

FACTFILE

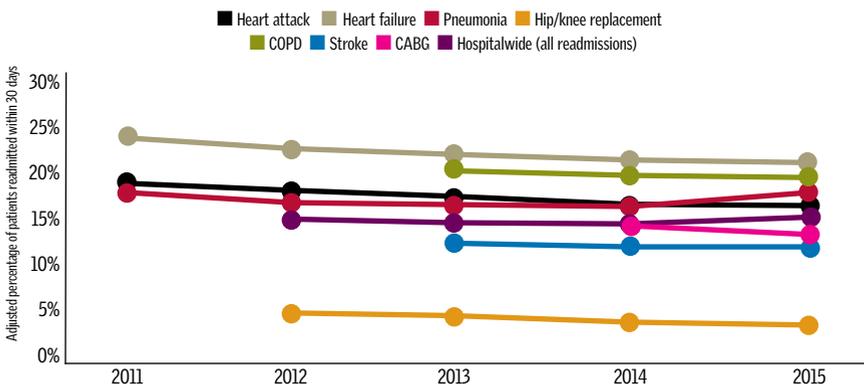
30-Day Readmission Rates

The Truven Health Analytics™ study of 30-day readmission rates uses Medicare Hospital Compare data to analyze differences in readmission rates among hospitals across the nation. Aggressive efforts are being made by the Centers for Medicare & Medicaid Services, private health plans, and providers to reduce unplanned hospital readmissions. This study examines 30-day hospital readmission rates from 2011 to 2015. Rates of 30-day unplanned readmissions have improved consistently during the five-year period. 

30-DAY READMISSIONS DECLINE

Unplanned 30-day readmission rates declined between 2011 and 2015 for every major clinical cohort tracked by CMS. The declines were largest for heart attack and heart failure. Heart attack readmission rates declined from 20% of patients in 2011 to 17% in 2015, while heart failure readmission rates declined from 25% of patients to 22% during the same period.

Decline in risk-standardized, unplanned readmission rates by CMS clinical cohort

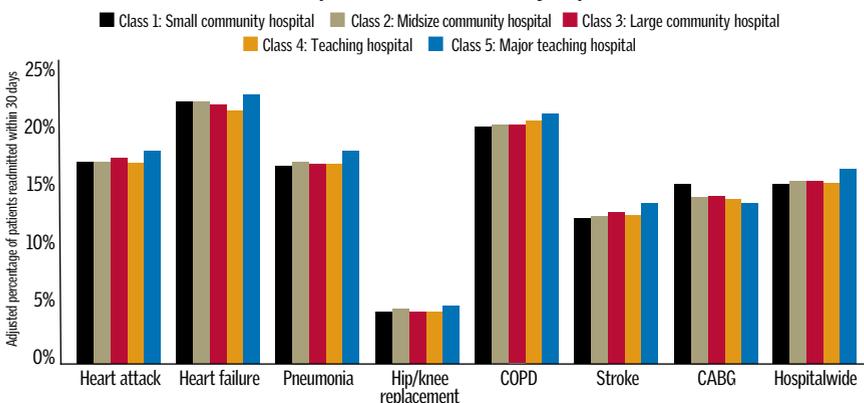


SOURCE: Truven Health Analytics.

READMISSION RATES VARY BY HOSPITAL TYPE

Major teaching hospitals (Class 5) had higher adjusted readmission rates than other types of hospitals for heart attack, heart failure, COPD, stroke, and hospitalwide readmissions, while small community hospitals (Class 1) had higher adjusted readmission rates than other types of hospitals for CABG surgery.

Decline in risk-standardized, unplanned readmission rates by hospital class and clinical cohort



SOURCE: Truven Health Analytics.

About the Data

To conduct this Truven Health Analytics™ study, researchers evaluated 3,000 short-term, acute-care, nonfederal hospitals, using public information from the CMS Hospital Compare website. Rates of risk-standardized, 30-day unplanned readmissions were evaluated for changes over time from 2011 to 2015.

General linear models were used to evaluate readmission trends over time based on t-statistics (which help show variance from observed averages) for heart attack, pneumonia, heart failure, chronic obstructive pulmonary disease (COPD), stroke, hip/knee replacement, coronary artery bypass graft (CABG) surgery, and hospitalwide readmission totals.

Hospital-specific case volume was used to weight the analyses based on severity.

To determine the differences in rate of change in adjusted readmission rates, the following hospital characteristics were evaluated:

- Bed size
- Teaching status
- Ownership (not-for-profit vs. profit)
- Geographic region
- Safety net status

NOTE: Evaluation showed that geographic region and safety net status did not have a significant effect on rates of readmission. Therefore, these characteristics were not considered in determining adjusted readmission rates.

CMS calculates unplanned or "excess" readmissions ratio by dividing a hospital's number of predicted 30-day readmissions for heart attack, heart failure, pneumonia, COPD, hip/knee replacement, stroke, and CABG by the number that would be expected based on an average for a comparable hospital with similar patients.

A ratio greater than 1.0000 indicates excess readmissions.

