

Report for  
**County of San Diego, HHSA**



## **FEE-FOR-SERVICE READMISSIONS REPORT**

**Date:**  
February 7, 2012

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### Disclosure

*All admission data is based off authorizations in Anasazi. Readmissions data is based off of discharge date and an admission within 30 days.*

## Introduction

When most patients leave the hospital they often don't think about returning. However, some people find themselves in the hospital within 30 days. Some readmissions may be planned events, and others may be part of dealing with certain mental illnesses or conditions. OptumHealth San Diego Public Sector decided to look into the readmissions for the Fee-For-Service (FFS) Hospitals and found that the 30-day readmission rates are high in comparison to the national rates.

## Background

For FY10-11 the Fee-For Service readmission rate was 25.25%, below San Diego County's rate of 31%. This is double the national average rate of 12% reported by the Centers for Medicare & Medicaid Services (CMS).

## Readmission Methodology

There are two methods to determine readmissions, **Event-Based** readmissions and **Client-Based** readmissions. There are variances in rates between the two methods because each method measures different aspects of readmissions.

The current method to count readmissions is the Event-Based method which counts every readmission then divides it by the total number of admissions. In FY10-11, there were a total of 1,130 readmissions out of 4,474 admissions.

## Highlights

- 1 out of 4 people admitted to a hospital returns within 30 days of discharge
- 48% of all admissions are from people who are readmitted multiple times in one year
- Total acute and admin cost for 502 clients that readmit: \$8M
- Average cost per person for re-admitters for acute days and administrative days: \$16,127. Total cost for group non re-admitters: \$4,813
- 71% of patients who readmit are diagnosed with a Schizophrenic spectrum disorder

*Total Number of Readmissions Divided by Total Admissions = Readmission Rate (%)*

Event-Based →  $1,130 \div 4,474 = 25.25\%$

The Client-Based method focuses on unique (unduplicated) clients who were hospitalized. The formula is to divide the unique clients with readmissions by the total number of clients with admissions. In FY10-11 there were a total of 502 unique clients who had readmissions out of 2,146 clients with admissions.

*Unique Clients with Readmissions Divided by Total Clients with Admissions = Readmission Rate (%)*

Client-Based →  $502 \div 2,146 = 23.39\%$

In this report we will use the **Client-Based** readmission method. The benefit of using a Client-Based method is to be able to narrow the data to a particular set of unduplicated individuals in the system. With this analysis we hope to gain new insight into this group of patients to be able to understand who they are and how they utilize services.

## Definitions

**Groups:** For the purposes of this report we will look at two groups:

- Group A are clients with 30 day readmissions.
- Group B are clients with no readmissions or readmissions that fell outside of the 30 day readmissions range.

**Readmissions:** Readmission rate is defined as the number of patients who had at least one readmission within a 30 day period.

## Findings

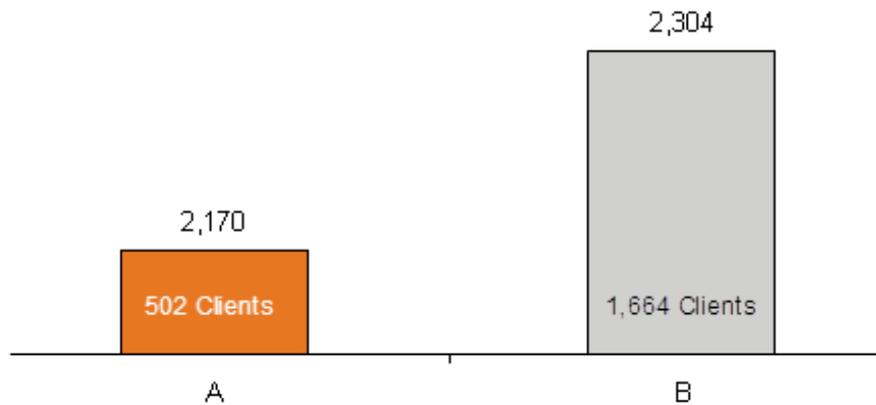
### ADMISSIONS & READMISSIONS (FY 2010/2011)

- The table below shows that out of 4,474 admissions, group A had 48% of all admissions that year.

