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CALIFORNIA HOSPITAL PATIENT READMISSION RATES PROFILED

SACRAMENTO – Contributing its unique data resources to the current discussion about paying for hospital care, the Office of Statewide Health Planning and Development (OSHPD) today released its first report on, “Readmission for California Hospital Patients 2005-06.” Using OSHPD’s patient discharge data for 2005, the brief profiled readmissions among California hospital patients where more than one-third of the 1.7 million patients hospitalized in 2005 had at least one readmission during the next 365 days.

“Readmissions are an important issue because they are expensive, can involve additional difficulties for patients and caregivers, and often can be preventable,” said OSHPD Director Dr. David Carlisle. “Our hope is this data can spur discussion on lowering rates of readmissions to affect change in direct patient care, discharge planning, and case management.”

The term “readmission” refers to patients admitted to the hospital again after previously being discharged. For this report, the time interval can be as short as one day or up to one year after discharge. OSHPD selected the first hospitalization for each patient during 2005 and linked it to additional hospitalizations experienced by the patient for the next 365 days.

There is a growing interest in readmissions because recent research shows, readmissions are often associated with gaps in follow-up medical care and that hospitals can reduce avoidable readmissions with better quality of care and improved coordination of care both before and after patient discharge. Patients who leave the hospital only to boomerang back days or weeks later can present challenges not only for hospitals and doctors, but also for those trying to rein in rising costs. Reducing hospital readmission rates has become a key objective in national health care reform.

This brief provides information about readmission rates, charges, and those patients who are at high risk for readmission. The brief covers patterns in readmissions related to patient age, race, and ethnicity; who is paying for the hospital care; the patient’s diagnosis at first admission to the hospital; and where in the state the hospitalization



occurs. Additionally, the brief shows how much readmissions add to the total bill for Medicare, Medi-Cal, and other payers.

Findings from the brief include:

- Out of the 1,676,663 individual patients receiving inpatient hospital care during 2005, more than one-third (36%) had at least one readmission within the next 365 days.
- Among those who were rehospitalized, about one-tenth were back in the hospital within a week, and about one-third returned within a month.
- Among patients who had at least one readmission, 93% were initially admitted for general acute care. However, the highest readmission rates were for patients initially admitted to psychiatric care.
- The average number of readmissions per patient was higher in Los Angeles County (1.7) than other parts of the state (1.5 to 1.6).
- Readmissions added \$31 billion to the charges billed to Medicare, accounting for 50% of charges for California hospital services, and almost \$10 billion to California's Medi-Cal bill, accounting for 49% of the Medi-Cal total.

As one of thirteen departments within California's Health and Human Services Agency, OSHPD is committed to "Equitable Healthcare Accessibility for California." OSHPD analyzes and supports the state's health care infrastructure, promoting medical care transparency for Californians. OSHPD also supports a diverse and culturally competent workforce, ensures safety of buildings used to provide health care, insures loans to develop health care facilities, and facilitates development of a sustained capacity for communities to address their health care concerns.

The study on "Readmission for California Hospital Patients 2005-06" is now available online at www.oshpd.ca.gov.

For more information on recent readmission research, the following sites are available:

- Project RED (ReEngineered Discharge): <http://www.bu.edu/fammed/projectred/>
- Healthcare Leader Action Guide to Reduce Avoidable Readmissions: <http://www.commonwealthfund.org/Content/Publications/Fund-Manuals/2010/Jan/Health-Care-Leader-Action-Guide.aspx>
- Report to the Congress: Promoting Greater Efficiency in Medicare, June 2007. Medicare Payment Advisory Commission (MedPAC).]]]

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