Upcoming Topic:

- > U.S. Employer Benchmarks and Trends: Mental Health and Substance Abuse

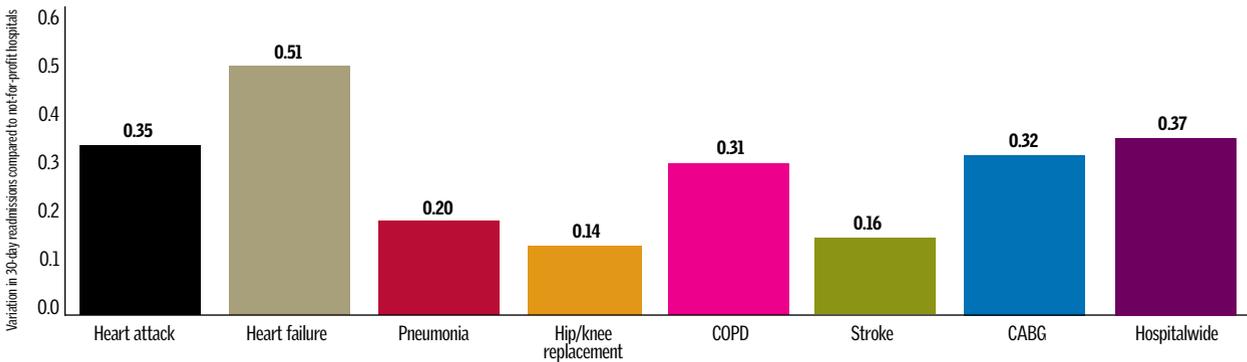
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READMISSION RATES: FOR-PROFIT VS. NOT-FOR-PROFIT HOSPITALS

Readmission rates vary considerably by hospital ownership. For-profit hospitals had significantly higher unplanned readmission rates than not-for-profit hospitals. The spread was widest for heart failure patients, with for-profit hospitals experiencing readmission rates that were 0.5 percentage points higher than not-for-profit hospitals.

For-profit hospital readmission rates vs. other hospitals, adjusted for year, hospital bed size category, and teaching status.

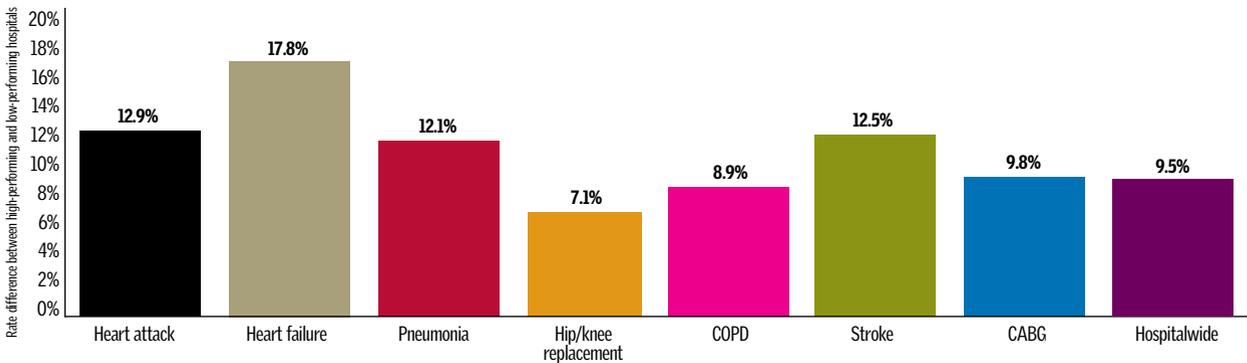


SOURCE: Truven Health Analytics.

RESULTS VARY FROM HOSPITAL TO HOSPITAL

The gap that exists between hospitals with the highest readmission rates and those with the lowest readmission rates is significant, which suggests that there are opportunities for improvement in many hospitals. For heart failure patients, the variation between top performers and lowest performers is nearly 18%.

Adjusted readmission rates by clinical cohort

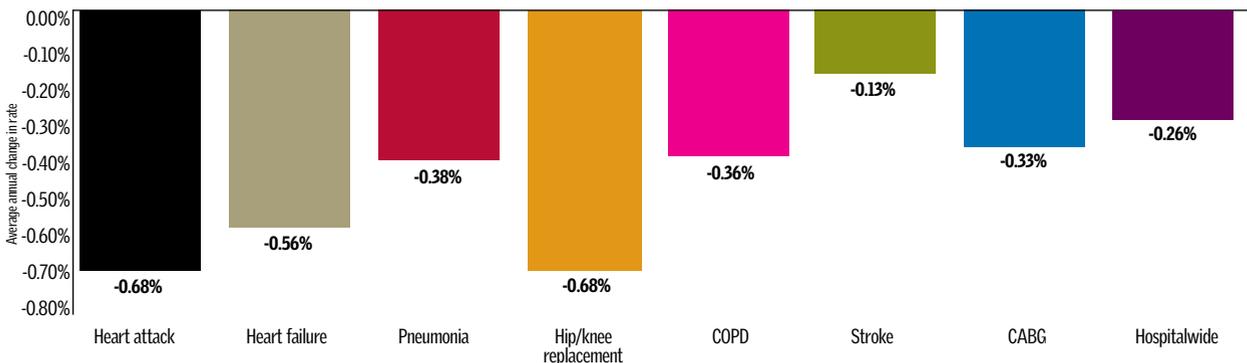


SOURCE: Truven Health Analytics.

AVERAGE YEARLY RATE OF DECLINE

The annual rates of decline in 30-day readmissions were similar across clinical conditions; however, the most rapid reductions are occurring in heart attack, heart failure, and hip/knee replacement. Readmission rates for heart attack, for example, have been declining at a rate of 0.68% each year for the past five years.

Adjusted readmission rates by clinical cohort



SOURCE: Truven Health Analytics.

