

No link between hospital readmissions and death rates, says study

Yale UniversityYale University

Hospital performance on two Medicare quality measures are not strongly related, and are likely to reflect very different aspects of their clinical care, according to results published by Yale School of Medicine researchers in the Feb. 13 issue of the *Journal of the American Medical Association (JAMA)*.

“Our findings show that many institutions do well on mortality and readmission and that performance on one does not dictate performance on the other,” said the study’s lead author, [Dr. Harlan M. Krumholz](#) [1], the Harold H. Hines, Jr. Professor of Medicine (cardiology) and professor of investigative medicine and of public health (health policy); director of the Clinical Scholars Program; and director of the Yale-New Haven Hospital Center for Outcomes Research and Evaluation.

“We found that hospitals can excel in both areas, dispelling prevalent concerns that hospitals that do well on mortality will necessarily do worse on readmission,” he added.

Measuring and improving hospital quality of care, particularly the outcomes of this care, is an important focus for clinicians and policymakers. The Centers for Medicare & Medicaid Services (CMS) began publicly reporting hospital 30-day, all-cause, risk-standardized mortality rates for patients with acute myocardial infarction (AMI; heart attack) and heart failure (HF) in June 2007, and for pneumonia in 2008. In June 2009, the CMS expanded public reporting to include hospital 30-day, all-cause, risk-standardized readmission rates for patients hospitalized with any of these three conditions. The mortality and readmission measures have been proposed for use in federal programs to modify hospital payments based on performance.

The Yale study included data on nearly 3 million hospital admissions for Medicare fee-for-service beneficiaries with heart attack, pneumonia or heart failure. The researchers measured a hospital’s performance on 30-day readmission rates, and investigated the relationship between hospital risk-standardized mortality rates and risk-standardized readmission rates overall and within subgroups defined by hospital characteristics. Krumholz and co-authors found that the average mortality rate was 11 percent for heart failure, close to 17 percent for heart attack, and 11.5 percent for pneumonia patients.

“This study is important because it reveals that there is no relationship between these measures and suggests that what it may require to excel in one measure may not translate into good performance on the other,” said Krumholz. “The measures are leading hospitals to invest in quality — and this study shows ideally they will be able to find ways to help people survive in the hospital and have a successful

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recovery — but that each area may require efforts that are specific to it.”

Other authors on the study include Zhenqiu Lin, Patricia Keenan, Dr. Jersey Chen, Dr. Joseph Ross, Dr. Elizabeth Drye, Dr. Susannah Bernheim, Yun Wang, Elizabeth Bradley, Lein Han, and Sharon-Lise Normand.

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