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Kaiser Health News, NPR and the Member Station Reporting Project

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Washington, DC

June 4, 2014

David Rousseau, Joe Neel & Peggy Girshman

An Overview of Kaiser Health News

KHN
KAISER HEALTH NEWS

- Launched five years ago (June 2009)
- Providing in-depth coverage of health policy issues
- Primary distribution strategy is through other media organizations
- Created as ongoing, editorially independent operating program of the Kaiser Family Foundation

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By JULIE APPLEBY "Reference pricing" has the blessing of the Obama administration. What is it and how might it affect your health insurance? 5:01AM ET

Safety Net Hospitals Already Seeing More Paying Patients — And Revenue

By PHIL GALEWITZ Many inner-city hospitals in Medicaid-expansion states report big drops in the number of uninsured people for whom they provide care. MAY 27

Capsules

THE KHN BLOG

'National Dialogue' Urged On Cost Of New Hepatitis C Drug

The outcry continues over the $1,000-a-pill hepatitis C drug made by California-based Gilead Sciences. 3:31 PM

Can Employers Dump Workers To Health Exchanges? 5:00 AM

Daily Health Policy Report

Summaries of News Coverage

Insurers, Employers Trimming Costs, Consumers Paying More

News outlets cover how companies are puzzling through the increasing costs of health care. 9:41 AM

- Hagel Orders Review Of Military Health System After 2 Deaths 9:42AM ET
- Some Democrats Using Health Law Against GOP 9:31AM ET
- Michelle Obama Wades Into Political Debate On School Lunches 9:38AM ET
- Shooting Spree Renews Mental Health, Firearms Debates 9:36AM ET
- Despite New IRS Rule, Employers Can Still Send Workers To The Online Marketplaces 9:34AM ET
- Feds Probe How States Set Medicaid

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'Geronimo!?' By Lisa Benson

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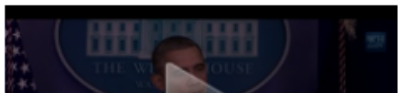

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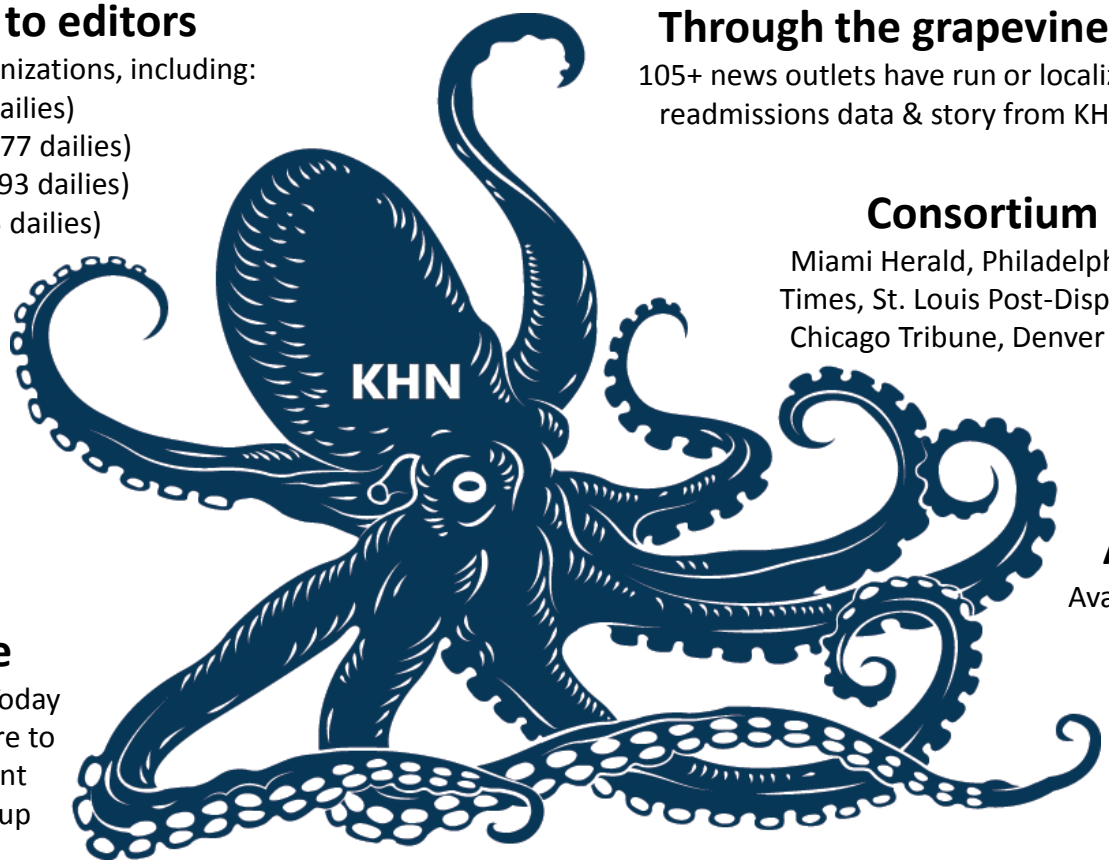

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New York Times Pickup

Hospitals Face Pressure To Avert Readmissions

By JORDAN RAU

After years of gently prodding hospitals to make sure discharged patients do not need to return, the federal government is now using its financial muscle to discourage readmissions.

Medicare last month began levying financial penalties against 2,217 hospitals it says have had too many readmissions. Of those hospitals, 307 will receive the maximum punishment, a 1 percent reduction in Medicare's regular payments for every patient over the next year, federal records show.

One of those is Barnes-Jewish Hospital in St. Louis, which will lose $2 million this year. Dr. John Lynch, the chief medical officer, said Barnes-Jewish could absorb that loss this year, but "over time, if the penalties accumulate, it will probably take resources away from other key patient programs."

The crackdown on readmissions is at the vanguard of the Affordable Care Act's effort to eliminate unnecessary care and curb Medicare's growing spending, which reached $556 billion this year. Hospital inpatient costs make up a quarter of that spending and are projected to grow by more than 4 percent annually in coming years, according to the Congressional Budget Office.

The readmission penalties will recoup about $300 million this year. But the goal is to pressure hospitals to pay attention to what happens to their patients after they walk out the door. The penalties have captured the attention of hospitals, and many are trying to improve their supervision of discharged patients' recoveries.

