

COPD program decreases 30-day hospital readmission, may increase mortality

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Researchers from The University of Texas Medical Branch at Galveston have found that while the 30-day readmission rate for patients with chronic obstructive pulmonary disease has decreased, the mortality rate

has increased.

The UTMB researchers analyzed data from a nationwide cohort of more than 4.5 million Medicare beneficiaries with COPD to learn more about the impact of a federal [program](#) designed to reduce the number of people needing hospitalization within the first 30 days after being released from the hospital for a COPD-related illness.

The findings, said first author Daniel Puebla Neira, UTMB Pulmonary & Critical Care Fellow, are concerning in that some hospitals, in seeking to avoid financial penalties by reducing readmissions, may inadvertently affect minority and disadvantaged patients—people who may have a higher risk of dying.

The findings are currently available in the *American Journal of Respiratory and Critical Care Medicine*.

COPD is the third leading cause of death in the United States, affecting 12.7 million Americans and about 800,000 patients are hospitalized with COPD each year. Of these, 1 in 5 patients are readmitted after being discharged from the hospital, which is linked with poor outcomes and costs about \$13 billion annually. In order to improve the patients' long-term health and control rising healthcare costs, the Patient Protection and Affordable Care Act created the Hospital Readmissions Reduction Program, or HRRP, in March 2010. The program began penalizing hospitals for higher than expected 30-day readmissions rates for non-COPD conditions.

Since the creation of the program, hospitals have reduced their readmission rates. However, it was also suspected that the program may be associated with an increase in the 30-day risk of post-discharge mortality rates for some groups of patients currently participating in the program.

"The benefits of the HRRP to improve health, prevent unnecessary hospitalizations, and control Medicare spending have been widely discussed and debated," said senior author Dr. Gulshan Sharma, director of the Division of Pulmonary Critical Care & Sleep Medicine. "An important concern is the current penalties for readmission do not take into consideration the impact on mortality. Reducing readmissions may inadvertently affect minority and disadvantaged patients. These patients are not only at higher risk for readmission, they may also be at higher risk of dying."

The research team analyzed data from 4,587,542 Medicare fee-for-service beneficiaries with COPD who were 65 years and older. The study period from 2006 to 2017 covers the creation of HRRP and the introduction of COPD to the program. The data revealed that while the program does decrease the 30-day [hospital](#) readmission rate, it also significantly increases in the risk-standardized 30-day post-discharge mortality rates across the nation.

"Further research is needed to confirm our findings and identify factors contributing to the increased mortality seen in patients with COPD in the Centers for Medicare & Medicaid Services [readmission](#) reduction program," said Puebla Neira.

More information: Daniel A Puebla Neira et al, Readmissions Reduction Program, Mortality and Readmissions for Chronic Obstructive Pulmonary Disease, *American Journal of Respiratory and Critical Care Medicine* (2020). [DOI: 10.1164/rccm.202002-0310OC](https://doi.org/10.1164/rccm.202002-0310OC)

Provided by University of Texas Medical Branch at Galveston

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