

3M™ Potentially Preventable Readmissions (PPR) Grouping Software

- Identifies both potentially preventable readmissions (PPRs) and emergency department visits (PPR EDs) after an inpatient stay using powerful clinical grouping logic
- Allows users to define the interval after inpatient discharge for analysis of these potentially preventable events
- Provides a more complete capture of potentially preventable returns for acute care, and thus serves as a more complete basis for quality initiatives and outcomes-based payment

The 3M advantage

With the 3M Potentially Preventable Readmissions (PPR) Grouping Software, 3M takes a comprehensive approach to identifying clinically related and potentially avoidable readmissions and emergency department (ED) revisits.

The 3M software uses clinical logic to determine the likelihood that a readmission or ED revisit could be clinically related to a prior inpatient admission and excludes those for clinically unrelated conditions and extremely complex conditions for which preventability is hard to determine—such as trauma, certain cancers and burns.

The result? The 3M PPR Grouping Software provides detailed data to show the impact and possible reasons for potentially preventable hospital readmissions and ED revisits.

The challenge: Different definitions, different methods

Quality is a priority for every healthcare organization. The challenge is to balance quality of care with fiscal responsibility, which has led to the emergence of outcomes-based payment and public reporting.

Since a key goal of inpatient care is to help patients stay out of the hospital and ED after discharge, one measure of quality is readmission rate. Because readmissions directly impact resource utilization, they have also become a financial measure, as public and commercial health plans set rewards and penalties for hospitals with lower- or higher-than-average rates of preventable hospital readmissions and ED revisits.

Health plans and policymakers have defined readmissions in several ways. Some count any readmission while others consider only those that are clinically related to a prior admission, and in the case of 3M PPRs, those that are clinically related and potentially preventable. And each definition can specify different readmission windows—typically 7, 15 or 30 days after discharge. ED revisits following a hospitalization are an important extension in the evaluation and measurement of healthcare quality.

The 3M solution

Not all readmissions or ED revisits are preventable. Some readmissions are planned, some readmissions or ED revisits are not clinically related to a prior admission, and others cannot be prevented even with optimal care. Those that can be prevented represent a huge opportunity to improve quality and efficiency. The key is to determine which events are clinically related and potentially preventable.

The 3M PPR Grouping Software identifies potentially preventable events based on clinically precise criteria. It determines whether a readmission or ED visit is clinically related to a prior admission based on the patient's diagnosis and procedures in the prior admission and the subsequent admission or ED revisit. It is a powerful tool for identifying readmissions that potentially could have been prevented with better inpatient care, discharge planning and coordinated follow up.

3M™ Potentially Preventable Readmissions Grouping Software

By accommodating a wide range of conditions, including the capture of PPR EDs, the 3M PPR Grouping Software can provide a comprehensive view of readmission and ED revisit patterns and a focused insight into related acute events within a user-defined window (i.e., 7, 15 or 30 days) following discharge. Results can be compared across hospitals or physicians, establishing a fair basis for reporting hospital performance or developing payment models.

Key benefits

The 3M PPR model builds on the foundation of the **3M™ APR DRG Classification System** for its logic and specifications and then uses the 3M APR DRGs again as part of its risk-adjustment methods. For risk adjustment, the PPR EDs start from the base 3M APR DRG categories; the 3M PPRs also use the 3M APR DRG severity of illness level, an important differentiator for inpatient readmissions. The model also enables the use of other critical risk-adjustment factors, such as major mental health or substance abuse problems, age and payer type, when present in the data set.

And importantly, the 3M PPR Grouping Software provides reason codes that explain why a readmission or an ED revisit was or was not considered potentially preventable.

Thanks to its many features, the 3M PPR methodology can help meet the needs of hospitals, payers and patients to:

- Understand why readmissions and ED revisits may be considered potentially preventable and thus adapt care delivery to improve quality
- Create chains of related readmissions or groups of related ED revisits after a prior inpatient discharge to avoid double counting
- Provide more accurate calculation of at-risk hospitalizations that were followed by potentially preventable events
- Focus resources effectively, reducing waste and overhead
- Support a fair payment model
- Deliver cost-effective care
- Compare PPR or PPR ED rates by provider, service line or hospital
- Build patient satisfaction

Call today

For more information on how 3M software and services can assist your organization, contact your 3M sales representative, call us toll-free at **800-367-2447**, or visit us online at **www.3M.com/his**.



Health Information Systems
575 West Murray Boulevard
Salt Lake City, UT 84123 U.S.A.
800 367 2447

www.3M.com/his

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Easy integration

The 3M PPR Grouping Software is delivered through flexible batch processing tools, including the **3M™ Grouper Plus Content Services** and the **3M™ Core Grouping Software**. Output can be integrated into a database application or information system.

The 3M PPR Grouping Software is part of a larger suite of tools that measure potentially preventable events. It is complemented by the **3M™ Potentially Preventable Complications (PPC) Software**, for identifying preventable inpatient complications, and the **3M™ Population-focused Preventables Software**, which at a population level identifies potentially avoidable hospital admissions, ancillary services and ED visits.

Product features

- Grouping results show:
 - Hospitalizations or ED visits considered to be potentially preventable (PPRs and PPR EDs)
 - Readmissions and ED visits not considered potentially preventable
 - Reason codes that describe why an encounter was or was not determined to be potentially preventable
- Creates an ASCII-formatted output file, which can then be used for reporting and analysis
- Identifies patients with major mental health issues and substance abuse, which increase risk of return
- Includes timely software updates and expert support to assist with implementation

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