

Skipping follow up with pulmonologist after COPD hospitalization could be risky business

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Researchers have found the risk for hospital readmission to be nearly three times higher after COPD exacerbation if a follow-up visit to a pulmonologist is skipped. The Israeli study published today in the journal *Chest* The Association Between Hospital Readmission and Pulmonologist Follow-up Visits in Patients With COPD examined the impact of a pulmonologist follow-up visit during the month after discharge from the hospital on reducing readmissions.

COPD exacerbations account for 500,000 [hospital admissions](#) and \$18 billion in direct health-care costs annually. More than half of patients with COPD who are hospitalized due to exacerbations of their condition will be readmitted at least once during the first year after discharge, 14% will be readmitted during the first month after their discharge, and 7% within three months.

Researchers found place of residence was an important factor limiting attendance at follow-up appointments. Patients who lived more than 18 miles from the clinic were less likely to attend the follow up. Patients with large numbers of hospitalizations during the previous year were also less likely to attend follow-up visits. Factors positively influencing attendance at follow-up visits include written recommendations accompanying discharge letters and prehospital admission visits by the patient to a pulmonologist.

"The potential impact of this study on reducing the admission rate of patients with common respiratory diseases is high. Advising a patient to

visit a chest physician after [discharge](#) may save the next admission and reduce the morbidity burden of this serious disease," said Nimrod Maimon, MD, Department of Medicine and the Pulmonology Institute of Soroka and Ben-Gurion University Medical Center and study author.

More information: The Association Between Hospital Readmission and Pulmonologist Follow-up Visits in Patients With COPD, *Chest*. 2015;148(2):375-381. [DOI: 10.1378/chest.14-1453](https://doi.org/10.1378/chest.14-1453)

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