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The Effects of the Hospital Readmissions Reduction Program on Non - Targeted Readmissions

Anna Kate Peterson

The Question and Why It's Important

- **Problem** : healthcare cost and quality
- **Proposed solution** : Hospital Readmissions Reduction Program (HRRP)
 - Financial penalty on excess Medicare readmissions for certain procedures
- **Research Q** : How does the HRRP affect nontargeted readmissions?
 - Possible spillover effects
 - Literature on targeted effects of HRRP

Theoretical Foundations

- Spillovers from HRRP
 - Staff practices (-)
 - Technology (-/+)
 - Changes in reporting (+)

Data

- Sources: U.S. Centers for Medicaid and Medicare Services (CMS), the National Quality Forum (NQF)
 - Nationally representative
- 2010-2018 (HRRP enacted in 2012)
- 2000-3000 hospitals
 - 2/3 treatment hospitals affected by HRRP

Variable Construction

- **Dependent Variable:** nontargeted readmission rates
 - Percutaneous Coronary Intervention (PCI) and Pediatric Intensive Care Unit (PICU)
- Independent Variables:
 - Treatment/Control dummy variable : Treated
 - Constructed hospital quality indicator: X
 - Time variable (Post HRRP): *Post*

Empirical Model

- Difference in Differences (DD)
 - With procedure, hospital, and year fixed effects

readmission $rate_{iht} = \beta_0 + \beta_1 Treated * Post_{iht} + \beta_2 X_{iht} + \delta_i + \gamma_h + \eta_t + \Box_{iht}$

- Expanded to Triple Difference, with differences between:
 1) pre- and post-HRRP
 - 2) treatment and control hospitals
 - 3) targeted and nontargeted interventions

Triple Difference

Strengths

- Strong causal connection
- Multiple dimensions of comparison

Limitations

Control Hospitals

⊨

Conclusion

- Ambiguous predictions for HRRP's effect on nontargeted readmissions
- What does this mean for hospital quality efforts?
- Further research
 - Data earlier may provide better causal connection
 - Implications for healthcare policy and policy analysis of spillovers

Any Questions?

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