

Bundling doesn't cut medicare payments for medical conditions

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(HealthDay)—Bundling of payments for five common medical

conditions is not associated with changes in Medicare payments per episode or health outcomes, according to a study published in the July 19 issue of the *New England Journal of Medicine*.

Karen E. Joynt Maddox, M.D., M.P.H., from Washington University in St. Louis, and colleagues used Medicare claims (2013 through 2015) to identify admissions for the five most commonly selected medical conditions in the Bundled Payments for Care Improvement (BPCI) initiative: [congestive heart failure](#) (CHF), pneumonia, chronic [obstructive pulmonary disease](#) (COPD), sepsis, and [acute myocardial infarction](#) (AMI). Changes in standardized Medicare payments per episode of care (defined as the hospitalization plus 90 days after discharge) were compared for these conditions at BPCI hospitals and matched control hospitals.

The researchers found that at baseline, the average Medicare payment per episode of care across the five conditions at BPCI hospitals was \$24,280, which decreased to \$23,993 during the intervention period ($P = 0.41$). Over the same time period, control hospitals had an average payment for all episodes of \$23,901, which decreased to \$23,503 ($P = 0.08$; difference in differences, $P = 0.79$). There were no significant differences in clinical complexity, length of stay, emergency department use or readmission within 30 or 90 days after hospital discharge, or death within 30 or 90 days after admission between the intervention and control hospitals from baseline to the intervention period.

"For such bundling to work for [medical conditions](#), however, more time, new care strategies and partnerships, or additional incentives may be required," the authors write.

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