

Bundled payment initiative doesn't cut readmission in COPD

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(HealthDay)—A Medicare Bundled Payments for Care Improvement

(BPCI) initiative does not reduce readmission rates or costs among patients with acute exacerbation of chronic obstructive pulmonary disease (COPD), according to a study published in the May 1 issue of the *Annals of the American Thoracic Society*.

Surya P. Bhatt, M.D., from the University of Alabama at Birmingham, and colleagues conducted a pre-post-intervention study comparing all-cause readmissions and costs after index hospitalization for Medicare-only patients with [acute exacerbation](#) of COPD. A total of 78 Medicare patients were prospectively enrolled in the BPCI intervention and compared with a historical control group of 109 patients.

The researchers found that the likelihood of receiving regular follow-up, phone calls, pneumococcal and influenza vaccines, [home health care](#), durable medical equipment, and pulmonary rehabilitation was higher for patients in BPCI, and they were more likely to attend pulmonary clinic. No difference was seen for the BPCI intervention versus non-BPCI in all-cause readmission rates at 30 days (15.4 versus 17.4 percent; $P = 0.711$) and 90 days (26.9 versus 33.9 percent; $P = 0.306$). Before accounting for significant investment from the health system, 90-day costs were 4.3 percent lower compared with BPCI target prices.

"Although additional studies enrolling larger numbers of patients at multiple centers may demonstrate the efficacy of our BPCI initiative for COPD readmissions, this is unlikely to be cost-effective at any single center," the authors write.

Two authors disclosed financial ties to the pharmaceutical industry.

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