

Older patients with vision loss have higher hospital use, costs

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costs (\$64,711 versus \$61,060) compared with those with no vision loss (NVL). Medicare beneficiaries with SVL had higher odds for longer length of stay (estimated ratio, 1.04), readmission (odds ratio, 1.22), and higher costs (estimated cost ratio, 1.12). The investigators found similar results for patients with commercial health insurance. Applying these findings to hospitalizations of patients with vision loss nationwide yielded an estimate of more than \$500 million in [additional costs](#) annually caring for these patients.

"These findings suggest that opportunities for improving outcomes and reducing costs exist in addressing patients' vision loss and concomitant functional difficulties during hospitalization and thereafter," the authors write.

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(HealthDay)—Hospitalized Medicare beneficiaries with vision loss experience longer mean length of stay, higher readmission rates, and higher costs during hospitalization and postdischarge, according to a study published online April 4 in *JAMA Ophthalmology*.

Alan R. Morse, J.D., Ph.D., from Columbia University in New York City, and colleagues used health care claims data (Medicare database [6,165 individuals with [vision loss](#)] and Clinformatics DataMart [5,929 individuals with vision loss]) to assess whether, when hospitalized for similar medical conditions, the mean hospitalization lengths of stay, readmission rates, and costs of hospitalization differed between individuals with vision loss and those without.

The researchers found that Medicare enrollees with severe vision loss (SVL) had longer mean lengths of stay (6.48 versus 5.26 days), higher readmission rates (23.1 versus 18.7 percent), and higher hospitalization and 90-day postdischarge

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