"I've been doing this for over two decades and talking to hospital leaders about readmissions, and I used to get polite but blank stares," said Dr. Eric Coleman, a professor at the University of Colorado Anschutz Medical Campus who has devised widely adopted methods to reduce hospitalizations. "Now they're paying attention."

Medicare penalties over having too many patients return.

With nearly one in five Medicare patients returning to the hospital within a month — about two million people a year — readmissions cost the government more than $17 billion annually.

Hospitals' traditional reluctance to

Continued on Page 6

Rising Pressure to Curb Readmissions

From First Science Page

tackle readmissions is rooted in Medicare's payment system. Medicare generally pays hospitals a set fee for a patient's stay, so the shorter the visit, the more revenue a hospital can keep. Hospitals also get paid when patients return. Until the new penalties kicked in, hospitals had no incentive to make sure patients didn't wind up coming back. The maximum penalty is set to double next October and then reach 3 percent of reimbursements in October 2015. Medicare also is expanding the list of conditions it will assess in setting punishments.

Right now it only evaluates readmissions of heart attack, heart failure and pneumonia patients, counting every rebound, even ones not related to the original reason for hospitalization. The penalties are based on readmission rates in the past and applied to future payments for all Medicare patients.

Researchers say that while some readmissions are unavoidable, many are caused by the short shrift hospitals have given patients on their way out.

Jonathan Blum, principal deputy administrator for the Centers for Medicare and Medicaid Services, said the penalties had helped galvanize hospitals' efforts to avoid readmissions. "We've seen a small but significant reduction," he said. "That tells me we've focused the industry on improvement."

Medicare's tough love is not going over well everywhere. Academic medical centers are complaining that the penalties do not take into account the extra challenges posed by extremely sick and low-income patients. For these people, getting medicine and follow-up care can be a struggle.

At Barnes-Jewish Hospital, Dr. Lynch said physicians from all over the Midwest referred their sickest heart patients to his facility for transplants and other major interventions. But those patients can skew his hospital's readmissions numbers, he said: "The weaker your heart, the more advanced your emphysema, the more likely you are to be readmitted to the hospital."

Dr. Lynch said Barnes-Jewish set up follow-up appointments for patients who didn't have their own doctors. But about half of the patients never showed up, he said, even after the hospital made reminder phone calls and arranged for free rides. Sending nurses to see patients at home did not significantly reduce readmission rates either, he said.

"Many of us have been working on this for other reasons than a penalty for many years, and we've found it's very hard to move," Dr. Lynch said. He said the penalties were unfair to hospitals with the double burden of caring for very sick and very poor patients.

"For us, it's not a readmissions penalty," he said. "It's a mission penalty."

Various studies, including one commissioned by Medicare, have found that the hospitals with the most poor and African-American patients tended to have higher readmission rates than hospitals with more affluent and Caucasian patients. But the studies also determined that some safety-net hospitals performed better than average, showing that hospitals can overcome the challenges posed by the kinds of patients they treat.

In some ways, the debate parallels the one on education — specifically, whether educators should be held accountable for lower rates of progress among children from poor families.

Nearly 1 in 5 Medicare patients return to the hospital within a month.

"Just blaming the patients or saying 'it's destiny' or 'we can't do any better' is a premature conclusion and is likely to be wrong," said Dr. Harlan Krumholz, director of the Center for Outcomes Research and Evaluation at Yale-New Haven Hospital, which prepared the study for Medicare. "I've got to believe we can do much, much better."

Some researchers fear the Medicare penalties are so steep, they will distract hospitals from other pressing issues, like reducing infections and surgical mistakes and ensuring patients' needs are met promptly. "It should not be our top priority," said Dr. Ashish Jha, a professor at the Harvard School of Public Health who has studied readmissions. "If you think of all the things in the Affordable Care Act, this is the one that has the biggest penalties, and that's just crazy."

With pressure to avert readmissions rising, some hospitals have been suspected of sending patients home within 24 hours, so they can bill for the services but not have the stay counted as an admission. But most hospitals are scrambling to reduce the number of repeat patients, with mixed success.

A few days after Eda Laurion was discharged from the Banner Del E. Webb Medical Center near Phoenix after treatment for her congestive heart failure in August, a nurse showed up at her house.

"She helped explained the medicines I'm taking, the side effects, what they do for you," said Ms. Laurion, 91, of Sun City West.

Still, readmissions can't always be prevented. The nurse, Sue Koner, sent Ms. Laurion back to the hospital after two weeks for dangerously low sodium caused by an undiagnosed kidney problem. However, Ms. Laurion avoided re-hospitalization in October when Ms. Koner deduced that her hallucinations were a reaction to an antibiotic.

Overseeing former patients is expensive and time-consuming, so many hospitals are relying on financing from community health organizations and foundations. Ms. Koner works for Sun Health, a foundation-supported nonprofit. Since Sun Health started its program in November 2011, only nine of 213 patients have been readmitted.

Dr. Krumholz said hospitals should think of readmissions as a challenge to overcome. "One day, we'll look back," he said, "and we'll be incredulous that one out of every five patients ended up back in the hospital."

JOSHUA LOTT FOR THE NEW YORK TIMES

FOLLOW-UP Sue Koner, a nurse, discusses blood pressure and medicines with Ted Cohn, a heart patient in Sun City West, Ariz., recently discharged from the hospital.

This article was produced in collaboration with Kaiser Health News, an editorially independent program of the Kaiser Family Foundation.

