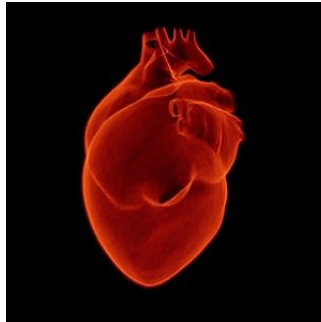

HRRP and increased death risk in heart failure patients



While a programme implemented in the U.S. to reduce hospital readmissions was effective in curtailing the rate of readmissions, the same programme was associated with an increase in the rate of death among Medicare patients hospitalised with heart failure. The findings are from a new study published by JAMA Cardiology to coincide with the American Heart Association's Scientific Sessions 2017.

Heart failure is the leading cause of readmissions among Medicare patients. The Affordable Care Act of 2010 established the Hospital Readmissions Reduction Programme (HRRP), which involved public reporting of hospitals' 30-day readmission rates for heart failure, heart attack, and pneumonia and created financial penalties for hospitals with higher readmissions. However, incentives to reduce readmissions can potentially encourage inappropriate care strategies and may adversely affect patient outcomes.

Researchers carried out an observational study covering 115,245 fee-for-service Medicare patients from 416 hospital sites participating in a heart failure clinical registry. The study period was divided into phases before (1 January 2006 to 31 March 2010), during (1 April 2010 to 30 September 2012) and after HRRP penalties went into effect (1 October 2012 to 31 December 2014). The primary outcomes were risk of hospital readmission or death 30 days and one year after discharge among these heart failure patients.

Results

Before the imposition of HRRP penalties:

- 30-day readmission and mortality rates: 20.0% and 7.2%
- 1-year readmission and mortality rates: 57.2% and 31.3%

After the imposition of HRRP penalties:

- 30-day readmission and mortality rates: 18.4% and 8.6%
- 1-year readmission and mortality rates: 56.3% and 36.3%

"These findings raise concerns that the HRRP, while achieving desired reductions in readmissions, may be associated with compromised survival of patients with heart failure. If the findings are confirmed they may require reconsideration of use of the HRRP penalties programme for patients with heart failure," according to the research team, led by Gregg C. Fonarow, MD, of the Ronald Reagan-UCLA Medical Center, Los Angeles, and Associate Editor of the Health Care Quality and Guidelines section, JAMA Cardiology.

Study limitations

This is an analysis of heart failure hospitalisations from hospitals participating voluntarily in a heart failure clinical registry and may not be generalisable to other hospitals, the authors explain. "This is a patient-level analysis of readmissions and mortality and does not directly establish the association of change in readmission rate at a given hospital with change in its mortality rate," the authors write.

Source: [JAMA Cardiology](#)

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