

# Rehospitalization among Patients Receiving Fee-for- Service Medicare

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# The Study

- We analyzed all rehospitalizations of patients in Medicare Fee-for-Service 10/1/03-9/30/04.
- We looked at all discharges and all causes of rehospitalization.
- We used Medicare claims data with claims linked by the identifier used for payment.
- Generally, the data are of high quality, and results are consistent with the work of others.

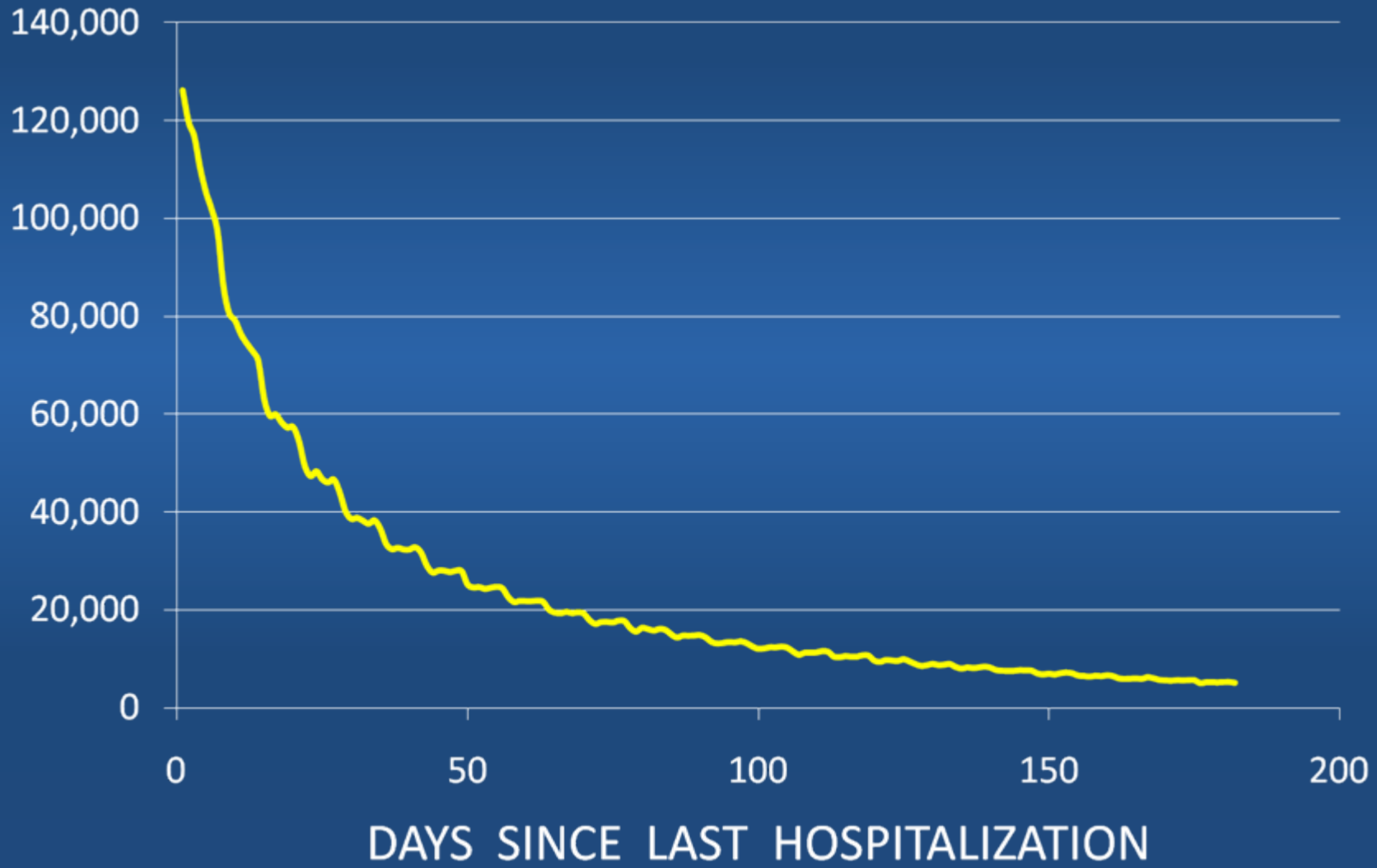
# Rehospitalizations And Deaths After Hospital Discharge