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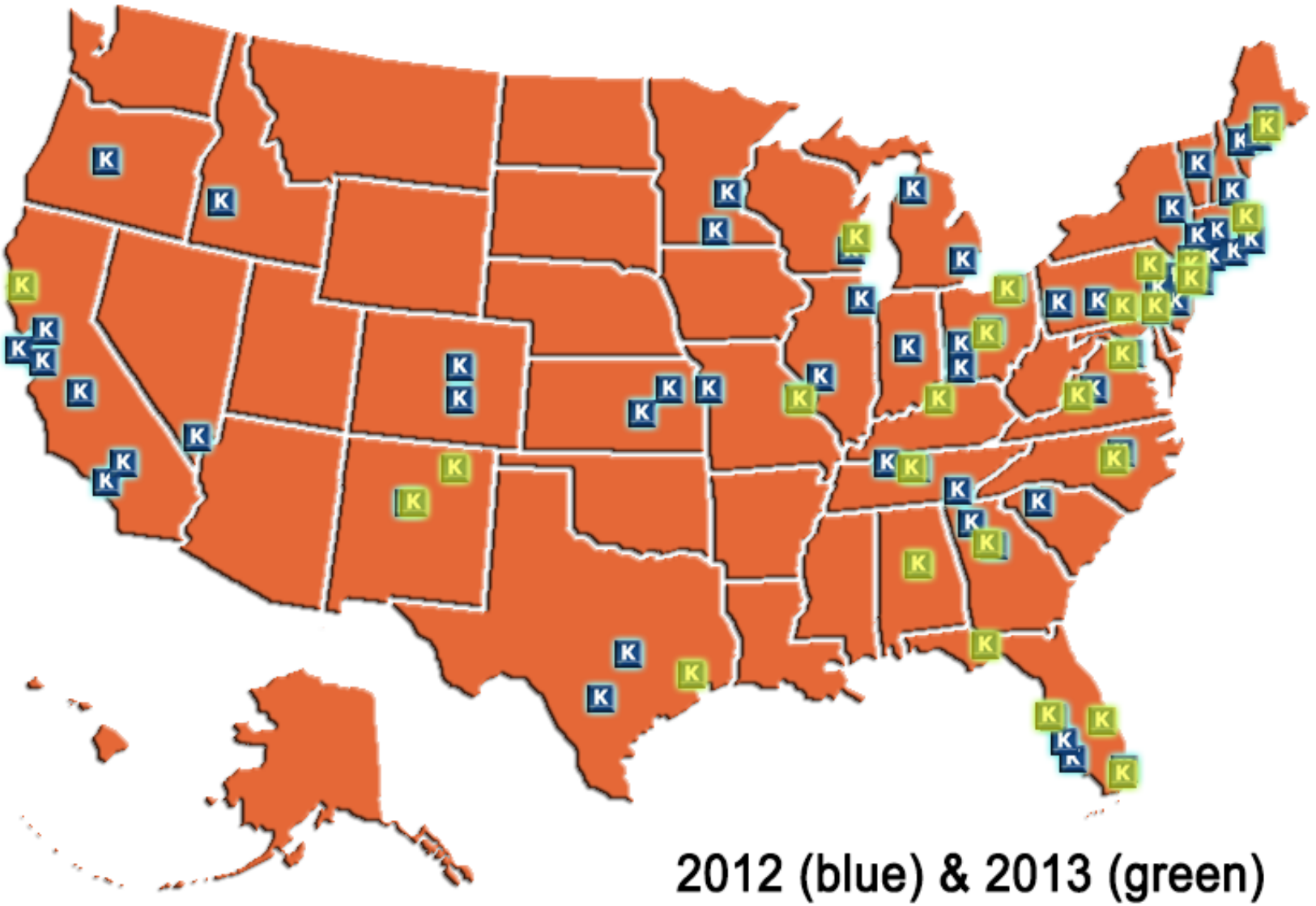
Hospital Readmission Story Pickup



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Uninsured former inmates stand to gain health care under Medicaid expansion

May 15, 2014 at 6:28 PM EDT

When American inmates are released from jail or prison, most leave without health insurance and little access to medical care. But under the federal health care law's expansion of Medicaid, that's beginning to change. Sarah Varney of Kaiser Health News explores how ex-offenders will have the opportunity to get care in some states.

PBS NEWSHOUR

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By the numbers: Mental illness behind bars

73 40 +1 EMAIL

BY SARAH VARNEY, KAISER HEALTH NEWS *May 15, 2014 at 6:39 PM EDT*

Uninsured former inmates stand to gain health care under Medicaid expansion. Screen grab by PBS NewsHour Weekend

Psychological disorders, including depression, bipolar disorder and trauma-related disorders, are rampant among inmates, and mental illness itself is a risk factor for landing in jail.

"We've, frankly, criminalized the mentally ill, and used local jails as de facto mental health institutions," said Alex Briscoe, the health director for Alameda County in northern California.

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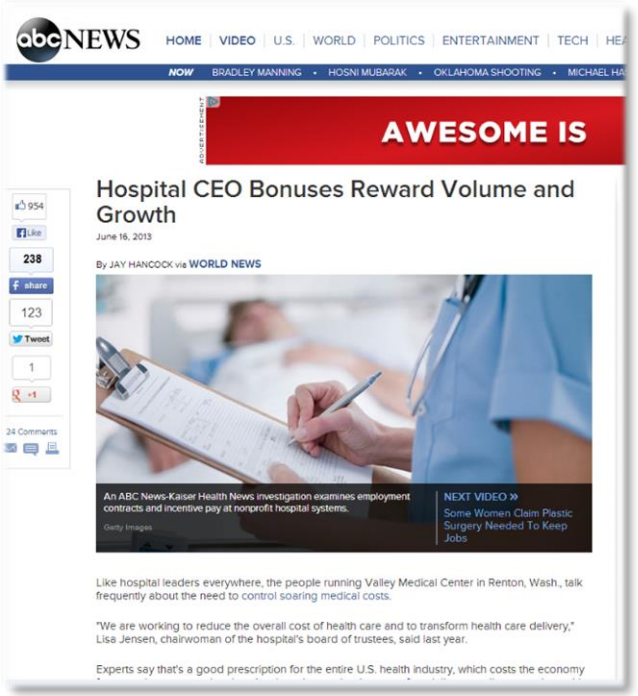
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Hospital CEO Bonuses Reward Volume and Growth
June 16, 2013
By JAY HANCOCK via WORLD NEWS
An ABC News-Kaiser Health News investigation examines employment contracts and incentive pay at nonprofit hospital systems.
Getty Images
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Some Women Claim Plastic Surgery Needed To Keep Jobs
Like hospital leaders everywhere, the people running Valley Medical Center in Renton, Wash., talk frequently about the need to control soaring medical costs.
"We are working to reduce the overall cost of health care and to transform health care delivery," Lisa Jensen, chairwoman of the hospital's board of trustees, said last year.
Experts say that's a good prescription for the entire U.S. health industry, which costs the economy

