

An extra doctor visit may help prevent rehospitalization of kidney failure patients

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More frequent face-to-face physician visits in the month following hospital discharge may help reduce a kidney failure patient's chances of needing to be sent back to the hospital. That's the conclusion of a study appearing in an upcoming issue of the *Journal of the American Society of Nephrology (JASN)*. The study also found that closer outpatient monitoring of kidney failure patients following hospital discharge could cut health care costs significantly.

A major goal of [health policy reform](#) has been to reduce hospital readmissions within a month after patients are discharged. Individuals with [kidney failure](#) represent one group of patients at increased risk of being readmitted.

Kevin Erickson, MD (Stanford University) and his colleagues looked to see if more outpatient physician visits to patients might cut down on readmissions among kidney failure patients.

Among the major findings:

- In 26,613 patients who were on dialysis between 2004 and 2009, one additional provider visit in the month following hospital discharge was estimated to reduce the probability of 30-day hospital readmission by 3.5%.
- The reduction in 30-day hospital readmission ranged from 0.5% to 4.9% in an additional four groups of patients tested, depending on population density around facilities, facility profit status, and

patient Medicaid eligibility.

- At current Medicare reimbursement rates, the effort to see patients one additional time in the month following [hospital discharge](#) could lead to 31,370 fewer hospitalizations per year, and \$240 million per year saved.

"This research is important by highlighting the role that outpatient nephrology providers have in preventing hospital readmissions for patients receiving hemodialysis," said Dr. Erickson.

In an accompanying editorial, Raymond Hakim, MD (Vanderbilt University) and Allan Collins, MD, FACP (University of Minnesota, Minneapolis) noted that the study's findings should be considered in any plan to reduce rehospitalizations in the dialysis population. They also noted several other interventions and services by the health care team that can lead to reduced rehospitalization. "Reducing the high rates of rehospitalization in [kidney failure] patients is clearly in the best interests of patients and in the financial interests of dialysis facilities providing maintenance dialysis services, as well as the hospitals to which [patients](#) are occasionally admitted to receive acute services," they wrote.

More information: The article, entitled "Physician Visits and 30-Day Hospital Readmissions in Patients Receiving Hemodialysis," will appear online at jasn.asnjournals.org/ on May 8, 2014.

The editorial, entitled "Reducing Avoidable Rehospitalization in ESRD: A Shared Accountability," will appear online at jasn.asnjournals.org/ on May 8, 2014.

Provided by American Society of Nephrology

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