30-day hospital readmission is a poor measure of quality

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The 30-day window for hospital readmissions—used by the federal government to penalize hospitals believed to provide lower-quality care because patients return to the hospital following discharge—should be reduced to a week or less to more accurately measure factors within a hospital's control, new research from UC Davis has found.

Based on their findings, published in the October issue of *Health Affairs*, the authors recommend that the Centers for Medicare & Medicaid Services and other payers reconsider using the 30-day readmission rate as a basis for public reporting on hospital quality and reducing Medicare payments to hospitals.

"Regulators should use measures that push hospitals to provide excellent inpatient care and reduce avoidable hospitalizations," said lead author David Chin, a postdoctoral scholar at the UC Davis Center for Healthcare Policy and Research and the Department of Public Health Sciences. "30-day readmission rates, however, don't accurately reflect what happens within hospitals or clearly distinguish quality differences from one hospital to another."

Chin and the study team used information from the Healthcare Cost and Utilization Project of the Agency for Healthcare Research and Quality, a comprehensive resource for data on hospital encounters. The researchers focused on patients aged 65 or older who were hospitalized for common medical and surgical conditions in four states with large, diverse populations: Arizona, California, Florida and New York. More than 66

million hospital discharges were evaluated for unplanned readmissions between one and 90 days. They looked for the day or days following discharge in which the true variation in hospital performance was the largest.

The results showed that a five- to seven-day post discharge timeframe is when hospital-attributable factors have the greatest impact on readmissions. After that, readmissions are more heavily influenced by factors outside the hospital's control.

"Focusing on shorter post-hospital periods will better isolate the impact of hospital care from other drivers of readmissions such as a patient's home, social, economic and community circumstances," said senior author Patrick Romano, professor of general medicine at UC Davis

"A more successful and sustainable approach to improving quality while reducing spending would be to consider readmissions in a broader context, including potentially avoidable hospital use and all of the factors, such as access to outpatient care and the quality of home health care, that could contribute to that overuse," Romano added.

More information: D. L. Chin et al, Rethinking Thirty-Day Hospital Readmissions: Shorter Intervals Might Be Better Indicators Of Quality Of Care, *Health Affairs* (2016). DOI: 10.1377/hlthaff.2016.0205

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