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Medicare program linked with reduced black-white disparities in hospital readmissions

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A Medicare program that penalizes hospitals for high readmission rates was associated with a narrowing of readmission disparities between black and white patients and between minority-serving hospitals and other hospitals in the U.S., according to a new study from Harvard T.H. Chan School of Public Health.

The study also found that, in spite of the reductions in disparities, black-white gaps still persisted, and that minority-serving hospitals—which disproportionately care for black Medicare patients—continued to be more likely to be penalized by the Medicare program.

The study will be published April 2, 2018 in *Health Affairs*.

"It should be reassuring for policymakers that the introduction of this Medicare program was associated with a narrowing of disparities in high readmission rates between black and white patients," said lead author José Figueroa, Burke Fellow at the Harvard Global Health Institute (HGHI) and a physician at Brigham and Women's Hospital. "However, more work needs to be done since disparities persist."

Medicare's Hospital Readmissions Reduction Program (HRRP) was established in 2012 as part of the Affordable Care Act. Prior to its start, there was evidence that black patients had, on average, 20% higher readmission rates than white patients, and that hospitals serving a higher proportion of black patients had higher readmission rates than other hospitals. Previous evidence suggested that the HRRP may have helped

lower readmission rates for all Medicare patients over time, but its impact on minority populations and the hospitals that serve them was unknown.

In the new study, Harvard Chan School researchers compared trends in 30-day readmission rates among non-Hispanic black and non-Hispanic white patients and among minority-serving and other hospitals from 2007-2014. They analyzed national Medicare data from 6.3 million hospital admissions for patients with acute myocardial infarction, congestive heart failure, and pneumonia. Data came from 2,960 hospitals across the country, of which 283 were identified as minority-serving.

The researchers found that, prior to the HRRP era (January 2007-March 2010), readmissions rates were relatively flat or slightly increasing for both white and black patients. During the HRRP implementation phase (April 2010-September 2012) when hospitals knew that readmission penalties would soon begin, readmission rates improved both for blacks and whites, declining on average 0.45% per quarter for black patients and 0.36% per quarter for white patients. In the period after HRRP penalties were introduced (October 2012-December 2014), improvements in 30-day readmission rates slowed.

Overall, black patients' 30-day readmission rates fell from a high of 24.5% in 2010 to 18.9% in 2014, while white patients' rates fell from a high of 22.5% to 17.7%.

Even though minority-serving hospitals made more improvements than other hospitals, they were still more likely to be penalized because the HRRP program rewards hospitals based on their ranking relative to each other and not based on their own improvement over time, according to the study. The authors speculated that minority-serving hospitals' lack of resources may hamper their efforts to reduce readmissions.

"To better incentivize and reward all hospitals, including those at the bottom, policymakers should consider changes to how penalties are determined in the HRRP," Figueroa said.

More information: "Medicare Program Associated With Narrowing Hospital Readmission Disparities Between Black And White Patients," José F. Figueroa, Jie Zheng, E. John Orav, Arnold M. Epstein, and Ashish K. Jha, *Health Affairs*, April 2, 2018, www.healthaffairs.org/doi/abs/ … 77/hlthaff.2017.1034

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