

No increase in in-hospital, post-discharge death with HRRP

5 October 2018



decreased from 7.4 to 7 percent for AMI and increased from 7.4 to 9.2 percent for [heart](#) failure and from 7.6 to 8.6 percent for pneumonia (all P for trend heart failure and [pneumonia](#), respectively. No inflections in slope were seen around announcement or implementation of the HRRP. For all conditions, there were significant negative deflections in slopes for readmission rates after the HRRP announcement.

"Among Medicare beneficiaries, there was no evidence for an increase in in-hospital or post-discharge [mortality](#) associated with HRRP announcement or implementation—a period with substantial reductions in readmissions," the authors write.

Several authors disclosed financial ties to the pharmaceutical and medical device industries.

More information: [Abstract/Full Text Editorial](#)

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(HealthDay)—Announcement and implementation of the Hospital Readmissions Reduction Program (HRRP) was not associated with increases in in-hospital or post-discharge mortality after acute myocardial infarction (AMI), heart failure, or pneumonia, according to a study published online Sept. 28 in *JAMA Network Open*.

Rohan Khera, M.D., from the University of Texas Southwestern Medical Center in Dallas, and colleagues conducted an observational study of 1.7 million AMI, 4.0 million heart [failure](#), and 3.5 million pneumonia hospitalizations using Medicare data for fee-for-service Medicare beneficiaries from Jan. 1, 2006, through Dec. 31, 2014. Changes in trends for risk-adjusted rates of in-hospital and 30-day post-discharge mortality after announcement and implementation of the HRRP were assessed.

The researchers found that in-hospital mortality decreased for the three conditions between 2006 and 2014. Thirty-day post-discharge mortality

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