

Hospital Readmission Rates



According to results of a study published in *JAMA Internal Medicine*, social and clinical characteristics of a hospital's patient population may have an impact on a hospital's readmission rates.

Medicare penalises hospitals that have higher than expected rates of readmissions within 30 days of discharge. The penalties are imposed to ensure hospitals make an effort to improve quality of care and focus more on proper discharge planning. Medicare levied penalties accumulating to \$428 million on 2600 hospitals in 2014. The largest penalties were imposed on hospitals that serve disadvantaged communities.

Researchers from Harvard Medical School's Department of Health Care Policy conducted this study to determine if there was a possibility that it was not the hospitals doing a worse job for treating patients but instead the people who use the hospital were at a higher risk of readmission due to their socioeconomic and clinical status.

The standard Medicare formula to determine admissions includes patient age, sex and diagnoses. Under this formula, the best-performing hospitals have 4.4 percent fewer readmissions than the worst-performing hospitals. However, the researchers found that variables such as self-reported health, cognition, functional status, social demographic variables such as race and ethnicity, income and educational attainment also have an impact on this rate and can cut the difference to nearly half (2.3 percent).

"The readmissions reduction program is designed to penalise hospitals for poor quality of care, but our findings suggest that hospitals are penalised to a large extent based on the patients that they serve," said J. Michael McWilliams, HMS associate professor of health care policy and medicine, a practicing internist at Brigham and Women's Hospital and senior author of the study.

The researchers used nationally representative survey data and linked Medicare claims to assess 29 characteristics not included in standard adjustments as potential predictors of 30-day readmission. Their findings revealed that there was a significant difference in the distribution of those characteristics between hospitals with higher vs. lower readmission rates. They also compared the readmission rates of hospitals before and after adjusting for the comprehensive patient profile.

Findings from this study suggest that those hospitals that treat the sickest and most vulnerable patients lack the resources needed to take better care of such patients. The study authors point out that there are solutions that could be implemented to reduce readmissions and improve the quality of care without exacerbating disparities by penalising hospitals that treat sicker patients. They cite legislation that recommends considering the effects of clinical and social characteristics when determining hospital performance.

"Hospital readmissions are complex and can result from any number of factors, like poor health literacy or lack of access to transportation," Barnett said. "Therefore, it's crucial to have a comprehensive picture of patients' social and clinical context when assessing hospital quality."

Source: Harvard Medical School

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