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CORRECTION

Correction to: Implications of Payment for Acute Myocardial Infarctions as a 90-Day Bundled Single Episode of Care: A Cost of Illness Analysis

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A peer-reviewed video abstract and a peer-reviewed plain language summary were retrospectively added to this publication.

Plain Language Summary

Around 805,000 heart attacks occur annually in the US. With an average age over 65 years, many heart attack patients qualify for Medicare health insurance. Under Medicare, hospitals (or 'providers') receive reimbursements for the cost of care associated with 'acute care episodes' (e.g., heart attacks) as a 'bundled' payment. The bundled reimbursements are typically based on pre-defined prices, with hospitals paying the difference if actual costs exceed these. Reimbursements are typically given for care costs from the initial heart attack through to hospital discharge and care in the 30-day post-discharge period. However, recently introduced reimbursement models such as BPCI Advanced have moved to expand this to 90 days. Since follow-up care and additional cardiovascular readmissions are common beyond 30 days, extension of the reimbursement period to 90 days could increase financial risk to hospitals/providers if these additional costs are not included in reimbursements. To assess the potential impact of this, we investigated the cost of illness for heart attack and the implication of type of care: medical management (standard medication given after heart attack) vs. percutaneous coronary intervention (PCI; standard medication plus a non-surgical procedure to widen heart blood vessels). We found that 90-day costs after heart attack are substantial regardless of type of care. We found that post-discharge costs were generally high, but higher for medically managed patients than those receiving PCI. Our analysis also suggests Medicare disease classifications associated with lowest payments for heart attack (and presumably, lowest hospitalization costs) are associated with the highest post-discharge expenditures. Overall, our study suggests that new payment models should account for variable post-discharge care costs, and new therapies are needed to reduce additional events, readmissions, and associated costs in heart attack patients.

The original article has been updated.

The original article can be found online at https://doi.org/10.1007/s41669-022-00328-4.

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