



In the Literature

Highlights from Commonwealth Fund-Supported Studies in Professional Journals

Community Factors and Hospital Readmission Rates

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Authors: Jeph Herrin, Justin St. Andre, Kevin Kenward, Maulik S. Joshi, Anne-Marie J. Audet, and Stephen C. Hines

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Contact: Jeph Herrin, Ph.D., Division of Cardiology, Yale University School of Medicine, jeph.herrin@yale.edu, or Mary Mahon, Assistant Vice President, Public Information, The Commonwealth Fund, mm@cmwf.org

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Synopsis

A majority of the variation seen in U.S. hospitals' readmission rates for heart attack, heart failure, and pneumonia can be explained by hospitals' location. Community factors most strongly associated with lower hospital readmission rates include more general practitioners and fewer specialists per capita and the presence of high-quality nursing home care.

The Issue

Readmission to the hospital shortly after discharge has been recognized as an indicator of poor health system coordination. Since 2009, the Centers for Medicare and Medicaid Services has been publicly reporting 30-day readmission rates for heart attack, heart failure, and pneumonia. And in 2013, Medicare began linking payments to hospitals to how well they perform on these measures, leading hospitals to focus on improving their rates. Previous studies have looked for relationships between readmission rates and hospital characteristics, like size or teaching status, or patient-level factors, like race or health literacy. This article, supported by The Commonwealth Fund, looks at the association between readmission rates and local community characteristics.

"The current readmission reduction program that aims to penalize hospitals whose readmissions are above a certain threshold may not be appropriate."

Key Findings

- Almost 60 percent of the variation in U.S. hospital readmission rates can be explained by the county where a hospital is located. Individual hospital performance accounts for only two-fifths of the variation for the three conditions examined.
- Having high percentages of residents who are Medicare beneficiaries, are unemployed, or have never been married is associated with higher hospital readmission rates. However, an area's designation as a "retirement destination" was associated with lower rates—a possible reflection of higher socioeconomic status among the Medicare population and a community geared toward caring for older people.

- Higher numbers of general practitioners per capita were associated with lower readmission rates, while higher numbers of specialists were associated with higher readmission rates.
 - In counties where nursing home quality was higher (as measured by multiple indicators), readmissions were lower.
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Addressing the Problem

If community factors explain a substantial amount of the variation in hospital readmission rates, then programs that penalize hospitals with readmission rates above a certain threshold may not be appropriate, the authors say. Other initiatives might be more effective, such as the Affordable Care Act's Community-Based Care Transitions Program, which allows community-based organizations to receive a bundled payment that covers the costs of services needed to help patients transition from hospital to home.

About the Study

The authors examined all hospitals with publicly reported 30-day readmission rates for patients with acute myocardial infarction, heart failure, or pneumonia who were discharged between July 1, 2007, and June 30, 2010. Readmissions data were then linked with publicly available county data from the Area Resource File, the U.S. Census, Nursing Home Compare, and the Nielsen PopFacts data set. The final sample included 4,073 hospitals.

The Bottom Line

Population characteristics at the county level explain a large portion of the variation in hospital readmission rates for certain major medical conditions. Instead of strictly penalizing hospitals for exceeding certain thresholds, policymakers should focus on programs that help patients transition from hospital to home.

Citation

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This summary was prepared by Deborah Lorber.