Letter by DiDomenico et al Regarding Article, “Recent National Trends in Readmission Rates After Heart Failure Hospitalization”

To the Editor:

In 2009, the Centers for Medicare and Medicaid Services began reporting publicly 30-day readmission rates for acute decompensated heart failure in an effort to highlight preventable readmissions, improve care, and control costs. This decision was based, in part, on recent observations of elderly Medicare fee-for-service beneficiaries that found a median readmission rate of 24.4% (range, 15.9% to 34.4%).1 A follow-up study by Ross et al2 published in Circulation: Heart Failure evaluated trends in readmission after acute decompensated heart failure hospitalization and found similar readmission rates (23.7% to 23.9%) over the 3-year period from 2004 to 2006. Both of these studies used risk-standardized readmission rates derived from Centers for Medicare and Medicaid Services administrative data. These models do not take into account patient nonadherence with the postdischarge care plan.

Nonadherence (medications, diet, self-monitoring, and communication with provider) is a significant problem in patients with heart failure and frequently contributes to morbidity and increased resource utilization. This may be especially true for medical centers that serve elderly and/or socioeconomically disadvantaged patient populations. A prospective evaluation of 161 elderly heart failure patients found that medication nonadherence was a contributing factor in 15% of readmissions.3 Another study surveyed patients, caregivers, and providers for 173 heart failure readmissions and identified nonadherence as the contributing factor in 13% to 26% of the cases as judged by the respondents.4 Murray et al5 observed a 3-fold higher readmission rates in heart failure patients with refill nonadherence compared with those with good refill adherence.

Like many medical centers across the country, in response to the risk-standardized readmission rates reported earlier, we investigated potentially preventable causes for readmission by performing a chart review of patients rehospitalized over the course of 1 year (January 4, 2008 to 21 March, 2009). Of the 76 admissions identified from administrative data during this time period, we have collected complete data on 67 of these admissions, representing 58 individual patients. Not unlike other analyses, medication nonadherence was documented as a contributing cause for readmission in 19 cases (28.4%). Dietary indiscretion was thought to contribute to 3 (4.5%) additional cases. Therefore, nonadherence was believed to contribute to as many as one third of readmissions at our institution! Consequently, our risk-standardized readmission rates may seem much worse compared with medical centers that serve populations with better adherence because nonadherence is not currently a part of the risk-standardization model used in these analyses (unless a patients signs out against medical advice).1,2

We believe that incorporating nonadherence into risk adjustments should be considered as the transition of care becomes more of a focus for preventing readmissions in patients with heart failure. If this is not possible with currently available Centers for Medicare and Medicaid Services administrative data, then perhaps provisions should be made to allow for this possibility. We all need to investigate solutions to minimize nonadherence in these patients to optimize patient care. In the meantime, however, failing to control for nonadherence in the risk-stratified models for readmissions puts institutions with a population prone to nonadherence at a disadvantage when this data are made public.

Disclosures

None.

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References


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