

Journal 8

This week in lecture, our class discussed centers for Medicare and Medicaid and the process of quality control. We learned about how hospitals make their large source of income, such as diagnosis related groups. Providers are paid a specific amount per patient admission, regardless of how much it costs to care for their condition. Doctors have many ins and outs of knowing how they will make the most significant amount of money. Our instructor used the example of doctors being resistant about performing surgery on a patient who is non-compliant with dialysis, because they won't make a large sum of income from it. According to Chatterjee & Werner (2019), safety-net hospitals are more likely to be penalized for higher-than-expected readmission rates compared to non-safety-net hospitals. Safety net hospitals will also face larger financial consequences when penalized than non-safety net-hospitals. The article goes on to further explain the consequences of these penalties, which are described as real and far-reaching. Penalizing or withholding payments may cause further harm to decreasing financial margins. This makes it more difficult to enhance quality improvement efforts needed to avoid penalties (Chatterjee & Werner, 2019). This week I am proud of myself for being productive over spring break. This week after lecture I realized that I have a lot of learning to do about Medicare/Medicaid services.

Chatterjee, P., & Werner, R. M. (2019). The hospital readmission reduction program and social risk. *Health Services Research*, 54(2), 324–326. <https://doi-org.proxy.cc.uic.edu/10.1111/1475-6773.13131>