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October 01, 2013 1:52PM

For hospitals, Obamacare rollout makes readmission penalties a top-of-mind priority

By [Mary Johnson](#)

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As hospitals across the country work to cut down on readmission rates and save themselves from steep penalties imposed by the Affordable Care Act, Jersey City Medical Center is tackling the problem from its emergency room.



Susan Walsh is part of Jersey City Medical Center's push to cut hospital readmission rates.

Like many other hospitals, it's struggling to support the "frequent fliers" who overuse its emergency services, said Dr. Susan Walsh, medical director of Jersey City Medical Center's accountable-care organization.

And when that same patient frequently returns to the ER, it causes a spike in the hospital's readmission rates, translating into hefty penalties to Medicare reimbursement under the ACA.

"Emergency rooms are not for managing chronic diseases," Walsh said. "We know, as health care workers, that it's not always the best choice for people."

So this month, Jersey City Medical Center launched a program that will connect those frequent flyers with paramedics outside the confines of an emergency phone call. Those emergency responders will reach out to patients and offer to come by their homes, educate them about their illness and check their houses for safety issues.

Readmission rates at Jersey City Medical Center "are high, and we don't want to be penalized," said Mark Rabson, the hospital's director of public affairs. "We made this a priority."

And it's working. Walsh said that program is one of several the hospital has put in place in response to the ACA and its penalty system. Exact numbers weren't immediately available, but Walsh said the hospital already has seen a decline in readmission rates.

Jersey City isn't alone. Hospitals across the state are working to establish programs and policies that will cut readmissions and keep penalties at bay — efforts that go beyond the creation of accountable-care organizations.

Accountable-care organizations, or ACOs, represent a new approach to health care delivery that seeks to coordinate medical care, engage patients in their own wellness, and improve health and control costs.

At Hackensack University Medical Center, officials have launched a program called EMMI, which uses automated phone calls to send patients reminders and to check in, said Cathy Abbott, who works in performance improvement at Hackensack.

For example, an automated call can ask patients with congestive heart failure if they remembered to weigh themselves. A

nurse monitors the responses the system records, and can follow up with a patient if there's anything of concern.

That program is its pilot stage now, and the hospital is looking to expand it, Abbott said. In addition, Hackensack has been meeting regularly with long-term care facilities and home care agencies to ensure continuity of care, said Dr. Charles Riccobonno, vice president and chief quality and safety officer at Hackensack.

Riccobonno said that can be critical in reducing readmission rates. When the hospital first began working with long-term care facilities, he would encounter situations in which, for example, a patient with congestive heart failure would receive care from a facility where the staff didn't know how to cook for someone who needs a low-salt diet — an issue that could send the patient right back to the hospital.

"There are so many things that go on outside the walls of the hospital ... that will increase that patient's likelihood of coming back," Abbott said. "It's really a big collaborative effort."

So far, it's paying off. With the efforts currently underway at Hackensack, the hospital has seen a 5 percent decline in its overall readmission rates — not just those for Medicare patients, Abbott said.

"We expect ... we'll see some more decreases in that," she said.

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