



NEWS RELEASE

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New Study: 20 Percent of Hospitalized Medicare Patients Readmitted To Hospital Within 30 Days; Half Rehospitalized Without Seeing a Doctor After Discharge

*Total Cost of Unplanned Hospital Readmission Exceeds \$17 Billion Annually;
Readmission Rates Vary Widely Across States*

New York, NY, April 1, 2009 One of five Medicare beneficiaries discharged from the hospital is readmitted within 30 days, and half of non-surgical patients are readmitted to the hospital without having seen an outpatient doctor in follow-up, according to a Commonwealth Fund-supported study in today's *New England Journal of Medicine*. All told, unplanned rehospitalizations cost Medicare \$17.4 billion in 2004, the study says. The study, "Rehospitalizations Among Patients in the Medicare Fee-for-Service Program," by Stephen Jencks, M.D., M.P.H., Mark V. Williams, M.D., and Eric A. Coleman, M.D., M.P.H., highlights the costs and health impact of rehospitalization. It also details the key reasons for rehospitalizations, and highlights gaps in patient management that may be contributing to the high rates.

"Health care reform is front and center on the national stage. As policymakers debate reform proposals, it's important for them to consider policies that will foster care integration and coordination while encouraging hospitals to reduce readmissions," said Commonwealth Fund Vice President Anne-Marie Audet, M.D. "Payment reform that provides the right incentives for patient-centered care is a win for everyone. We can improve patients' lives and health, save our health care system billions of dollars, and strengthen the primary care system."

The researchers found wide variation in rehospitalization rates among states. Between October 2003 and December 2004, the five states with the highest rehospitalization rates (Maryland, New Jersey, Louisiana, Illinois, and Mississippi) had rates 45 percent higher than the five states with the lowest rates (Idaho, Utah, Oregon, Colorado, and New Mexico).

They also found variation in the reasons for rehospitalization. Most patients were rehospitalized for conditions other than those for which they were originally hospitalized. The rehospitalizations were so rapid that these conditions should probably have been the focus of discharge planning in many cases. Overall, 73 percent of patients who were initially in the hospital for surgery were readmitted for medical diagnoses such as pneumonia, heart failure, or bacterial infections. The study also showed that a history of rehospitalization and prolonged length of hospital stay were stronger predictors of rehospitalization than age, gender, race, poverty, or disability.

The authors suggest several steps to reduce rehospitalizations including: interventions to better educate patients about self-care in the hospital discharge process; helping hospitals better understand their comparative performance on readmissions by providing them readmission data for their patients including those who were rehospitalized elsewhere; collaboration between physicians and hospitals to ensure patients get follow-up care; and follow-up care from a primary care doctor as well as a surgeon for surgery patients.

“You have to worry about a system in which patients are rehospitalized soon after discharge with no bill for a physician visit in between,” said Dr. Jencks. “If we want to prevent unplanned rehospitalizations, we have to help hospitals and community healthcare providers implement transition procedures that are more patient-centered. Patients and families should leave the hospital with a firm follow-up appointment and knowing what to take, what to do, who to call if something unexpected happens, and who they will see and when for follow-up. Doing less is unsafe because, as this study shows, almost all of these patients are high risk—two-thirds will be rehospitalized or die within a year of leaving the hospital.”

The Commonwealth Fund is a private foundation supporting independent research on health policy reform and a high performance health system.