



**Association of
American Medical Colleges**

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Darrell G. Kirch, M.D.
President and Chief Executive Officer

June 11, 2014

The Honorable Joe Manchin
United States Senate
306 Hart Senate Office Building
Washington, DC 20510

The Honorable Roger Wicker
United States Senate
555 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Bill Nelson
United States Senate
716 Hart Senate Office Building
Washington DC 20510

The Honorable Mark Kirk
United States Senate
524 Hart Senate Office Building
Washington, DC 20510

Dear Senators Manchin, Wicker, Nelson, and Kirk:

On behalf of the nation's medical schools and teaching hospitals, I write to offer the Association of American Medical Colleges' (AAMC) support for *Hospital Readmissions Program Accuracy and Accountability Act*. This important bipartisan legislation will help to ensure that hospitals treating our nation's most medically complex and vulnerable patients are not unfairly penalized by the Hospital Readmission Reduction Program (HRRP).

The AAMC is a not-for-profit association representing all 141 accredited U.S. medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and nearly 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 128,000 faculty members, 83,000 medical students, and 110,000 resident physicians.

Reducing readmissions is a key priority for all hospitals and the AAMC is leading efforts to understand and reduce preventable readmissions in our member institutions. The causes of readmissions are complex, yet strong evidence clearly links low socioeconomic status to higher rates of readmission. Socioeconomic status is associated with access to primary and mental health care, familial and social support networks, and availability of stable housing and nutrition – all of which affect adherence to care regimens, health outcomes, and thus the possible need to be readmitted to the hospital.

Senators Manchin, Wicker, Nelson, and Kirk

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Page 2

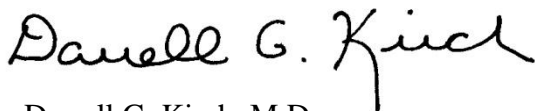
The HRRP requires the Centers for Medicare and Medicaid Services (CMS) to penalize hospitals with “excess” readmissions compared to expectations. In the first two years, we have seen a clearly disproportionate impact on hospitals serving low-income populations. Because the current HRRP does not account for the socioeconomic status of patients served, hospitals serving the most vulnerable are dramatically more likely to incur the greatest penalties, and are the least likely to avoid penalties altogether. This means that for reasons mostly beyond their control, hospitals treating the most disadvantaged patients have even fewer resources to dedicate to care coordination efforts aimed at preventing those readmissions that are avoidable.

Your legislation requiring CMS to risk adjust the HRRP to account for socioeconomic status will more accurately measure quality of care and is an essential improvement to the HRRP. We particularly appreciate the legislation’s specific instruction to the Secretary to account for patient income and education status, and area poverty rates, to the extent practicable. AAMC supports efforts to expand and refine this type of data collection to make such risk adjustment even more nuanced over time, and this legislation appropriately accounts for that evolution.

Though the impact of socioeconomic status on hospital readmissions rates is clear, the actual methodology for risk adjustment is inherently complex. The differences between the raw data and the adjusted scores are therefore nuanced, and difficult to interpret without detailed understanding. It is for this reason that we cannot endorse the provision of your legislation that requires CMS to publish both adjusted and unadjusted data on hospital readmissions rates on its website, though we would support the dissemination of such data to researchers upon request.

Again, thank you for your work on this important legislation. The AAMC applauds your leadership and greatly appreciates your addressing the hospital readmissions issue. I look forward to working with you in support of its passage.

Sincerely,

A handwritten signature in black ink that reads "Darrell G. Kirch". The signature is written in a cursive style with a large, prominent "K".

Darrell G. Kirch, M.D.