2019 HEDIS® Measures
Reducing Potentially Preventable Readmissions (RPR)

HEDIS Measure Description
This performance measure assesses the percentage of inpatient acute care discharges with subsequent readmission to inpatient acute care within 30 days of the initial inpatient acute care discharge. Measure is specific to the Medicaid line of business.

***Plan All Cause Readmission (PCR) is very similar to RPR, but contains a risk adjustment factor as well.

Eligible Population
Members from birth-64 years of age at time of the discharge. Readmission rates are calculated for the following age stratifications:

- Less than one year
- One to 12 years
- 13 to 20 years
- 21 to 44 years
- 45 to 64 years

Exclusions
Discharges with a principal diagnosis of mental health or chemical dependency, or a principal diagnosis of live-born infant.

Strategies for decreasing readmissions
- Identify high hospital utilizers. Partner with the health plan if you need assistance in obtaining this data.
- Identify the underlying problem for readmission to the hospital.
- Know which populations might be at risk for readmissions.
- Postop complications
- Patients that have not presented to their PCP in follow up
- Medication nonadherence
- Recurrence of chronic conditions
  - Heart disease/heart failure
  - COPD
  - Pneumonia
- Include as part of the health care team patient advocates or family members to support the patients’ health goals and advise practices. This extra support could decrease exacerbations in conditions leading to admissions and readmissions.
- Refer members with chronic conditions to the Special Needs Unit at Aetna Better Health.
- Call the Special Needs Unit at 1-855-346-9828.

Quality Toolkit
Aetna Better Health® of Pennsylvania | Aetna Better Health® Kids
Strategies for decreasing readmissions (continued)

• For end-of-life care: involve hospice or home health providers to ensure patients don’t go to the hospital for non-emergent end-of-life care issues.
  - Provide patients and their family members with informed choices, opportunities for advance directives, and counseling may prevent painful and unnecessary admissions
• Utilize translators for patients with limited English proficiency.
• Utilize interpreters/sign language for deaf or hard of hearing patients. Refer members to Member Services at 1-866-638-1232 or PA Relay 7-1-1 for an interpreter or if the member is deaf or hard of hearing. Member services will get the member the help they need.
• Have various ways to communicate instructions to patients based on health literacy levels.
  - Videos
  - Pictures
  - Ensure written materials are no higher than a 5th grade reading level
• Partner with hospital to improve care coordination at discharge.
  - Schedule a follow up with the patient within seven days of discharge
  - Perform medication reconciliation
  - Review discharge instructions with patient
• Utilize home health care or tele-monitoring for chronically ill patients