Days after discharge	Percent still at risk	<u>To end of period</u>	
		Rehospital- izations	Outpatient deaths
0	100.0%	19.6%	3.5%
31	76.9%	28.2%	4.5%
61	67.3%	34.0%	5.1%
91	60.9%	44.8%	6.0%
181	49.3%	56.1%	6.8%
365	37.1%		

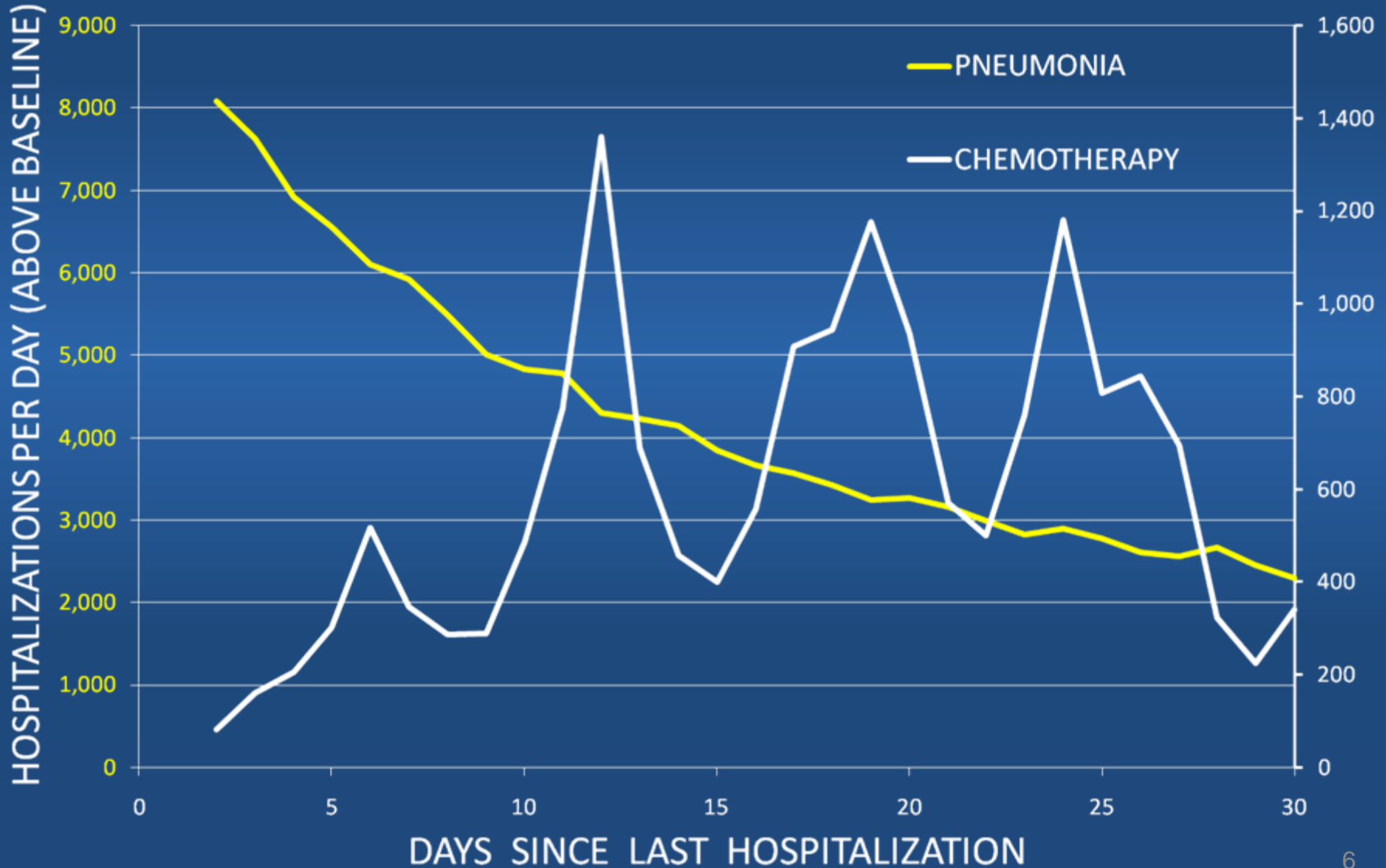
# Clinical Causes of Rehospitalization

- 70 percent of post-surgical hospitalizations are for medical reasons such as pneumonia, heart failure, and sepsis.
- Roughly 90 percent of rehospitalizations within 30 days appear to be unplanned and the result of clinical deterioration.

