

Study compares outcomes at VA hospitals vs. non-VA hospitals

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Among older men with heart attack, heart failure or pneumonia, hospitalization at Veterans Affairs (VA) hospitals, compared with hospitalization at non-VA hospitals, was associated with lower 30-day all-cause mortality rates for heart attack and heart failure, and higher 30-day all-cause readmission rates for all 3 conditions, both nationally and within similar geographic areas, although absolute differences between these outcomes were small, according to a study in the February 9 issue of *JAMA*.

Little contemporary information is available about comparative performance between VA and non-VA hospitals, particularly related to mortality and readmission rates, important outcomes of care. Harlan M. Krumholz, M.D., S.M., of Yale-New Haven Hospital, New Haven, Conn., and colleagues conducted an analysis that included male Medicare fee-for-service beneficiaries age 65 years or older hospitalized between 2010 and 2013 in VA (n = 104) and non-VA (1,513) acute care hospitals for acute myocardial infarction (AMI; [heart attack](#)), [heart failure](#) (HF), or pneumonia, using Medicare and VA data. Each condition-outcome analysis cohort for VA and non-VA hospitals contained at least 7,900 patients, in 92 metropolitan statistical areas (MSAs).

The researchers found that [mortality rates](#) were lower in VA hospitals than non-VA hospitals for AMI (13.5 percent vs 13.7 percent) and HF (11.4 percent vs 11.9 percent), but higher for pneumonia (12.6 percent vs 12.2 percent). Hospital readmission rates were higher in VA hospitals

for all 3 conditions (AMI, 17.8 percent vs 17.2 percent; HF, 24.7 percent vs 23.5 percent; pneumonia, 19.4 percent vs 18.7 percent). In within-MSA comparisons, VA hospitals had lower mortality rates for AMI (percentage-point difference, -0.22) and HF (-0.63), and mortality rates for pneumonia were not significantly different (-0.03); however, VA hospitals had higher readmission rates for AMI (0.62), HF (0.97), or [pneumonia](#) (0.66).

The authors write that the differences in mortality and [readmission rates](#) persisted after accounting for geographic variation in [hospital](#) location by limiting comparisons of VA and non-VA hospitals to those within the same metropolitan statistical area. "In general, however, the magnitudes of differences were small for both measures across all 3 conditions."

Ashish K. Jha, M.D., M.P.H., of the Harvard T. H. Chan School of Public Health, Boston, writes in an accompanying editorial that the study by Nuti et al begins to answer the question of whether the VA is meeting its obligations to adequately care for veterans.

"The authors focus on a narrow set of questions: how does the VA compare with the rest of the health care system on care for a common set of medical conditions? The findings are reassuring and make plain that even though the VA has much work to do, it is starting off from a substantially better place than it was in 2 decades ago."

"These findings are important because they suggest that despite all of the challenges that VA hospitals have faced, they are still able to deliver high-quality care for some of the sickest, most complicated patients. In addition, although there are large variations in outcomes among VA hospitals, on average, the system seems to be performing reasonably well."

More information: *JAMA*, [DOI: 10.1001/jama.2016.0278](https://doi.org/10.1001/jama.2016.0278)

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