



Hospital Readmissions

“...identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system.”

PROBLEM STATEMENT:
Unplanned hospital readmissions are costly for the healthcare system and associated with poor patient outcomes. ⁱ In 2018 hospital readmissions affected 3.8 million people (about twice the population of New Mexico) in the U.S., at an average cost of \$15,200 per patient. ⁱⁱ In 2022, Washington state’s readmission rate was 9.8%, but varies between hospitals, geographic areas, and populations. ⁱⁱⁱ Causes of unplanned readmissions range from patient-level to societal-level factors. ^{iv} Evidence-based strategies can reduce the disparities and impact of readmissions.
RE-REVIEW JUSTIFICATION:
<ul style="list-style-type: none"> • WSHA Readmission Dashboard Resource • Updated Discharge Planning Toolkits and other resources
DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):
<input checked="" type="checkbox"/> VARIATION IN CARE <input checked="" type="checkbox"/> SAFETY CONCERNS <input checked="" type="checkbox"/> HIGH COST AND POOR OUTCOMES <input checked="" type="checkbox"/> EQUITY CONCERNS
PROPOSED SCOPE:
<ul style="list-style-type: none"> • Review 2014 Hospital Readmission Report Guidelines for relevance and available Bree evaluation data • Promotion of evidence-based readmission prevention strategies across healthcare settings, payers and organizations • Public health interventions and community partnerships to reduce the social drivers of readmissions
EVIDENCE-BASED IMPACT STRATEGY:
<ul style="list-style-type: none"> • Interventions: Identification of target populations, discharge planning toolkits, collaborative transition of care plan with interdisciplinary team^v, person-centered and context specific prevention strategies • Address social risk factors such as housing insecurity, transportation needs and financial instability
AVAILABLE DATA:
<ul style="list-style-type: none"> • In 2022, statewide readmission rate was 9.8%, Multi-visit patients (MVPs) accounted for 55% of hospital readmissions, and Dual Medicare-Medicaid eligible beneficiaries were readmitted over 2x more than commercially-insured Washingtonians^{vi} • BIPOC individuals and people experiencing homelessness (PEH) are more likely to be readmitted. ^{vii} • Almost 1 in 4 individuals admitted for opioid overdose experience a readmission within 90 days^{ix}
POTENTIAL PARTNERS:
WSHA, Medicaid MCOs, FQHCs, ACOs, BH-ASOs
HOW MAY A BREE REPORT ON THIS TOPIC SUPPORT THE HEALTH OF WASHINGTONIANS:
A Bree report could increase uptake of evidence-based strategies and existing state resources, reduce variability across hospital and health systems, advance cross-sector collaborative solutions for complex transitions, reduce the approximately \$57.7 billion annual burden on the healthcare system, ^x and most importantly, provide patients with a more successful transition from the hospital to their next level of care.

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- ⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4439931/>
- ⁱⁱ [Overview of Clinical Conditions With Frequent and Costly Hospital Readmissions by Payer, 2018 #278 \(ahrq.gov\)](#)
- ⁱⁱⁱ **CHARS**: Washington State Department of Health's Comprehensive Hospital Abstract Reporting System. Discharge, procedure, and billing data.
- ^{iv} [Towards a patient journey perspective on causes of unplanned readmissions using a classification framework: results of a systematic review with narrative synthesis | BMC Medical Research Methodology | Full Text \(washington.edu\)](#)
- ^v [Transition of care to prevent recurrence after acute coronary syndrome: the critical role of the primary care provider and pharmacist \(washington.edu\)](#)
- ^{vi} PNWPop: Discharge, procedure, and billing data.
- CHARS**: Washington State Department of Health's Comprehensive Hospital Abstract Reporting System. Discharge, procedure, and billing data.
- ^{vii} [Impact of Hospital Readmissions Reduction Initiatives on Vulnerable Populations \(cms.gov\)](#)
- ^{viii} [Reducing hospital readmissions amongst people experiencing homelessness: a mixed-methods evaluation of a multi-disciplinary hospital in-reach programme | BMC Public Health | Full Text \(biomedcentral.com\)](#)
- ^{ix} [U.S. National 90-Day Readmissions After Opioid Overdose Discharge - PubMed \(nih.gov\)](#)
- ^x [Overview of Clinical Conditions With Frequent and Costly Hospital Readmissions by Payer, 2018 \(ahrq.gov\)](#)