

# HF patients treated by a cardiologist, rather than hospitalist, have fewer readmissions

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When a cardiologist attends to heart failure patients, even when the severity of illness is higher, patients have reduced rates of hospital readmissions, compared with those patients who are treated by a hospitalist, according to a trial being presented today at the American Heart Association's scientific sessions in Los Angeles.

[Congestive heart failure](#) (CHF) is the most common cause for hospital readmission in patients over the age of 65 years. Whereas efforts to reduce readmission rates have focused on [transitions](#) of care and short-term outpatient follow-up, limited data exist on the impact on what type of specialist is attending to the patient during the admission to reduce these rates.

"Since October 1, 2012, there has been a tremendous national focus on readmission rates, because the Centers for [Medicare](#) & Medicaid Services began penalizing hospitals for readmissions," explained Casey M. Lawler, MD, a [cardiologist](#) at the Minneapolis Heart Institute (MHI) at Abbott Northwestern Hospital. "However, we at the Minneapolis Heart Institute® began to establish protocols to improve our [heart failure](#) readmission rates five years ago because we were concerned about providing better patient care; which would then by design have an impact on decreasing preventable readmissions."

In their initial assessments, MHI® healthcare professionals learned that one in five patients did not understand their HF diagnosis, and less than that understood their medication regimen. "Thus, we became much more

involved in post-discharge care by phone call within 24 hours of discharge, establishing provider follow-up within three to five days post discharge and having a nurse practitioner follow-up with patients identified as high risk; however, we also wanted to examine whether treatment within the walls of our facility impacted patient care and readmission rates," Lawler said.

In this study, the researchers retrospectively identified all CHF admissions between Jan. 1, 2009, and Dec. 31, 2011. They analyzed patient demographics, length of stay, time to readmission, all patient refined diagnosis related groups, hospital attending at time of discharge and total hospital costs based on the attending medical professional at the time of patient discharge.

Among 2,311 patients, 65 percent of patients were treated by a hospitalist, whereas the remaining 35 percent patients were treated by a cardiologist.

In the analysis, the researchers found that 23.2 percent of patients were readmitted within 30 days of discharge. Readmission rates were significantly lower when the attending physician was a cardiologist as compared to a hospitalist (16 vs. 27.1 percent). They also found that cardiologists were seeing more severe cases.

Median length-of-stay in the hospital was similar between attending cardiologists and hospitalists (4.8 days vs. 4.2 days). After some adjustments, Lawler and his colleagues found that the mean total costs for patients treated by a cardiologist were higher than those treated by a [hospitalist](#) (\$9,850 vs. \$7,741).

"Although these results reveal that specialists have a positive impact on [readmission rates](#), an overhaul to an entire healthcare system's treatment of HF patients—from admission to post-discharge follow-up—is

required to truly impact preventable readmissions," Lawler said.

Provided by Minneapolis Heart Institute Foundation

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