

CORRECTION

# Correction: A quality improvement initiative for COPD patients: A cost analysis

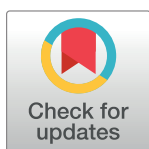
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There is an error in [Table 3](#). The information in the Reference column in rows 15–18 is incorrect. Please see the correct [Table 3](#) here.

**Table 3. Budget impact model values & references.**

Value	Description	Reference
21.0%	30-Day readmission rate for the overall patient cohort in a 3-month timeframe preceding ICP implementation (Pre-ICP)	Alabama Integrated Care Program. 2016–2018
61.0%	31–90 Day hospitalization rate for the overall patient cohort in a 3-month timeframe preceding ICP implementation (Pre-ICP)	Alabama Integrated Care Program. 2016–2018
16.0%	30-Day readmission rate in a 3-month timeframe preceding ICP implementation for a patient cohort who enrolled in ICP that were not prescribed NIV (ICP)	Alabama Integrated Care Program. 2016–2018
11.0%	30-Day readmission rate for an ICP patient cohort after ICP implementation	Alabama Integrated Care Program. 2016–2018
111.4%	31–90 Day hospitalization rate in a 3-month timeframe preceding ICP implementation for a patient cohort who enrolled in ICP that were not prescribed NIV (ICP)	Alabama Integrated Care Program. 2016–2018
0.0%	30-Day readmission rate in a 3-month timeframe preceding ICP implementation for a patient cohort who enrolled in ICP that were prescribed NIV (ICP + NIV)	Alabama Integrated Care Program. 2016–2018
6.3%	30-Day readmission rate for an ICP + NIV patient cohort after ICP implementation	Alabama Integrated Care Program. 2016–2018
100.0%	31–90 Day hospitalization rate in a 3-month timeframe preceding ICP implementation for a patient cohort who enrolled in ICP that were prescribed NIV (ICP + NIV)	Alabama Integrated Care Program. 2016–2018
9.1%	31–90 Day hospitalization rate for an ICP + NIV patient cohort after ICP implementation	Alabama Integrated Care Program. 2016–2018
10.2%	Mortality rate of all patients after enrolling in the ICP	Alabama Integrated Care Program. 2016–2018
\$6,971	CMS Reimbursement to a US hospital for a patient admission (excluding 0–30-day readmissions)	CMS "Medicare charge in-patient summary" for DRG 190 with MCC FY2016 within national summary FY2016 (Updated August 2018)
\$1,057	CMS Reimbursement to home medical equipment provider (HME) for NIV (AVAPS-AE (Trilogy 100)) device, supplies and supportive care (per month)	2019 CMS Average. CPT code E0465, E0466
\$11,400	Cost per Readmission (within 30-days of initial admission)	American Hospital Network, 2016 Assume ~8% yearly increase

(Continued)



## OPEN ACCESS

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Table 3. (Continued)

Value	Description	Reference
\$10,862	Cost per Hospitalization (All-cause admission)	American Hospital Network, 2016 Assume ~8% yearly increase
\$17,600	Cost to HME of NIV (AVAPS-AE (Trilogy 100)) acquisition	Philips Trilogy 100 MSRP
\$14.74	Cost to HME of NIV (AVAPS-AE (Trilogy 100)) repair Default value of \$13.90 was obtained using the following formula: 10.5% of the devices require some type of repair/service (after year 2) * \$132/avg repair cost per unit (inflated to 2018 values)	Philips-reported repair rates (obtained, 2018)
\$1,036	Cost to HME of NIV (AVAPS-AE (Trilogy 100)) supplies (annual) Filters, bacteria (22mm), single use 50-pack (MSRP \$160.00) at 2 packs used per year = \$320.00 per year; Disposable circuits (adult non-invasive passive, disposable, non-heated 10-pack) (MSRP \$83.80) at 2 packs per year = \$167.60 per year; NIV mask (MSRP \$274) at 2 per year = \$548.00. Annual TOTAL supplies costs = \$320.00 + \$167.60 + \$548 = \$1,035.60	AVAPS-AE (Trilogy 100) Supplies MSRP (obtained, 2018)
\$1,290	Annual cost to HME of NIV (AVAPS-AE (Trilogy 100)) supportive care	<ul style="list-style-type: none"> <li>• RT site visits (\$75 per visit): 5 visits in first month; one visit per month for next 11 months</li> <li>• Phone call to patient (\$15 per call): 5 min average plus 15 min for documentation; 6 calls per year</li> <li>• 1.5 hour for initial setup plus mileage and documentation</li> </ul>

<https://doi.org/10.1371/journal.pone.0249844.t001>

## Reference

1. Trout D, Bhansali AH, Riley DD, Peyerl FW, Lee-Chiong TL Jr (2020) A quality improvement initiative for COPD patients: A cost analysis. PLoS ONE 15(7): e0235040. <https://doi.org/10.1371/journal.pone.0235040> PMID: 32628684