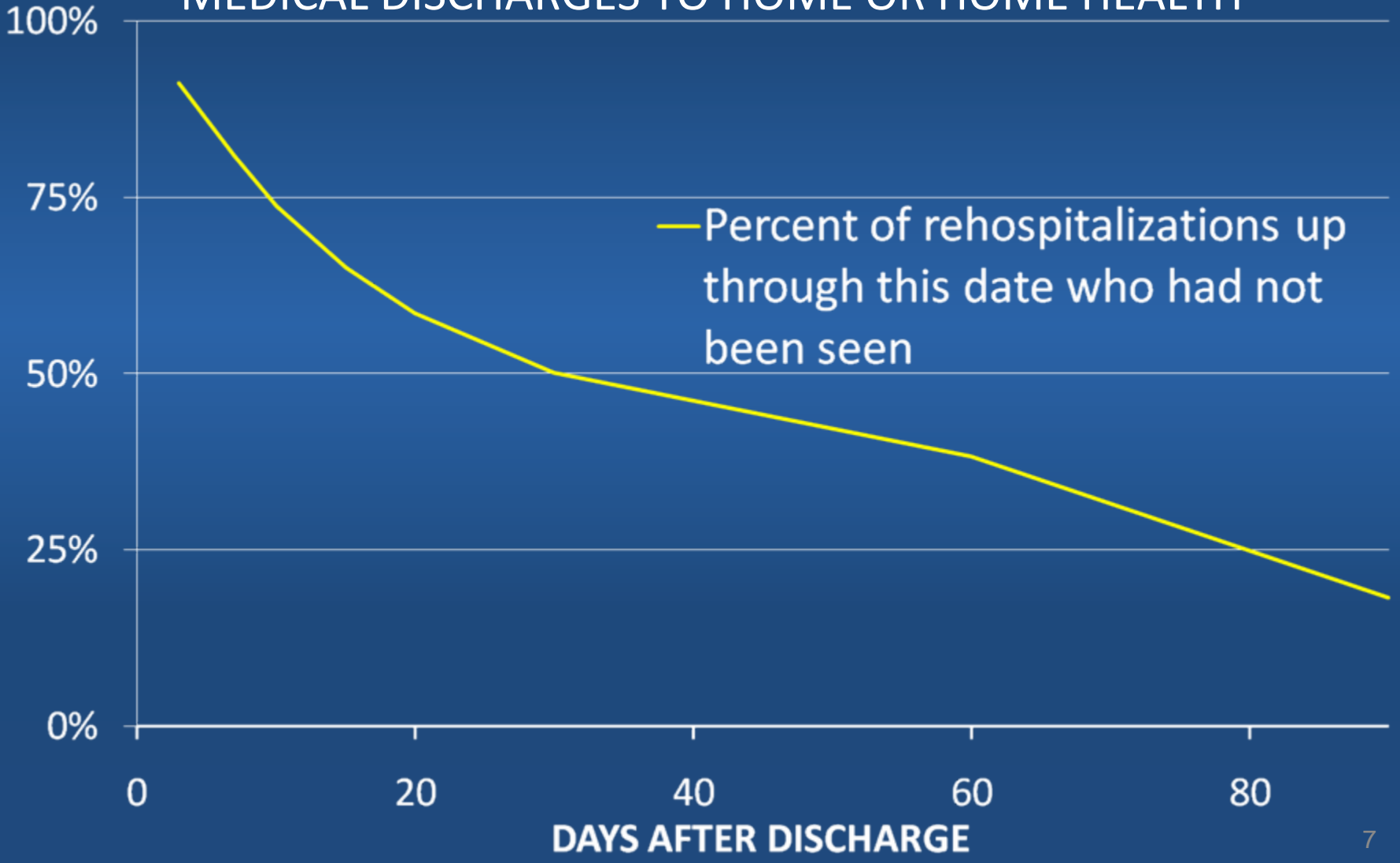
# FREQUENCY OF REHOSPITALIZATION BY DAYS SINCE LAST HOSPITALIZATION FOR ANY REASON

