

Researchers find increasing the number of family physicians reduces hospital readmissions

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Boston- Researchers from Boston University School of Medicine and Boston Medical Center have found that by adding one family physician per 1,000, or 100 per 100,000, could reduce hospital readmission costs by \$579 million per year, or 83 percent of the Patient Protection and Affordable Care Act (ACA) target. These findings currently appear on the website of the "Robert Graham Center," a primary care think tank.

Growth of [family physicians](#) has fallen over the last decade due to payment [disparities](#) and other strong incentives for subspecialization, and lack of accountability of teaching hospitals for producing the physicians the country needs.

The Patient Protection and [Affordable Care](#) Act (ACA) seeks to improve healthcare quality and reduce costs. One provision targets a decrease in hospital readmissions to save \$710 million annually. It is believed that timely management of fragile patients in primary care after discharge may reduce readmission.

The researchers used data from the Hospital Compare database, which included readmission rates for pneumonia, [heart attack](#) and [heart failure](#), for 4,459 hospitals as well as the Area Source File that contains data for physicians per population at the county level. Combined, readmissions for pneumonia, heart attack and heart failure in 2005 accounted for 15.7 percent of all readmissions and numbered 74,419, 20,866 and 90,273,

respectively; corresponding Medicare expenditures were \$533, \$136 and \$590 million, respectively.

"Using these data, we found that 30-day readmission rates for all three diagnoses decrease as the number of family physicians increases," said senior author Brian Jack, MD, an associate professor and vice chair for Academic Affairs in the Department of Family Medicine at Boston University School of Medicine/Boston Medical Center. "Conversely, increased numbers of physicians in all other major specialties, including general internal medicine, is associated with increased risk of readmission," he added.

According to Jack this work demonstrates tremendous cost savings from an adequate family physician work force.

Provided by Boston University Medical Center

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