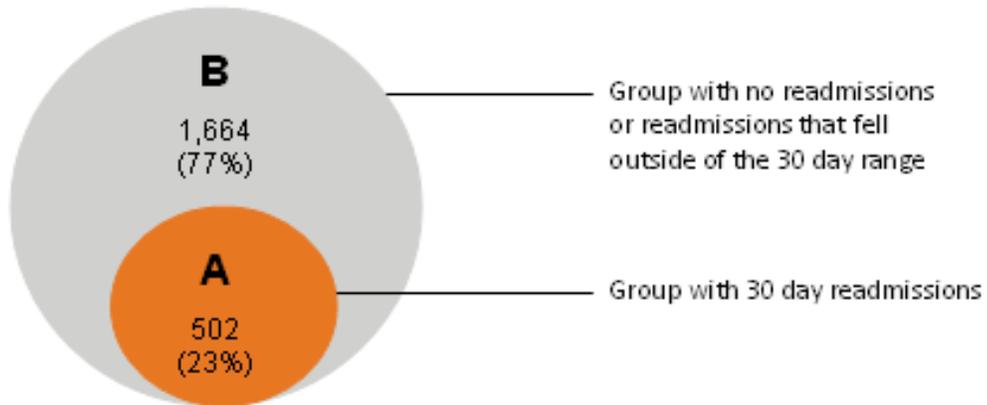
#### PERCENTAGE OF READMISSIONS BY GROUP

Group	Client Count	Admissions	% of Admissions
A	502	2,170	48.50%
B	1,644	2,304	51.50%

#### TOTAL NUMBER OF ADMISSIONS BY GROUP



- Group A represents 23% of the population admitted to the hospital.



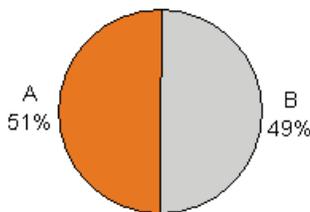
**Summary:**

23% of the patients admitted to the hospital are readmitted within 30 days. They represent 48% of the admissions in one year.

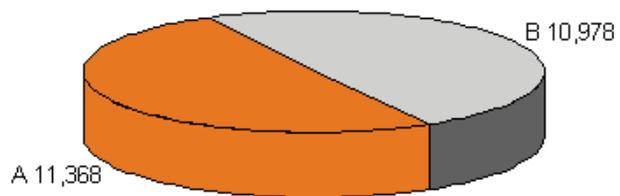
**YEARLY ACUTE AND ADMIN DAY UTILIZATION AND COST**

- Group A represents 51% of the population that utilizes acute days. The cost for group A is about 8 million dollars, the cost for group B is about \$180,000 dollars less.

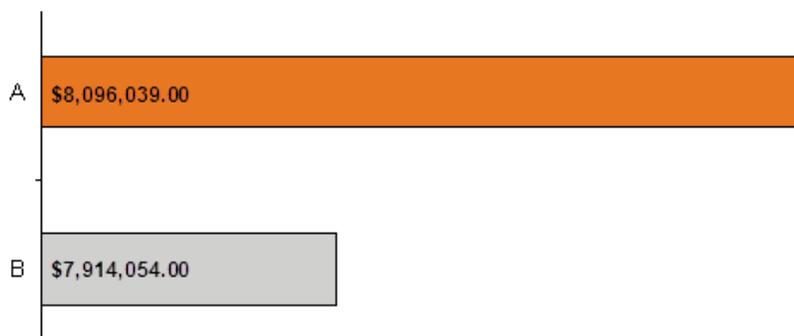
Percentage of Acute Days by Group



Acute Days by Group



Total Cost: Acute and Admin

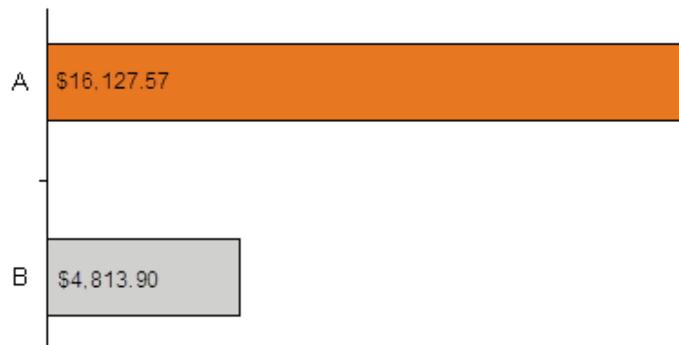


### Cost of Acute and Admin Days by Group Table

Group	Total Client Count	Acute Days	Acute Cost (\$578 per day)	Admin Days	Admin Cost (\$511 per day)	Total Cost Acute and Admin	Average Cost per person
A	502	11,368	\$6,570,704.00	2,985	\$1,525,335.00	\$8,096,039.00	\$16,127.57
B	1,644	10,978	\$6,345,284.00	3,070	\$1,568,770.00	\$7,914,054.00	\$4,813.90

- The average cost per person for acute days and administrative days for group A is \$16,127.57. The total cost for group B is \$4,813.90.

