



In the Literature

Highlights from Commonwealth Fund-Supported Studies in Professional Journals

Hospital Strategies Associated with 30-Day Readmission Rates for Patients with Heart Failure

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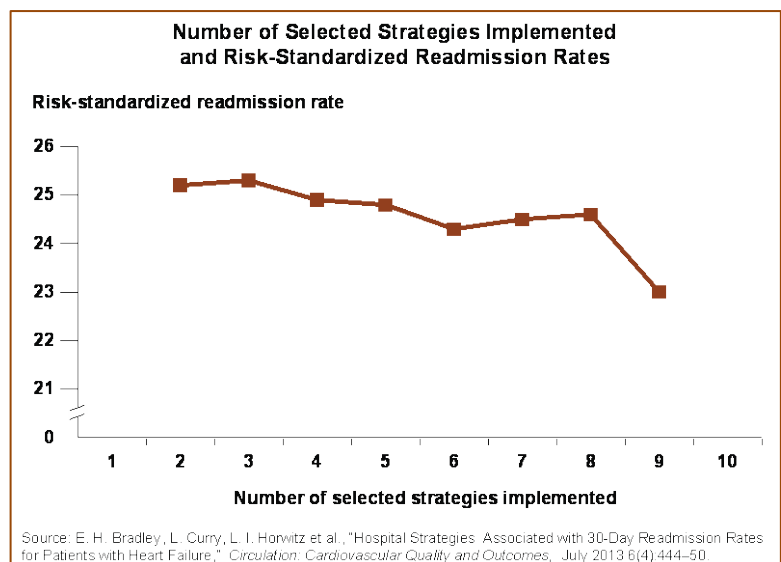
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Synopsis

The need to readmit a patient to the hospital soon after discharge can be an indicator of poor care coordination. Hospital readmissions are also extremely costly to the health system overall.

Commonwealth Fund–supported researchers identified several strategies that hospitals could use to lower their 30-day readmission rates, among them: partnering with community physicians or physician groups, making nurses responsible for medication reconciliation, and arranging follow-up appointments before leaving the hospital.



The Issue

About 20 percent of Medicare beneficiaries are readmitted to the hospital within 30 days of leaving,

costing more than \$15 billion annually. To spur hospitals to reduce their readmissions rates, the Affordable Care Act lowers Medicare reimbursement levels for hospitals with high rates. Although dozens of initiatives have been launched to help hospitals reduce their readmissions, there is not much evidence to show which of these efforts are the most effective. Researchers studied results from a survey of hospitals participating in national quality campaigns—those specifically focused on patients with heart failure—to determine which strategies were most strongly associated with lower 30-day readmission rates.

Key Findings

Six strategies were associated with significantly lower risk-standardized 30-day readmission rates:

- partnering with community physicians or physician groups;

- partnering with other local hospitals;
- having nurses take responsibility for medication reconciliation;
- arranging follow-up appointments prior to discharge;
- having a process in place to send all discharge papers or electronic summaries directly to the patient's primary physician; and
- assigning staff to follow up on test results that return after the patient is discharged.

Partnering with local hospitals and physician groups to reduce readmissions could include creating systems of smoother and more reliable transitions, ensuring accurate information about discharge and follow up, and sharing information electronically.

Few of these strategies had been implemented by more than 30 percent of the hospitals surveyed, and only 7 percent had implemented all six strategies. The strategy most closely associated with reduced readmission rates was partnering with local health care providers.

Addressing the Problem

While the effect of individual readmission-reduction strategies was modest, together they had a considerable impact, the authors note. And given the large number of people who experience heart failure, these interventions could improve care and outcomes for thousands, while helping hospitals avoid financial penalties. Some strategies, which seem to link hospital and outpatient care more closely, were unexpectedly associated with higher readmission rates. These included linking outpatient and inpatient prescription records electronically, providing patients or their caregivers with written emergency plans when they leave the hospital, and calling patients after discharge to follow up. The authors speculate that these interventions may not have been implemented effectively or may have reduced the difficulty of a return trip to the hospital.

“Our findings ... underscore the potential value of greater coordination between hospital and other providers for addressing readmissions.”

About the Study

The researchers surveyed nearly 600 hospitals that were participating in quality initiatives to reduce readmissions for patients with heart failure during 2010–2011. They then calculated these hospitals' risk-standardized 30-day readmission rates using publicly reported data.

The Bottom Line

This study found six strategies associated with lower hospital readmission rates. However, many were being implemented by only a minority of hospitals, highlighting substantial opportunities for improvement.

Citation

E. H. Bradley, L. Curry, L. I. Horwitz et al., “Hospital Strategies Associated with 30-Day Readmission Rates for Patients with Heart Failure,” *Circulation: Cardiovascular Quality and Outcomes*, July 2013 6(4):444–50.