

Public reporting of hospital readmissions hasn't cut rates

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(HealthDay)—For patients with myocardial infarction (MI), heart

failure, and pneumonia, the release of the Centers for Medicare & Medicaid Services (CMS) public reporting of hospital readmission rates has had no impact on 30-day readmission trends, according to a study published in the March 1 issue of the *Journal of the American College of Cardiology*.

Adam D. DeVore, M.D., from the Duke Clinical Research Institute in Durham, N.C., and colleagues analyzed Medicare claims data from 2006 to 2012 for patients discharged after hospitalization for MI, [heart failure](#), or [pneumonia](#).

Data were included from >4,100 hospitals for 37,829 hospitalizations for MI, 100,189 for heart failure, and 79,076 for pneumonia. The researchers found that there were improvements in adjusted readmission rates for MI (–2.3 percent), heart failure (–1.8 percent), and pneumonia (–2.0 percent) when considering only recent trends (since 2009). When comparing trends before with those after reporting, there was no difference for MI, heart failure, or pneumonia (P = 0.72, 0.19, and 0.21, respectively). No changes were seen in 30-day post-discharge care for MI or pneumonia; for heart failure there were decreases in emergency department visits and for observation stays (P = 0.007 and 0.04, respectively).

"In this analysis of Medicare claims data, we found no association between the 2009 CMS policy decision to report hospital readmission rates and changes in trends for readmission rates publicly," the authors write.

Several authors disclose financial ties to the biopharmaceutical industry.

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