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Video: Hospital CEOs Rake In Bonuses
JUN 17, 2013
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As the country tries to rein in skyrocketing health costs, hospital leaders are still rewarded for expansion and profits. A KHN investigation, in collaboration with ABC News, looked at employment contracts and incentive pay at nonprofit hospital systems.
On World News Tonight Sunday, ABC News Senior National Correspondent Jim Avila reported on the investigation and what it says about the growing costs
Story Components
KHN, in collaboration with ABC News, investigates hospital leader pay at nonprofit hospital systems.
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Hospital CEO Bonuses Reward Volume And Growth
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TOPICS: HOSPITALS, HEALTH COSTS, STATES, MARKETPLACE
By Jay Hancock
KHN Staff Writer
JUN 16, 2013
This KHN story was produced in collaboration with abc NEWS
Like hospital leaders everywhere, the people running Valley Medical Center in Renton, Wash., talk frequently about the need to control soaring medical costs.
"We are working to reduce the overall cost of health care and to transform health care delivery," Lisa Jensen, chairwoman of the hospital's board of trustees, said last year.
The Valley Medical Center in Renton, Wash. (Photo by Stephen Brashear/AP Images for KHN)
Experts believe that's a good prescription for the entire U.S. health industry, which costs the economy far more than systems in other developed countries, delivers mediocre results and is widely seen as unsustainable at its current growth rate.
But even as Valley officials talk about change, they're paying hospital CEO Richard Roodman tens of thousands of dollars in bonuses for driving the kind of profits and expansion many say are no longer affordable for patients, employers and taxpayers.
Across the nation, boards at nonprofit hospitals such as Valley are often paying bosses
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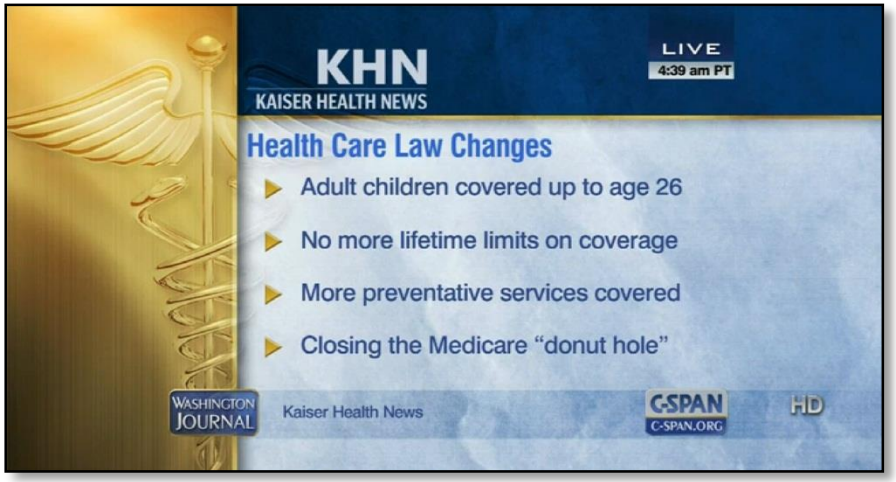
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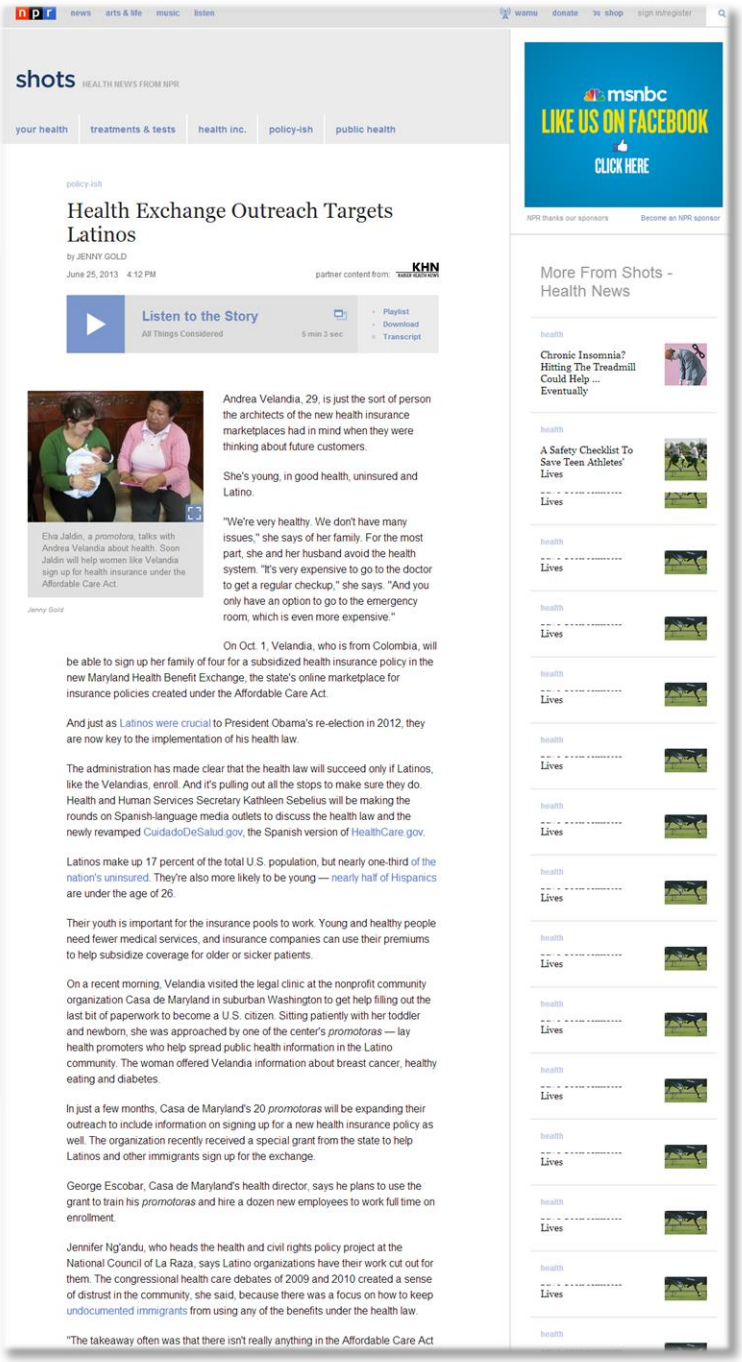

