

Care transition initiative decreases rehospitalizations

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Jane Brock, M.D., M.S.P.H., from the Colorado Foundation for Medical Care in Englewood, and colleagues from the Care Transitions Project evaluated the effect of an evidence-based quality improvement initiative undertaken by the Medicare Quality Improvement Organization staff. Performance differences were compared for 14 intervention

communities (with 22,070 to 90,843 Medicare fee-for-service beneficiaries per community) and 50 comparison communities from before (2006 to 2008) and during (2009 to 2010) implementation of the intervention.

The researchers found that the pre-post between-group differences showed significantly larger reductions in the intervention communities for rehospitalizations (0.56 per 1,000 per quarter; $P = 0.03$) and for hospitalizations (2.12 per 1,000 per quarter; $P = 0.01$). There was no significant difference in the mean community-wide rates of rehospitalizations as a percentage of [hospital discharges](#) before and during the intervention in the intervention communities (18.97 and 18.91 percent, respectively) or in the comparison communities (18.76 and 18.91 percent, respectively). The onset of improvement was coincident with initiating intervention, based on process control charts.

"Among [Medicare beneficiaries](#) in intervention communities, compared with those in uninvolved communities, all-cause 30-day rehospitalization and all-cause hospitalization declined," the authors write. "However, there was no change in the rate of 30-day rehospitalizations as a percentage of [hospital](#) discharges."

Several authors disclosed [financial ties](#) to health care and pharmaceutical companies.

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