

ACP does not support this measure because it is not appropriately risk-adjusted. Recent literature identifies a set of patient characteristics for risk-adjustment that are significantly more robust than the characteristics currently used by CMS. The paper presented data indicating that the range in readmission rates (around 5%) between hospitals in the lowest quartile and hospitals in the highest quartile is cut in half when additional patient characteristics are included. ACP acknowledges that readmission rates are not entirely independent of provider control; however, NQF #0330 employs a measurement period (30 days) that is more likely to be influenced by outside factors than a shorter interval, such as 7 days. Furthermore, this measure could have immediate financial impact on hospitals, and without accurate risk-adjustment, patient populations that need more care are going to be penalized. Targeting readmission rates would require significant resources to make minimal impact, but the hospitals that need the most impact have the most limited resources.

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