

Medicare patients with dementia 20 percent more likely to be readmitted

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A review of more than 25,000 admissions of Medicare beneficiaries to Rhode Island hospitals has found that patients with a documented diagnosis of dementia are nearly 20 percent more likely to be readmitted within 30 days than those without dementia. The study by Rhode Island Hospital researchers is published online in advance of print in the journal *Archives of Gerontology and Geriatrics*.

"Persons with [dementia](#) may have difficulties comprehending and following important discharge instructions, (e.g. medication changes, decision making, self care)," said principal investigator Lori Daiello, PharmD, of the Alzheimer's Disease and Memory Disorders Center at Rhode Island Hospital. "In addition, many patients with dementia have multiple medical conditions, so it's not surprising that this group of vulnerable older adults might be at a higher risk of being readmitted to the hospital shortly after discharge."

Daillo added, "Because dementia often goes undiagnosed, or is not documented in a patient's medical record, we believe that the current findings may underestimate readmission rates and risks in this population."

Dementia is often co-morbid with conditions such as pneumonia, heart failure, chronic obstructive pulmonary disease (COPD), and urinary tract infections, which have been associated with preventable hospitalizations. Preventable readmissions have been recognized as an indicator of hospital quality, a source of increased cost, and are now tied to Medicare

reimbursements.

In 2010, the Patient Protection and Affordable Care Act imposed penalties related to hospital readmission rates. The initial phase went into effect in October 2012 and reduces Medicare payments for readmissions within 30 days of discharge related to three common hospital discharge diagnoses: acute myocardial infarction (heart attack), pneumonia, and congestive [heart failure](#). Penalties will increase and the list of conditions will expand in fiscal year 2015.

"Our results indicate that a diagnosis of dementia may be a marker of vulnerability for rapid rehospitalization and may suggest a role for specialized initiatives aimed at lowering [readmission rates](#)," Daiello said. "Developing effective interventions to prevent unnecessary readmissions is critically important because hospitalizations are often destabilizing events for persons with dementia and consequently place undue burden on our patients, their families and caregivers, and ultimately on our healthcare systems due to financial penalties and reduced Medicare reimbursements."

Successful transitions from hospital to home frequently require that patients be involved in complex decision-making, altering medication regimens, and adjusting familiar routines. Negotiating this path is challenging, even for cognitively intact adults. Patients with dementia may be unable to accomplish some or all of these tasks successfully, yet little is known about the impact of dementia on transitions from [hospital](#) to home.

"Our results suggest that a better understanding of the peridischarge period for patients with dementia may inform initiatives aimed at decreasing readmissions for hospitalized elderly [patients](#)," Daiello said.

Provided by Lifespan

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