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Feds say hospital readmissions cost billions

Triangle Business Journal - by [James Gallagher](#)

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RALEIGH – Few people may know it, but if they are hospitalized, dismissed and then return for the same issue within 30 days, they become a statistic – and it’s a statistic that’s been thrown into the roiling national health-reform debate.

The patient who returns becomes an “unplanned readmission.” The **U.S. Centers for Medicare and**

Medicaid Services say such readmissions add up to costly care – \$15 billion in annual Medicaid and Medicare payments alone – much of which could be avoided.

The results of a three-year study by CMS found that one in five patients admitted to hospitals for heart attacks, heart failure or pneumonia are likely to return for treatment of the same issue within 30 days.

That’s too high, says Bob Foster, a CMS spokesman. Of the \$15 billion in Medicare and Medicaid payments made for readmissions each year, CMS estimates that about \$12 billion – or 80 percent – could be avoided through improved care by practitioners and/or better adherence to pre-dismissal instructions by patients.

“A substantial portion may be preventable if quality is as high as possible,” he says.

Improving care is one of the ways the Obama administration hopes to curb health-care spending. But in the Triangle, health-care leaders dispute the extent of the readmission problem as well as the claims of potential savings.

Dr. Eric Peterson, vice chair of quality for Duke University Hospital, says Duke has reviewed the files of all patients readmitted during the three-year period of the CMS study and found few things that it would have done differently. Peterson questions the potential cost savings, saying a 20 percent reduction is more realistic than the 80 percent that CMS predicts.

Dr. Chris O’Connor, director of the **Duke Heart Center**, says the hospital could hold patients longer – some hospitals will keep heart failure patients for 28 days – to reduce readmission rates, but that would provide little cost savings.

Duke was the only hospital in the area to post heart attack readmission rates that were

MEDIA

FIVE READMISSIONS

State	Readmission Rate	Number of Patients	Readmission Rate	Number of Patients
Alabama	11.1	1,000	11.1	1,000
Alaska	11.1	1,000	11.1	1,000
Arizona	11.1	1,000	11.1	1,000
Arkansas	11.1	1,000	11.1	1,000
California	11.1	1,000	11.1	1,000
Colorado	11.1	1,000	11.1	1,000
Connecticut	11.1	1,000	11.1	1,000
Delaware	11.1	1,000	11.1	1,000
District of Columbia	11.1	1,000	11.1	1,000
Florida	11.1	1,000	11.1	1,000
Georgia	11.1	1,000	11.1	1,000
Hawaii	11.1	1,000	11.1	1,000
Idaho	11.1	1,000	11.1	1,000
Illinois	11.1	1,000	11.1	1,000
Indiana	11.1	1,000	11.1	1,000
Iowa	11.1	1,000	11.1	1,000
Kansas	11.1	1,000	11.1	1,000
Kentucky	11.1	1,000	11.1	1,000
Louisiana	11.1	1,000	11.1	1,000
Maine	11.1	1,000	11.1	1,000
Maryland	11.1	1,000	11.1	1,000
Massachusetts	11.1	1,000	11.1	1,000
Michigan	11.1	1,000	11.1	1,000
Minnesota	11.1	1,000	11.1	1,000
Mississippi	11.1	1,000	11.1	1,000
Missouri	11.1	1,000	11.1	1,000
Montana	11.1	1,000	11.1	1,000
Nebraska	11.1	1,000	11.1	1,000
Nevada	11.1	1,000	11.1	1,000
New Hampshire	11.1	1,000	11.1	1,000
New Jersey	11.1	1,000	11.1	1,000
New Mexico	11.1	1,000	11.1	1,000
New York	11.1	1,000	11.1	1,000
North Carolina	11.1	1,000	11.1	1,000
North Dakota	11.1	1,000	11.1	1,000
Ohio	11.1	1,000	11.1	1,000
Oklahoma	11.1	1,000	11.1	1,000
Oregon	11.1	1,000	11.1	1,000
Pennsylvania	11.1	1,000	11.1	1,000
Rhode Island	11.1	1,000	11.1	1,000
South Carolina	11.1	1,000	11.1	1,000
South Dakota	11.1	1,000	11.1	1,000
Tennessee	11.1	1,000	11.1	1,000
Texas	11.1	1,000	11.1	1,000
Utah	11.1	1,000	11.1	1,000
Vermont	11.1	1,000	11.1	1,000
Virginia	11.1	1,000	11.1	1,000
Washington	11.1	1,000	11.1	1,000
West Virginia	11.1	1,000	11.1	1,000
Wisconsin	11.1	1,000	11.1	1,000
Wyoming	11.1	1,000	11.1	1,000



statistically worse than the national average – news that surprised the hospital, ranked No. 8 nationally in heart and heart surgery by U.S. News and World Report.

Local health-care officials say they have little control over patients being readmitted to the hospital. In the cases of heart attack, heart failure and pneumonia, the people being treated often are of poor health, they say.

And many patients fail to properly follow doctors' orders once they leave the hospital. "Those patients have a lot of things going on," says Dr. Meera Kelley, **WakeMed Health and Hospitals**' vice president of quality and patient safety, adding that many prove unable to take care of themselves once they leave the hospital.

Dr. Brian Goldstein, chief of staff at **UNC Hospitals**, once had a patient suffering from leg ulcers return because he let his dog lick his wounds, causing an infection.

"I'm not sure we were thoughtful enough to say, 'Don't let your dog lick your legs,'" says Goldstein, adding that he had counseled the patient to keep the wounds clean and change his bandages.

Even prior to the release of the CMS report, many area hospitals had been reviewing their readmissions and working to improve the quality of care.

Larry Mandelkehr, director of performance improvement at UNC Hospitals, says the hospital has been looking at its readmissions to determine the best practices to reduce the rate. In the CMS study, UNC Hospitals posted readmission rates that were statistically on par with national averages.

O'Connor says that during the past six months, Duke has seen its readmission rates decline.

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