# Plan All-Cause Readmission (PCR)

## HEDIS® Measurement Year 2024

**Measure description**: For members 18 years of age and older, the number of acute in-patient and observation stays on or between January 1 and December 1 of the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

- For commercial and Medicaid members aged 18-64 years as of the date of discharge.

**The following will not be counted in the measure population:**

- A principal diagnosis of a condition originating in the perinatal period
- Female members with a principal diagnosis of pregnancy
- Members who have an Index Admission Date the same as Index Discharge Date
- Members with four or more IHS during the measurement year
- Planned admissions for chemotherapy, rehabilitation, organ transplant, or a potentially planned procedure
- The member died during the stay

### 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
- Our special programs help members deal with chronic diseases or high-risk factors. Our care managers will give member resources to help. Members will also get one on one health coaching and special care. Please refer members Member Services for more information.
    - Member Services: **1-800-279-1878 (TTY: 711)**
- 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.
- Utilize translators for patients with limited English proficiency
- Utilize interpreters/sign language for deaf or hard of hearing patients
- Have various ways to communicate instructions to patients based on health literacy levels
    - Videos
    - Pictures
    - Ensure written materials no higher than a sixth-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