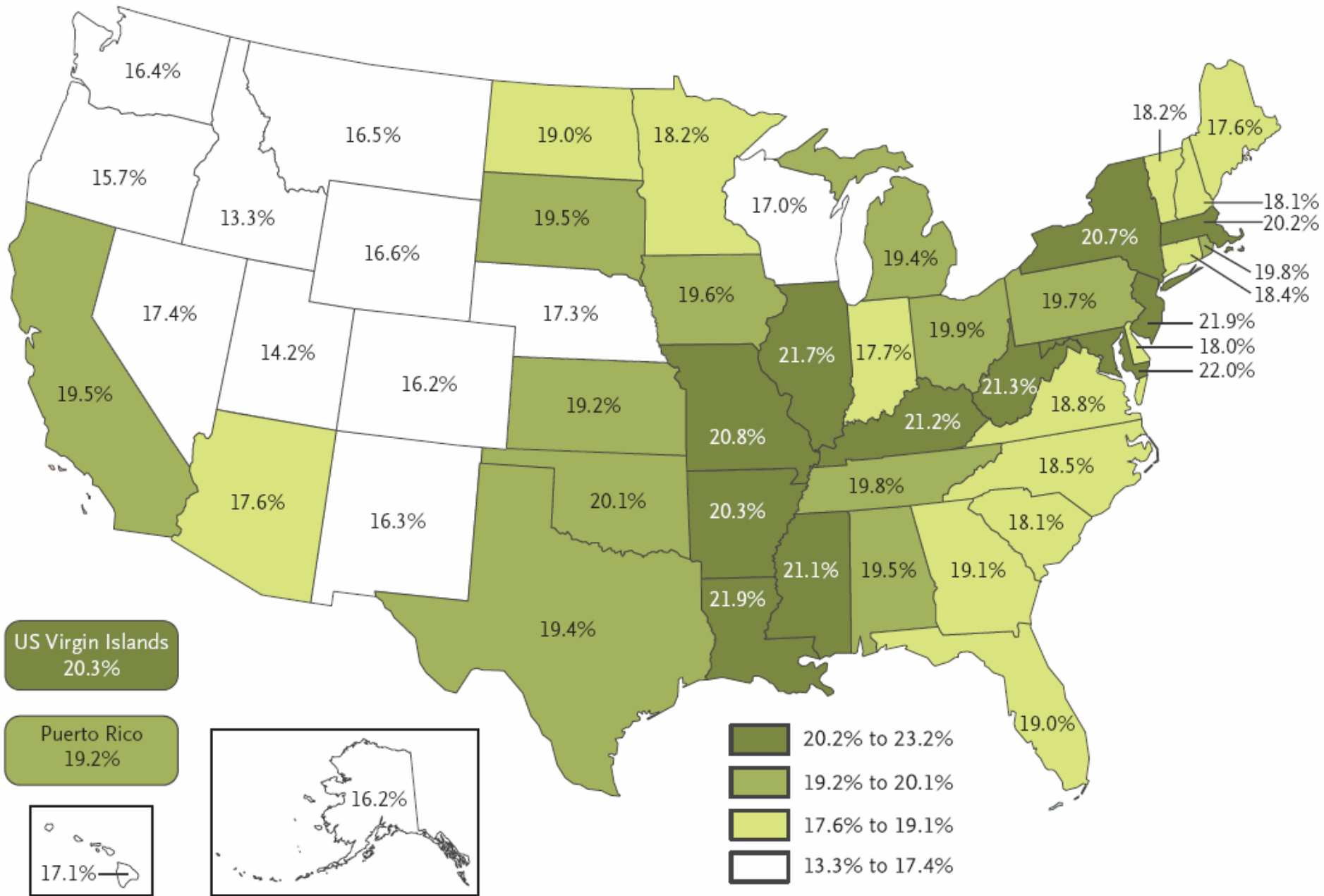


# FREQUENCY OF REHOSPITALIZATION FOR PNEUMONIA AND CHEMOTHERAPY



# PERCENT OF PATIENTS REHOSPITALIZED WITHOUT INTERIM PHYSICIAN BILL MEDICAL DISCHARGES TO HOME OR HOME HEALTH







# Preventability

- **When preventable**, rehospitalizations are a waste of money and happiness. Several kinds of evidence indicate that many rehospitalizations are preventable.
  - randomized clinical trials testing interventions
  - the number of persons rehospitalized before seeing a physician
  - interhospital and interstate variation

# Patient-centered solutions

- Rehospitalization may be the most powerful single example of the cost of fragmented, provider-centered care.
- I believe that a successful campaign to reduce rehospitalization will also make care more patient-centered.