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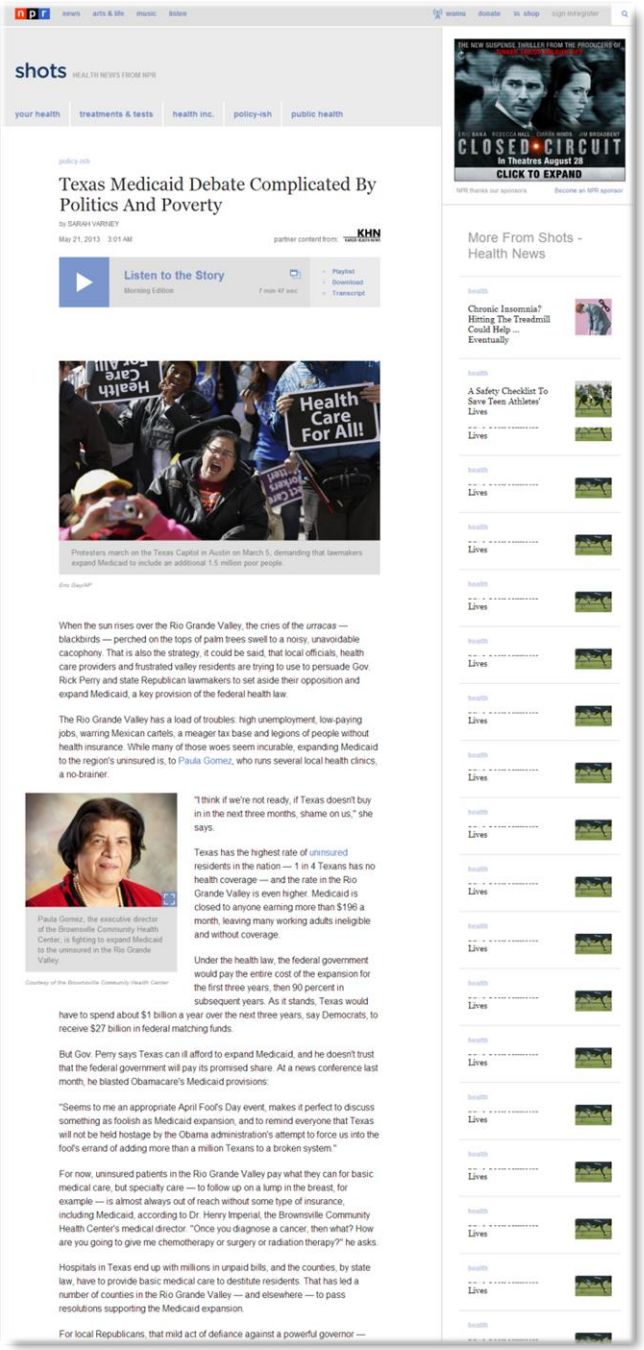

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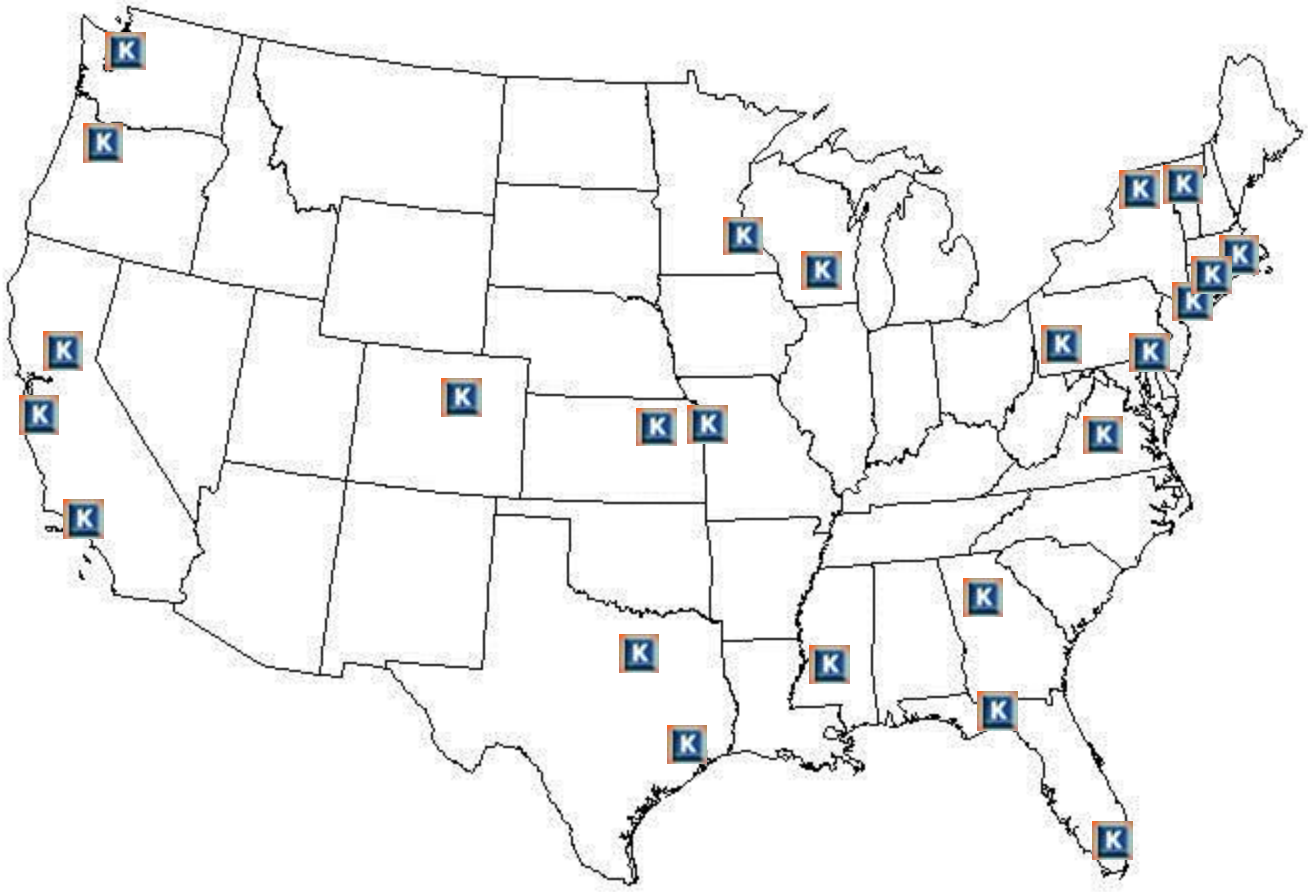