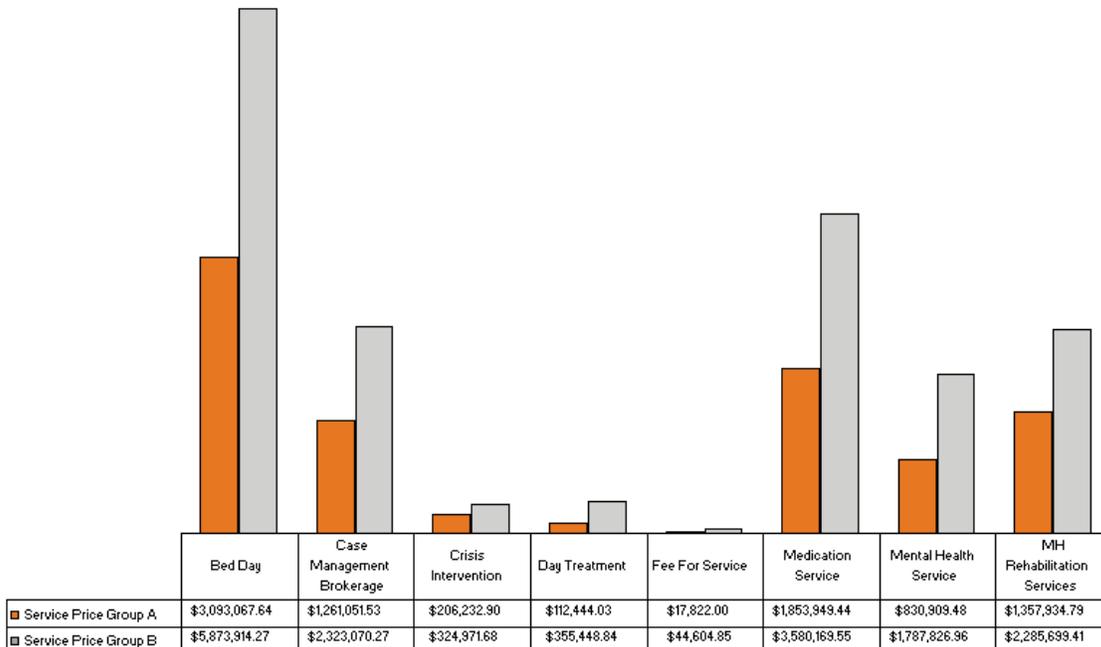
### Average Cost Per Person Per Group



### Summary:

23% of patients utilize 51% of acute days and 49% of admin days. The group's cost for these patients is \$8 million dollars.

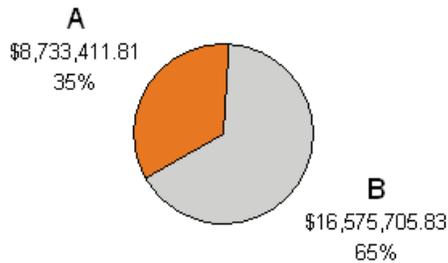
### YEARLY COST OF MENTAL HEALTH SERVICES BY GROUP



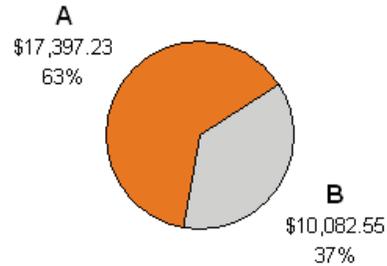
## YEARLY COST OF MENTAL HEALTH SERVICES BY GROUP AND INDIVIDUAL

- Group A utilizes 35% of the mental health services on the table above. The cost per person for that group is 63% more than for group B.

