

The revolving door of hospital re-admissions

by The St. Louis Post-Dispatch

If you paid for expensive auto repairs and the same problem recurred a few weeks later, you'd probably refuse to pony up for a second fix.

But what about medical care? What if you had surgery and, a few days after being released from a hospital, you were right back in to treat complications from the operation. Would you pay for that?

Medicare and most private health insurance companies routinely do, even though many experts say so-called re-admissions within 30 days are a sign of poor-quality care.

A new study estimates that about one in five Medicare patients released from a hospital after treatment winds up back inside again within 30 days. That adds a staggering \$17.4 billion to Medicare's cost.

People aren't cars, of course, and medical results can't be guaranteed. Even with the best treatment, some patients get sicker or take an unexpected turn for the worse. That's especially true with the elderly and disabled people covered by Medicare.

Still, the new study raises important questions about the quality of care provided at great cost to hospitalized patients around the country.

National health spending has been growing at more than twice the rate of inflation for decades.

It reached \$2.2 trillion in 2007. The largest single chunk of those expenditures — nearly \$700 billion — went for hospital care.

For all the money we spend, there's ample evidence that quality remains uneven at best.

The new study was published this month in the New England Journal of Medicine. Researchers analyzed billing records for the nearly 12 million Medicare patients hospitalized in 2004. Medicare cost about \$300 billion that year, with nearly \$103 billion of that going for hospital care.

Doctors who conducted the study found that about 20 percent of patients were re-admitted within 30 days and one-third were back in a hospital after two months. More than half of the patients had been re-admitted to a hospital one year later.

That's not always a bad thing. Sometimes, as when patients who had cancer surgery go back into a hospital for intensive chemotherapy, re-admissions are part of a treatment plan.

But researchers in the new study estimated that was obviously the case in only about 10 percent of the records they examined.

They found that among the most common reasons for re-admission after surgery were pneumonia and post-operative infections. Both can often be prevented by giving antibiotics before and after surgery.

There was no evidence that many of the rehospitalized patients had seen a doctor between the time they were discharged and when they went back into the hospital. That strongly suggests patients weren't getting well-coordinated follow-up care, the researchers said. Getting it can reduce the likelihood of serious

complications that send patients back to the hospital.

The new report comes at a time when attention increasingly is focused on improving health care quality. Medicare recently stopped paying for costs associated with two-dozen common medical errors. Many private insurance companies will follow suit.

Last summer, officials at the federal agency that oversees Medicare recommended that Congress reduce payments to hospitals with consistently high re-admission rates. There's currently no reporting requirement for individual hospitals; there should be.

Hospitals cannot solve problems they don't identify and study. Reducing hospital re-admission rates will save money and improve the quality of health care.

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