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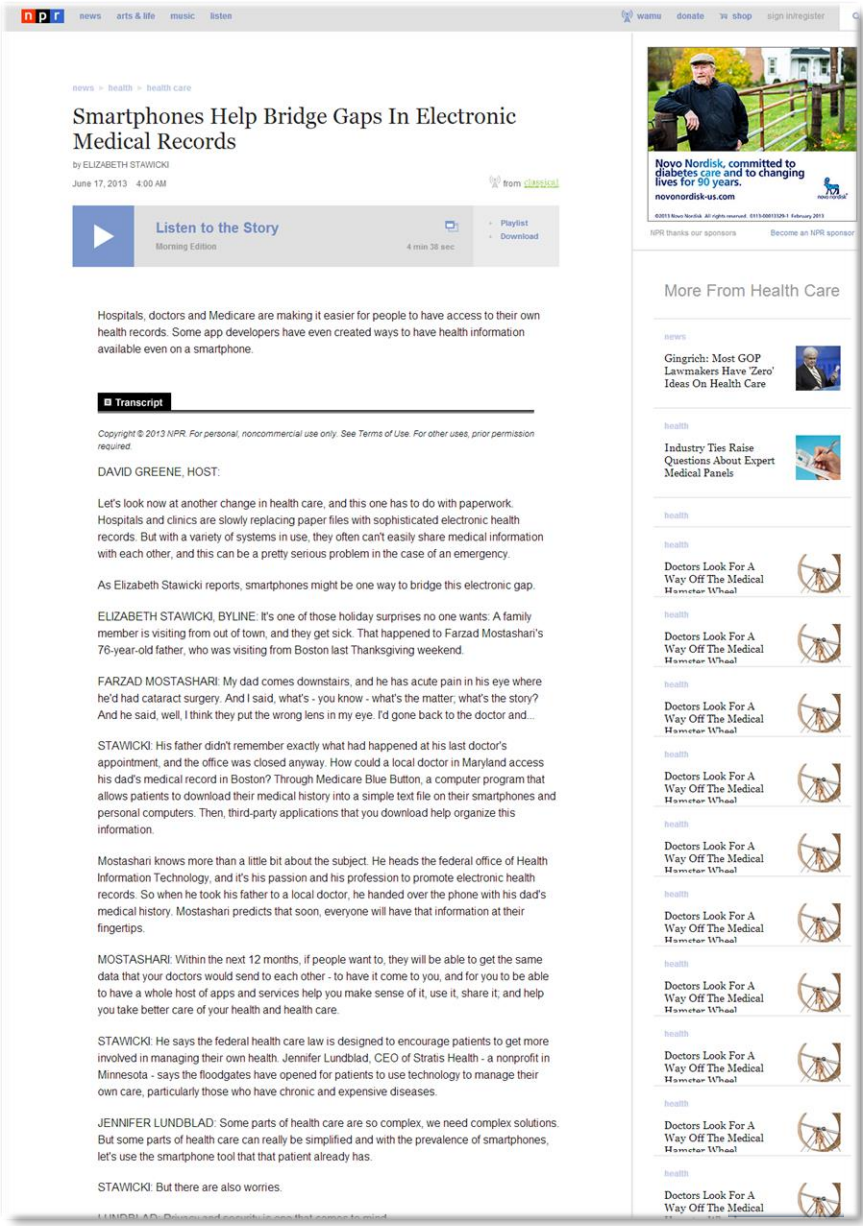

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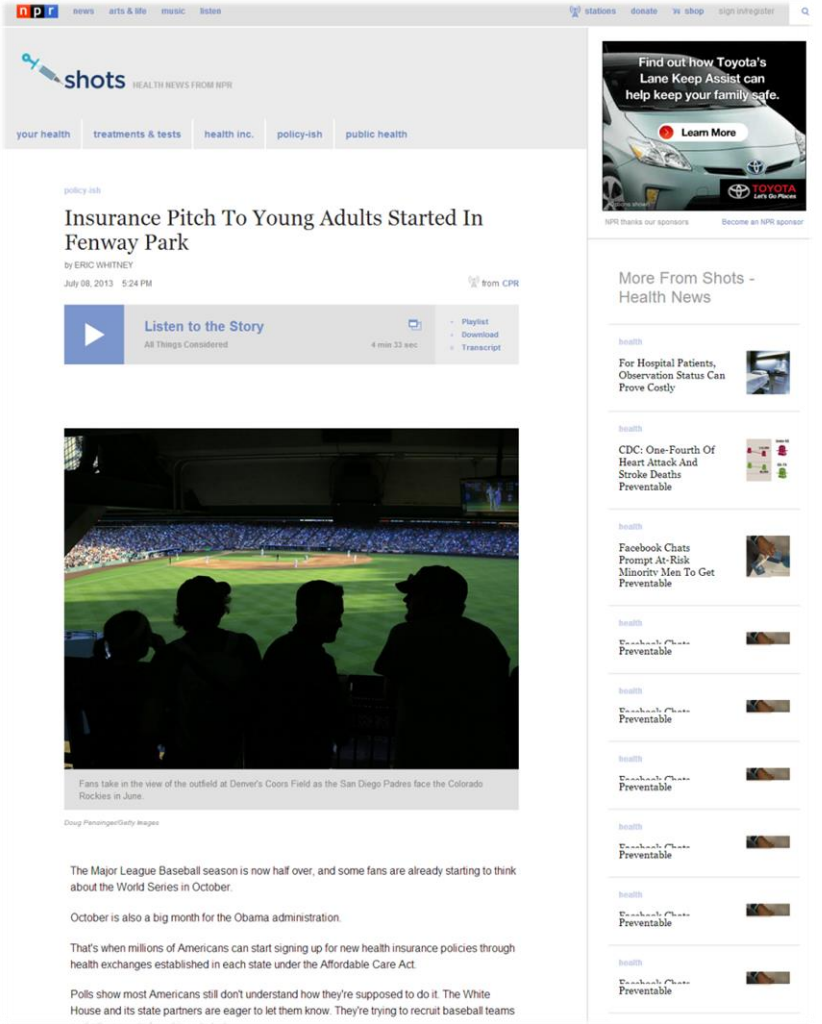