Mental Health Service Cost by Group



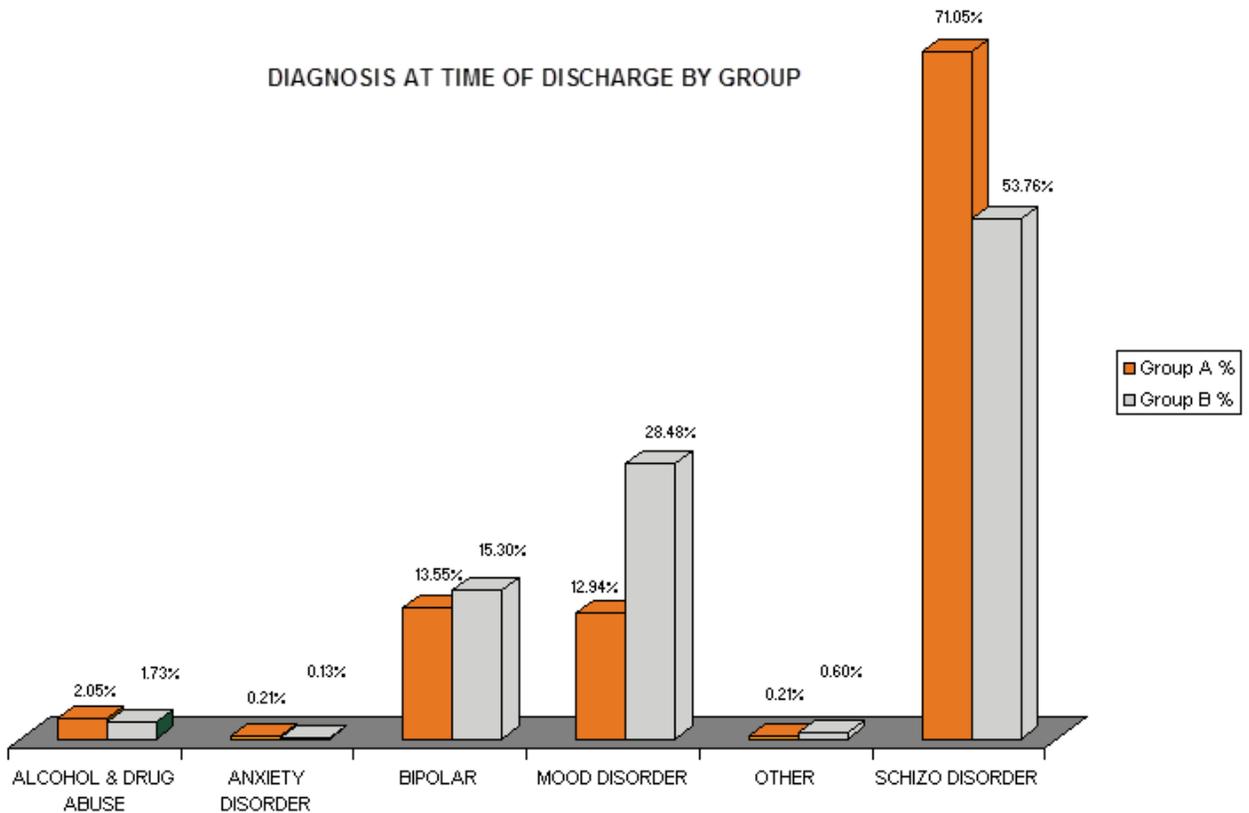
Total Cost of Mental Health Services per Client



## DIAGNOSIS INFORMATION BY GROUP

- In group A 71% of patients are diagnosed with a schizophrenic spectrum disorder versus 54% in group B. Group B has 45% more patients with mood disorders than group A.

DIAGNOSIS AT TIME OF DISCHARGE BY GROUP



## LIVING SITUATION BY GROUP

- When comparing group A to group B, both groups share similar living situations except in the house or apartment category or in the SNF/ICF/IMD category.

Living Situation	Group A	Group B
House or Apartment	28.09%	42.81%
House or Apt w/ Support	14.74%	17.48%
Board & Care Adult	11.55%	8.04%
Homeless/In Shelter	10.36%	8.04%
SNF/ICF/IMD	10.16%	3.84%
House/Apt w/Supv Daily/ILF	8.76%	6.27%
Other	6.57%	5.18%
Resid Tx/Crisis Ctr - Adult	5.58%	3.96%
Sub Abuse Resid Rehab Ctr	1.20%	0.85%
Other Supported Housing Pgm	0.80%	0.67%
Unknown	0.80%	1.89%
Inpatient Psych Hospital	0.40%	0.12%
MH Rehab Ctr (Adult Locked)	0.40%	0.18%
Correctional Facility	0.20%	0.49%
Group Home (Child Lvl 1-12)	0.20%	0.12%
State Hospital	0.20%	0.06%

## CONCLUSION

Data suggests that 1 out of 4 people admitted to a hospital return within 30 days of discharge and that 48% of all admissions are from people who are chronically readmitting multiple times in one year. The total acute and admin cost for 502 clients that readmit is 8 million dollars.

Using the Client-Based 30 day readmission method identified a group that utilizes extensive inpatient services and is very costly to the mental health system in San Diego County. Group A also appears to be a very ill population with 71% of patients showing a Schizophrenic spectrum disorder diagnosis. These patients show long lengths of acute stays, increased administrative days, and utilization of the Lanterman Petris Short (LPS) Conservatorships & Institute for Mental Diseases (IMD).

## **NEXT STEPS**

To understand the needs of the Frequent Re-admitter (FR) patients we propose the following:

- Examine demographic information for these clients for FY 2010-2011
- Examine Group A to find out subsets of FR clients
- Examine demographic information, diagnosis, and service use by category as well as cost for the FR clients
- Present a list of recommendations to address the needs of group A
- Fiscal Year 2011/2012
  - Examine utilization for the same two groups for the next fiscal year to trend and track changes in inpatient utilization or utilization of other services.