

Hospital readmission rates linked to availability of care, socioeconomics

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Differences in regional hospital readmission rates for heart failure are more closely tied to the availability of care and socioeconomics than to hospital performance or patients' degree of illness, according to research presented at the American Heart Association's Quality of Care & Outcomes Research Scientific Sessions 2012.

U.S. regional readmission rates for heart failure vary widely — from 10 percent to 32 percent — researchers found. Communities with higher rates were likely to have more physicians and [hospital](#) beds and their populations were likely to be poor, black and relatively sicker. People 65 and older are also readmitted more frequently.

To cut costs, the Centers for Medicare and Medicaid Services plans to penalize hospitals with higher readmission rates related to heart failure, heart attack and pneumonia. Next year, hospitals with higher-than-average 30-day readmission rates will face reductions in Medicare payments.

But the penalties don't address the supply and societal influences that can increase readmission rates, said Karen E. Joynt, M.D., lead author of the study and an instructor at Brigham and Women's Hospital, Harvard Medical School and the Harvard School of Public Health in Boston, Mass.

"We have to find ways to help hospitals and communities address this problem together, as opposed to putting the burden on hospitals alone,"

said Joynt. "We need to think less about comparing hospitals to each other in terms of their performance and more about looking at improvement in hospitals and communities."

Researchers found:

- Supply-side factors — including availability of doctors and hospitals beds — were the strongest predictors of differences in readmission rates, accounting for 17 percent.
- Poverty and minority racial makeup was linked to 9 percent of the variation in [readmission rates](#).
- [Hospital-performance](#) quality accounted for 5 percent and patients' degree of illness 4 percent.

"To really address the readmissions issue, we need to think about this in terms of community and population health," Joynt said. "Focusing on community-level factors — such as the supply and mix of physicians and targeting efforts towards poor and minority communities — may be more fruitful approaches to reducing readmissions We need to think outside the walls of the hospital."

Researchers analyzed national billing records of more than 3,000 hospitals in 2008-09 for more than 1 million elderly Medicare patients with [heart failure](#). Of the patients in the review, 55 percent were female, 11 percent were black and they had an average age of 81.

The observational analysis didn't include all potential influences, such as other illnesses, Joynt said.

Provided by American Heart Association

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