

Hospital rankings for heart failure readmissions unaffected by patient's socioeconomic status

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A new report by Icahn School of Medicine at Mount Sinai, published in the journal *Circulation: Cardiovascular Quality and Outcomes*, shows the socioeconomic status of congestive heart failure patients does not influence hospital rankings for heart failure readmissions.

In the study, researchers assessed whether adding a standard measure for indicating the socioeconomic status of [heart failure](#) patients could alter the expected 30-day heart failure hospital risk standardized readmission rate (RSRR) among New York City hospitals. For each patient a standard socioeconomic index score was used by the researchers based on his or her zip codes average income and educational level.

While research results show heart failure patients with a higher socioeconomic status were less likely to be readmitted, the overall impact of socioeconomic status on heart failure readmission rates was very minimal. The study also concludes that inclusion of a socioeconomic measure does not impact a hospital's RSRR profiling based on 30-day readmission.

"Our study results were unexpected and show our accounting for possible social risks of [congestive heart failure](#) patients does not alter the hospital rankings for heart failure readmission rates," says Alex Blum, MD, MPH, lead study author from the Department of Health Evidence and Policy at Icahn School of Medicine at Mount Sinai and the National

Institutes of Health. "Using a standard measure for a patients' [socioeconomic status](#), did not impact hospital-level rankings and 30-day congestive heart failure patient's readmission."

The study examined data of heart failure patient hospitalizations at 48 New York City hospitals for 17,767 Medicare patients aged 65 years and older who had a combined 25,962 hospitalizations between 2006 and 2009.

Congestive heart failure is the most common cause of hospital readmission in the United States for patients age 65 years or older and in the Medicare program. The costly condition imposes a large burden on the U.S. healthcare system with an estimated cost of \$15 billion each year.

Experts have estimated that \$12 billion of the annual costs of caring for congestive heart failure could be prevented through prevention of readmissions. To assess hospital performance in this area, the Centers for Medicare & Medicaid Services (CMS), developed a model to create hospital-level 30-day congestive heart failure RSRR. As a result, hospitals with excessive, or more than expected readmission rates, have begun to lose a percentage of their Medicare reimbursements.

However, according to researchers the current CMS model only accounts for patient age, gender, and co-morbid health conditions and lacks measures of socioeconomic or social status. "There are too few variables in Medicare data to adequately capture a heart failure patient's social risks and therefore insufficient data available to researchers and policymakers to determine if current payment and reimbursement healthcare reform policies hurt hospitals that care for the more socially disadvantaged," says Dr. Blum of Mount Sinai.

According to researchers, better measures may be needed to assess the

true impact of socioeconomic risk factors on hospital profiling based on 30-day congestive heart failure readmissions, and to fully explore the impact of CMS's new healthcare reform policies on hospital profiling.

Provided by The Mount Sinai Hospital

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