay for any diagnosis within 30 days (numerator). This includes readmissions to the same or different hospital.

Note: Planned admissions for chemotherapy, rehabilitation, transplant, etc., are not included as readmissions.

Exclusions

- Stays with discharge dates of Dec. 2–31
- Planned admissions for chemotherapy, rehabilitation*, transplant, etc.
- For acute-to-acute direct transfers, the subsequent admission's discharge date is the relevant date for the measure
- Pregnancy-related admission
- Patients in hospice or using hospice services
- Patients who died during the stay
- Medicare and Medicaid patients with four or more stays, and commercial patients with three or more stays, during the measurement year (acute inpatient and observation) between Jan. 1 and Dec. 1
- For stays that included a direct transfer, exclude the original admission's discharge date. Only the last discharge should be considered.

* Rehabilitation exclusions are limited to fitting and adjustment of prostheses and other medical devices, such as infusion pumps, neuropacemakers, etc.

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Service needed for PCR measure compliance

While there is no particular service needed for compliance, practices can have a process in place to identify patients who have been discharged from acute facilities using daily discharge reporting. Outreaches to these patients to schedule follow-up care and medication reconciliation may reduce the risk of readmission.

Why is it important to perform well on the PCR measure?

It can prevent patients from returning to a hospital shortly after being discharged, which can be costly and often avoidable. Hospital readmissions are used to measure quality of care in a healthcare system. Common avoidable reasons for hospital readmission include:

- Patient confusion about dosing frequency of prescribed medications
- Important information, such as test results not communicated to the primary care physician
- Inadequate follow-up care after release

What is a good PCR performance rate?

PCR is one example of an inverse measure. For an inverse measure, a lower rate is better. Improved clinical care or control will produce a rate that trends lower as quality increases.

Measure best practices

- Promote health plan services (e.g., transition of care, care coordination, home health, etc.).
- Be aware of the daily discharge census.
- When possible, manage scheduling capacity to ensure discharged patients can be seen within seven days.
- Conduct medication reconciliation during the first post-discharge visit with the patient.
- Have a discussion with patients to determine if they have issues accessing the resources necessary to prevent a readmission (e.g., ability to get the medications prescribed at discharge, transportation for follow-up appointments, and family or community support).
- Connect patients to community resources and/or health plan care management services to help remove barriers to care and/or access to resources.

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