

Quality improvement measures cut hospital readmissions but do not always produce savings

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Efforts to reduce hospital readmissions are working, but they're not always saving money, according to a new Cedars-Sinai study.

Many medical centers are tackling the [readmission](#) problem by trying to pinpoint the root causes of unnecessary repeat hospitalizations. A Cedars-Sinai-led team of investigators systematically evaluated the effectiveness and financial benefit of [quality improvement](#) programs at medical centers in the U.S. and elsewhere.

The team, led by Teryl Nuckols, MD, MSHS, conducted a systematic review of data from 50 quality improvement studies involving more than 16,700 [patients](#). Among the findings: Quality improvement interventions reduced readmissions by an average of 12.1 percent for heart failure patients and 6.3 percent for older adults with diverse health issues.

But savings to health systems varied. The investigators gauged how much [money](#) these interventions saved or cost health systems by measuring expenses for hospitals, physicians, other providers and payers. They found average net savings for [health systems](#) of \$972 per person among [heart failure](#) patients and average net losses of \$169 per person among other patients. However, costs varied so widely across studies that the authors could not conclude definitively whether these interventions saved or lost money.

Among [older adults](#), interventions that engaged patients and caregivers yielded the most net savings per patient. For example, several interventions involved nurses or pharmacists training patients and family members about how to manage medications after discharge, which types of activities are appropriate and which symptoms might represent something serious.

The study was published today in the *Journal of the American Medical Association Internal Medicine*.

Nuckols, director of the Division of General Internal Medicine in the [Cedars-Sinai](#) Department of Medicine, said she was surprised that the interventions didn't save more money across the board. Nuckols said the results counter a widely held belief that reducing readmissions should save money by preventing additional costs for return hospital stays.

"Hospitalization is very expensive, so avoiding even a few readmissions should have saved a lot of money," she said. "Our findings suggest that there is no guarantee of net cost savings once the implementation costs associated with efforts to prevent readmissions are considered."

Adding urgency to the study, the Centers for Medicare & Medicaid Services now penalize institutions for excessive readmissions. As a result, almost 2,600 hospitals are expected to lose a total of more than [\\$500 million](#) in payments this year, according to analysis of government data by Advisory Board, a healthcare consulting and research firm.

More information: *Journal of the American Medical Association* (2017). DOI: [10.1001/jamainternmed.2017.1136](https://doi.org/10.1001/jamainternmed.2017.1136) , [jamanetwork.com/journals/jamai ... cle-abstract/2629495](http://jamanetwork.com/journals/jamai/abstract/2629495)

Provided by Cedars-Sinai Medical Center

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