

Better coordination necessary to reduce hospital readmission rates

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Achieving widespread reductions in preventable hospital readmissions among Medicare beneficiaries may take longer than many health care professionals originally anticipated, according to researchers at Penn State, the Weill Cornell Medical College and the University of Pennsylvania.

"Studies show that one in five [Medicare beneficiaries](#) returns to the [hospital](#) within 30 days of discharge at an annual cost of \$18 billion to the program, and many of these readmissions are thought to be preventable with better care," said Jessica Mittler, assistant professor of [health policy](#) and administration, Penn State. As a result, in the fall of 2012, Medicare began financially penalizing hospitals with excessive hospital readmissions for heart attacks, [congestive heart failure](#) or pneumonia."

The researchers examined the results of the first two years of the State Action on Avoidable Rehospitalizations (STAAR) initiative, which aims to reduce hospital readmissions in Massachusetts, Michigan and Washington by 20 to 30 percent. Specifically, they analyzed 52 interviews with national program leaders, state STAAR directors, improvement advisers, hospital participants, post-acute care providers, members of professional associations and health-care policy leaders.

The team found that STAAR leaders, advisers and participants agreed that fostering collaborative relationships among providers across care settings is key to reducing preventable readmissions. The researchers

also learned that more open and frequent communication helped participants in the initiative acquire a realistic understanding of each other's roles and identify practical opportunities to improve care.

However, Mittler and colleagues also found that developing these relationships presents a significant challenge since genuinely collaborative relationships are not naturally occurring in most communities. They found the second major obstacle to success was a lack of evidence regarding the effectiveness of various interventions for reducing readmissions, especially for care outside the hospital. Finally, they found that widespread success was hampered by the limited infrastructure or experience needed to implement rapid-cycle quality improvement techniques among some health care providers.

"Even the most dedicated and forward-thinking participants made it clear that there is no quick fix," said Mittler. "We learned that efforts to reduce hospital readmissions on a large scale will need to focus explicitly on promoting real collaboration across care settings. This means that policies need to consider the economic incentives for coordinating care and how to help cultivate productive human relationships to improve quality across settings."

More information: The results were published in a recent edition of the journal *Population Health Management*.

Provided by Pennsylvania State University

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