CAPSULE COMMENTARIES

Capsule Commentary on Gidwani et al., CMS Reimbursement Reform and the Incidence of Hospital-Acquired Pulmonary Embolism or Deep Vein Thrombosis

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Gidwani and Bhattacharya investigated the impact of reimbursement structure on hospital-acquired pulmonary embolism (PE) or deep vein thrombosis (DVT).¹ A Medicare pay-for-performance initiative no longer reimburses hospitals for care of PE or DVT acquired as the result of surgery. This reform may reduce payer costs while improving patient outcomes. Previously, payment mechanisms had perverse incentives; hospitals were paid more when patients acquired these surgical complications.

Previous analyses of the impact of Medicare pay-for-performance schemes on patient outcomes have largely focused on voluntary participation programs² where hospitals may have selected into the treatment groups based on anticipated benefits, making control groups difficult to establish. This initiative covers all hospitals. The authors compared PE and DVT rates before and after reform between a treated group (Medicare enrollees aged 65–69 years), and three comparison groups: privately insured patients aged 65–69 years, patients aged 60–64 years, and non-Medicare enrollees aged 65–69 years. The authors found a 35% decrease in PE and DVT rates when comparing Medicare enrollees to the younger group, but no differences when comparing to control groups of similar ages.

The key assumption for this differences-in-differences method is that the trends in the control group reflect what would have happened in the treatment group in the absence of treatment. The payment reform roughly coincides with the

most recent recession, and PE and DVT rates are higher for those working-age adults in quarters unaffected by the recession.

The authors posit they find no effect using the same-age control group since hospitals may provide prophylaxis to all patients over 65 after Medicare reform after intervention. Symmetrically, the impact of the policy may have decreased prophylaxis rates in the under-65 age group; there was a dramatic increase in these potentially hospital acquired conditions in the control group. Previous examination of this payment reform also found no impact on catheter-associated infections within the treated group.³ If costly hospital resources (such as nurse's time for mechanical prophylaxis) were diverted from patients under the age of 65 in favor of the Medicare enrollees, pay-for-performance schemes may have unexpected consequences and thus limited implications for promoting efficiency in hospital settings.

Conflict of Interest: The author has no conflict with any of the materials in this manuscript.

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