

Practices for reducing COPD hospital readmissions explored

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(HealthDay)—Communication, implementation of guidelines, and

improved identification of risk factors may help reduce chronic obstructive pulmonary disease (COPD) hospital readmissions, according to a report published in the February issue of the *Annals of the American Thoracic Society*.

Valerie G. Press, M.D., M.P.H., from the University of Chicago, and colleagues address the current best practices and models to identify approaches with the greatest potential for success in reducing COPD hospital readmission.

The researchers identified several key themes, which included the importance of communication. Patients and patient advocate stakeholders emphasized that poor communication leads to a worsened patient experience and poor outcomes. Readmission may be a proxy for other health factors or outcomes, and interventions to reduce readmissions may need to expand to include improvements in patient education, [behavior modification](#), and facilitation of access to outpatient health care expertise. Implementing COPD guidelines is an important step but is inadequate to reduce readmissions and/or health costs. Because of the difficulty of assessing the success of readmission reduction programs, programs should include randomized schemas or high-quality program evaluation designs. Programs should assess quality of care as well as the quantity of readmissions. Improvements are needed for identifying risk factors for readmission and/or high-risk patients.

"There is significant room for improvement with regard to developing and validating tools to identify at-risk [patients](#) and aid in triaging appropriate care," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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