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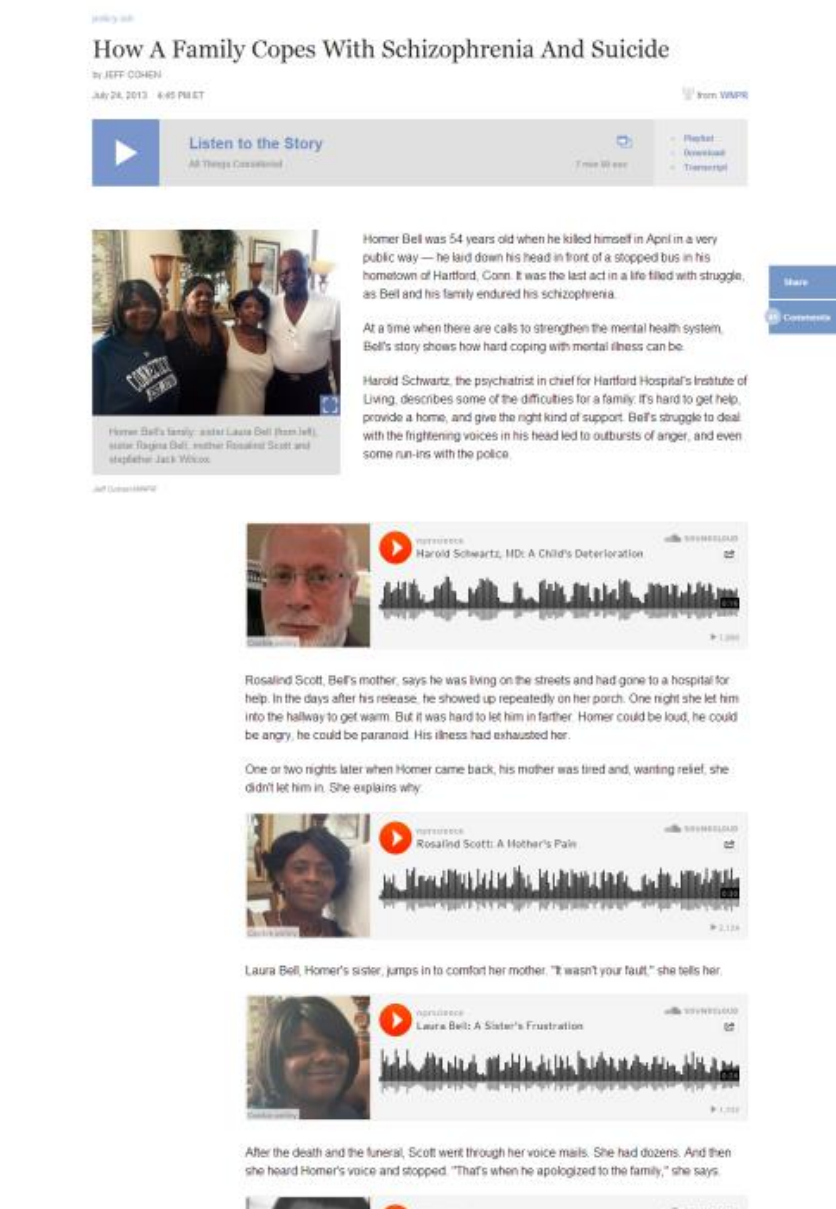

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UPS Won't Insure Spouses Of Some Employees

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TOPICS: HEALTH COSTS, INSURANCE, HEALTH REFORM, MARKETPLACE

By Jay Hancock
KHN Staff Writer
AUG 21, 2013

This KHN story was produced in collaboration with USA TODAY

Partly blaming the health law, United Parcel Service is set to remove thousands of spouses from its medical plan because they are eligible for coverage elsewhere.

Many analysts downplay the Affordable Care Act's effect on companies such as UPS, noting that the move is part of a long-term trend of shrinking corporate medical benefits. But the shipping giant repeatedly cites the act to explain the decision, adding fuel to the debate over whether the law erodes traditional employer coverage.

A United Parcel Service driver delivers packages in 2010 in Glendale, Calif. (Photo by Kevork Djansezian/Getty Images)

Rising medical costs, "combined with the costs associated with the Affordable Care Act, have made it increasingly difficult to continue providing the same level of health care benefits to our employees at an affordable cost," UPS said in a memo to employees.

The company told white-collar workers two months ago that 15,000 working spouses eligible for coverage at their own employers would be excluded from the UPS plan in 2014. The Fortune 100 firm expects the move, which applies to non-union U.S. workers only, to save about $60 million a year, said company spokesman Andy McGowan.

