

Mortality Rates Lower at Major Teaching Hospitals



New research published by JAMA shows that admission to a major teaching hospital was associated with a lower overall 30-day risk of death compared with admission to a nonteaching hospital. Researchers used Medicare data to compare mortality rates in U.S. teaching and nonteaching hospitals for all hospitalisations and for common medical and surgical conditions among Medicare beneficiaries 65 years and older.

Academic medical centres (AMCs) are often considered more expensive than community hospitals and some insurers have excluded AMCs from their networks in an attempt to control costs, assuming that quality is comparable. In evaluating the value of medical care, quality and cost must be considered; thus, understanding whether teaching hospitals provide better care is important. The seminal studies on this topic are 18 to 25 years old, and it is unclear whether those findings persist in the contemporary healthcare environment.

The JAMA study used a sample consisting of 21.4 million total hospitalisations at 4,483 hospitals, of which 250 (5.6 percent) were major teaching (members of the Council of Teaching Hospitals), 894 (20 percent) were minor teaching (other hospitals with medical school affiliation), and 3,339 (74 percent) were nonteaching hospitals. After adjusting for patient and hospital characteristics, 30-day mortality was 8.3 percent at major teaching, 9.2 percent at minor teaching, and 9.5 percent at nonteaching hospitals.

After stratifying by hospital size, large (400 beds) and medium-sized (100-399 beds) major teaching hospitals had lower adjusted overall 30-day mortality relative to similarly-sized nonteaching hospitals. Among small (99 beds or less) hospitals, minor teaching hospitals had lower overall 30-day mortality compared to nonteaching hospitals.

“Further study is needed to understand the reasons for these differences,” write Ashish K. Jha, MD, MPH, of the Harvard T.H. Chan School of Public Health, Boston, and co-authors.

The authors note several limitations to the study, including that it examined mortality rates for the Medicare fee-for-service population, and thus it was not possible to determine whether these findings are generalizable to nonelderly populations.

Source: [JAMA](#)

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