Medical Xpress

Study: Reducing hospital readmissions does not increase mortality rates

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Recent advances in reducing hospital readmission rates for three key medical conditions occurred without causing an increase in death rates, according to a new Yale-led study.

The findings were published on July 18 in *JAMA*.

Hospitals nationwide have made significant reductions in rates of readmission 30 days after a patient's discharge in response to rules established by the Affordable Care Act. The health reform law imposed financial penalties for hospitals with high readmission rates for common medical conditions, including heart attack, heart failure, and pneumonia. However, questions rose about whether efforts to keep patients out of the hospital would negatively impact mortality rates.

To examine the issue, the Yale research team, who developed the readmission measures, studied data on Medicare recipients hospitalized for heart attack, heart failure, or pneumonia between 2008 and 2014. They analyzed trends for readmissions and mortality at individual hospitals over time to determine whether there was a link between the two factors. The team reviewed the data for different time periods within the study period, and at hospitals where readmission rates were high, average, or low.

The researchers found a small but positive correlation between reduced readmissions and reduced mortality rates for the three conditions. "We can say that readmission reductions did not result in increased mortality. If anything, they may have decreased mortality," said first author Kumar Dharmarajan, M.D., assistant professor of medicine.

The correlation between reduced rates for readmissions and mortality may be due to steps that hospitals have taken to improve hospital and post-hospital care, he said. Those strategies include: better preparing patients and families for discharge; more timely follow-up; and improved communication with outpatient providers.

Dharmarajan and his colleagues also found that the link between reduced readmissions and reduced mortality was even stronger at 90 days

compared to 30 days after hospital discharge, he said.

The findings may inform health policy. "Based on this evidence, there is no reason to revise policies to address unintended consequences of reducing hospital readmissions," he said.

"Our study validates that the national focus on readmissions improved outcomes without causing unintended harm," said senior author Harlan Krumholz, M.D. "Thousands and thousands of readmissions are being avoided every year without any evidence of people being harmed—that is a victory of improving the quality of care," he said.

More information: *JAMA* (2017). jamanetwork.com/journals/jama/…1001/jama.2017.8444

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