

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 701
(A-24)

Introduced by: Medical Student Section

Subject: Opposition to the Hospital Readmissions Reduction Program

Referred to: Reference Committee G

1 Whereas, the Hospital Readmissions Reduction Program (HRRP) was introduced in 2012 and
2 created mechanisms for the Centers for Medicare and Medicaid Services to evaluate and
3 penalize hospitals based on their readmission rates within 30 days for certain conditions such
4 as heart failure, heart attack, and pneumonia¹; and

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6 Whereas, while the goal of HRRP was to save costs due to reduced readmissions and improve
7 the quality of post-acute care and care coordination services, HRRP disproportionately
8 penalizes resource-limited hospitals that primarily care for socioeconomically disadvantaged
9 patients, further diminishing funding for health and social services for these communities²⁻⁴; and

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11 Whereas, HRRP historically imposed up to a 3% percent reduction in Medicare payments for
12 failure to meet ceiling readmission metrics relative to other hospitals, though hospitals were later
13 sorted into peer groups to adjust for socioeconomic conditions of patient populations⁵; and

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15 Whereas, a 2019 study found that even after peer-group stratification, over 75% of hospitals
16 that predominantly care for socioeconomically disadvantaged patients were still penalized⁶; and

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18 Whereas, multiple studies have found that HRRP was associated with increases in 30-day post-
19 discharge mortality for patients with congestive heart failure, chronic obstructive pulmonary
20 disease, and pneumonia, with thousands of excess deaths estimated⁷⁻⁹; and

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22 Whereas, a 2019 retrospective cohort analysis found that post-discharge emergency
23 department revisits and observation stays increased over the 3.5 year study period (+0.016 and
24 +0.022 per 100 patient discharges, respectively), exceeding the decline in readmissions (-0.013
25 per 100 patient discharges)¹⁰; and

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27 Whereas, a 2022 retrospective cohort analysis found that HRRP's purported reduction in
28 readmissions was actually almost entirely due to reclassifications of readmissions as
29 observation stays, and a 2019 analysis found that a significant portion of the reductions could
30 be explained by regression to the mean and not due to any success of HRRP¹¹⁻¹²; and

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32 Whereas, in 2018 and 2019 the AMA expressed concern to CMS about the need to re-evaluate
33 HRRP "due to emerging evidence that the program and the associated measures may be
34 leading to negative unintended patient consequences"¹³⁻¹⁴; therefore be it

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36 RESOLVED, that our American Medical Association oppose the Hospital Readmissions
37 Reduction Program. (New HOD Policy)

Fiscal Note: Minimal - less than \$1,000

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REFERENCES

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RELEVANT AMA POLICY

H-450.944 Protecting Patients Rights

Our AMA opposes Medicare pay-for-performance initiatives (such as value-based purchasing programs) that do not meet our AMA's "Principles and Guidelines for Pay-for-Performance," which include the following five Principles: (1) ensure quality of care; (2) foster the patient/physician relationship; (3) offer voluntary physician participation; (4) use accurate data and fair reporting; and (5) provide fair and equitable program incentives. [Sub. Res. 902, I-05; Reaffirmation A-06; Reaffirmation I-06; Reaffirmation A-07; Reaffirmed: BOT Rep. 22, A-17]