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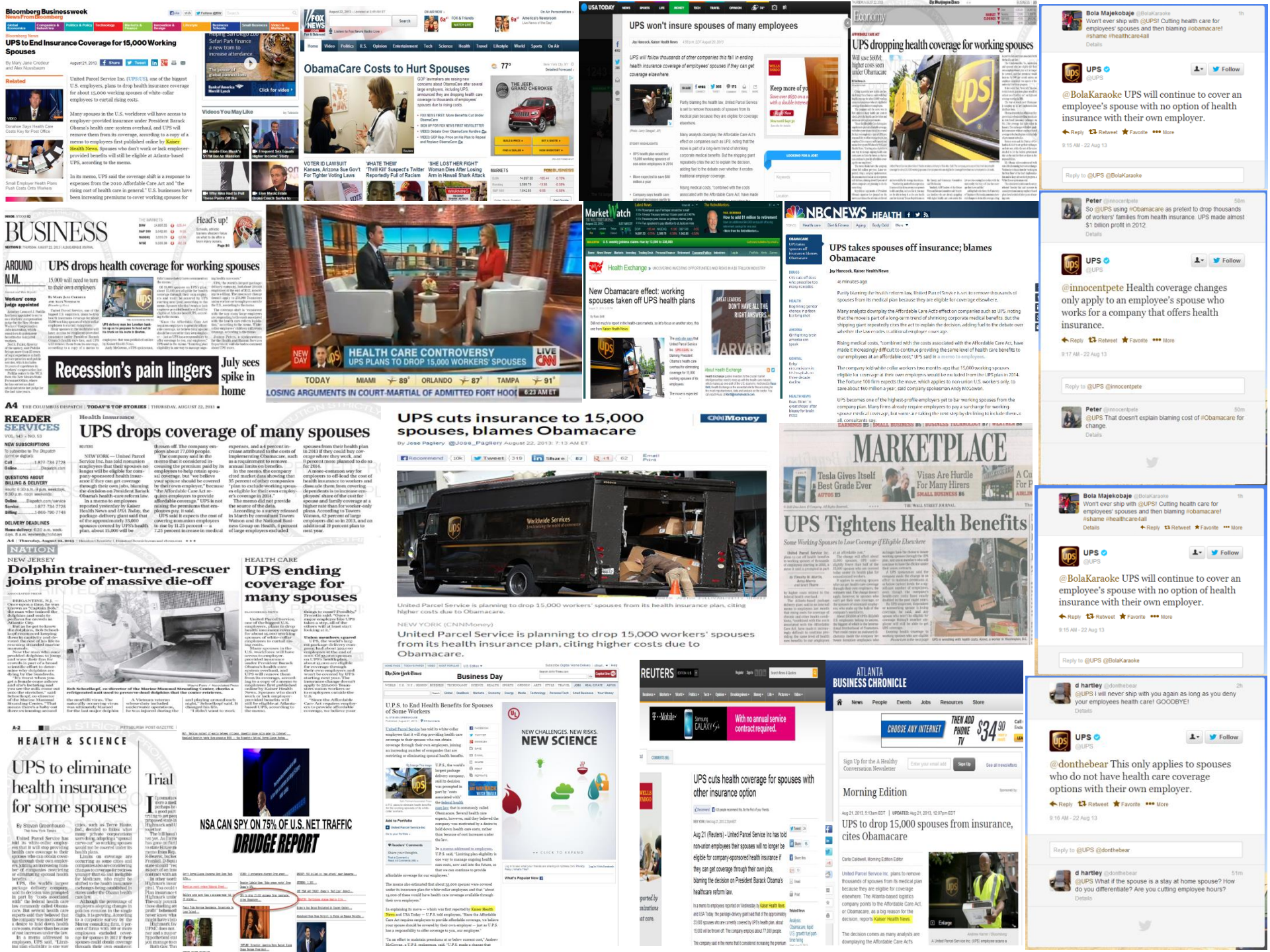
Bloomberg Businessweek
UPS to End Insurance Coverage for 15,000 Working Spouses
United Parcel Service Inc. (UPS:US), one of the biggest U.S. employers, plans to drop health insurance coverage for about 15,000 working spouses of white-collar employees to curtail rising costs.
Many spouses in the U.S. workforce will have access to employer-provided insurance under President Barack Obama's health-care-system overhaul, and UPS will remove them from its coverage, according to a copy of a memo to employees first published online by Kaiser Health News. Spouses who don't work or lack employer-provided benefits will still be eligible at Atlanta-based UPS, according to the memo.
In its memo, UPS said the coverage shift is a response to expenses from the 2010 Affordable Care Act and "the rising cost of health care in general." U.S. businesses have been increasing premiums to cover working spouses for
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NEW YORK (CNNMoney)
United Parcel Service is planning to drop 15,000 workers' spouses from its health insurance plan, citing higher costs due to Obamacare.
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UPS Tightens Health Benefits
Some Working Spouses to Lose Coverage if Eligible Elsewhere
NATION
NEW JERSEY
Dolphin trainer-turned-rescuer joins probe of massive die-off
HEALTH CARE
UPS ending coverage for many spouses
Business Day
U.P.S. to End Health Benefits for Spouses of Some Workers
NEW CHALLENGES. NEW RISKS. NEW SCIENCE
REUTERS
UPS cuts health coverage for spouses with other insurance option
ATLANTA BUSINESS CHRONICLE
Morning Edition
UPS to drop 15,000 spouses from insurance, cites Obamacare
HEALTH & SCIENCE
UPS to eliminate health insurance for some spouses
By Steven Greenhouse
NSA CAN SPY ON 75% OF U.S. NET TRAFFIC
DRUDGE REPORT
d hartley @donthebear 2h
@UPS I will never ship with you again as long as you deny your employees health care! GOODBYE!
Details
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Details

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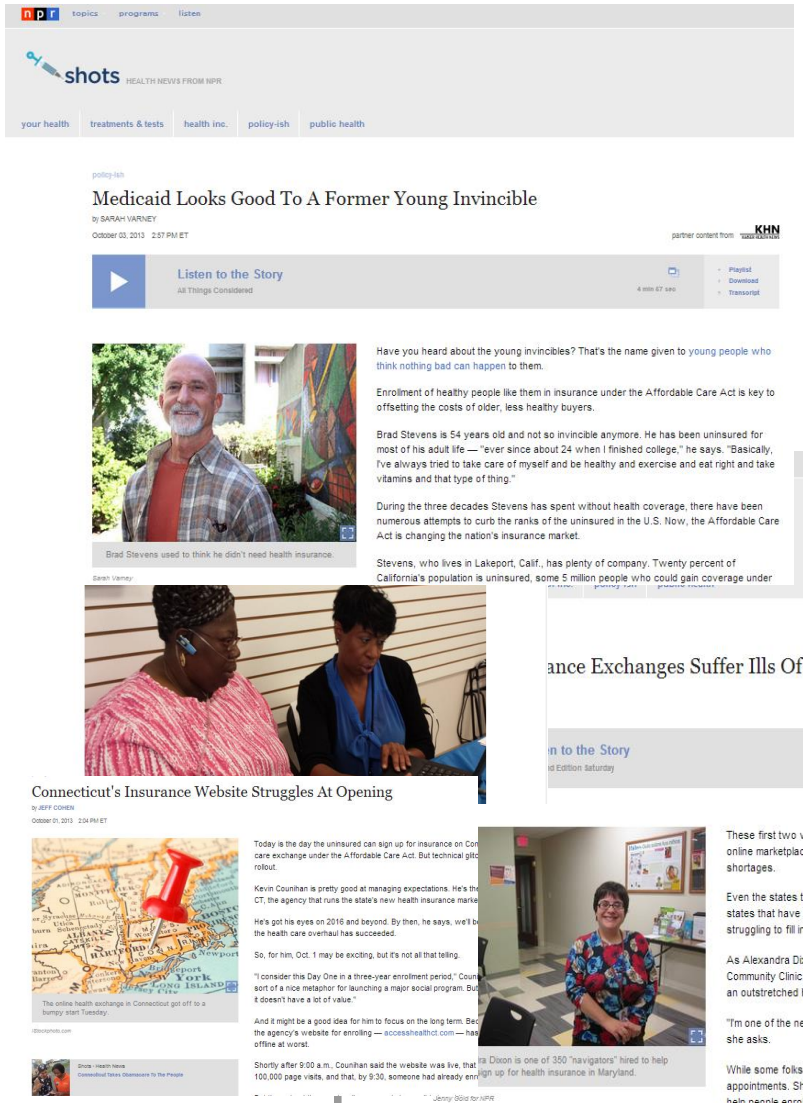
10/12/13	**"Health Insurance Exchanges Suffers Ills of Geography"**



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