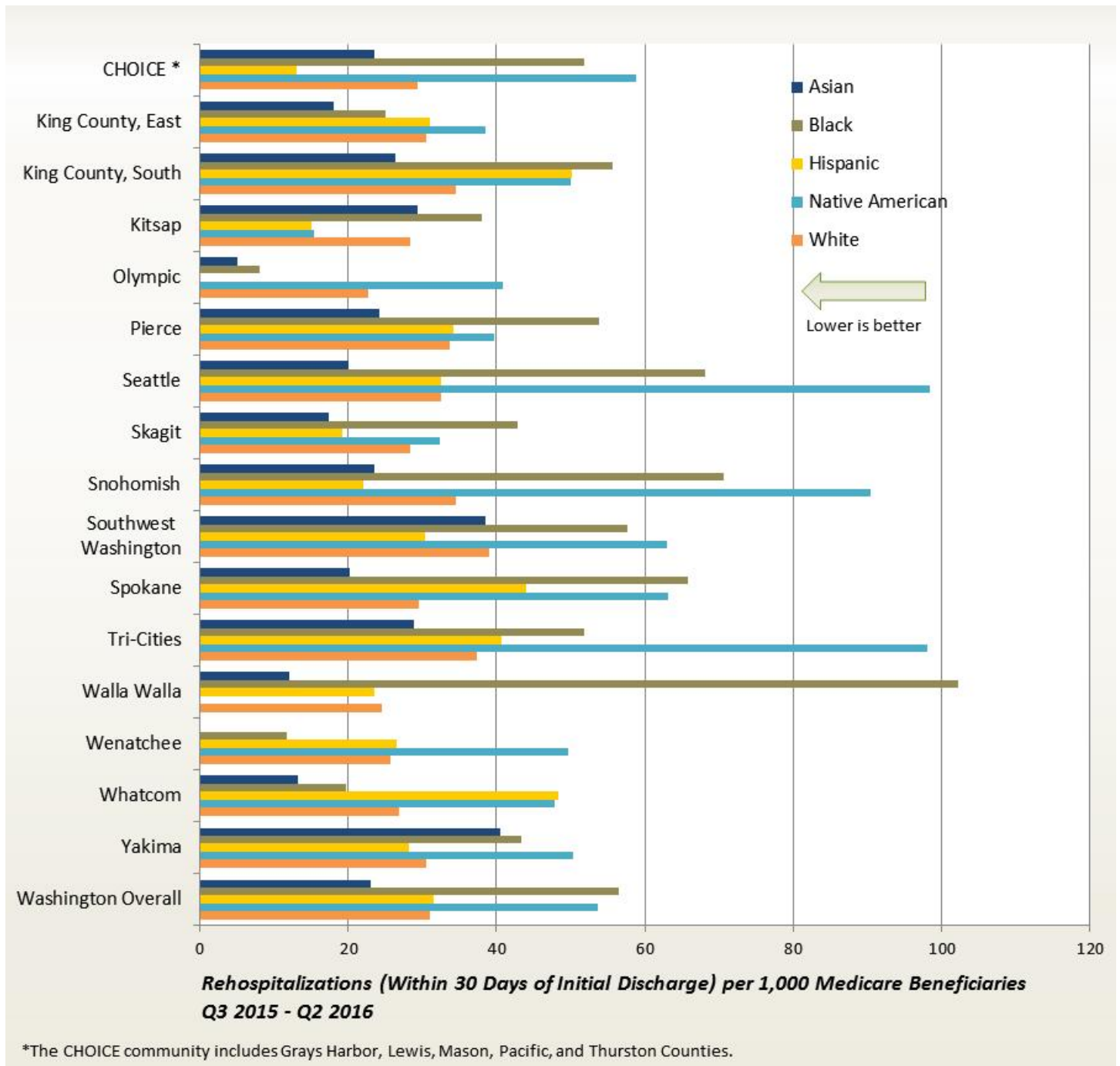
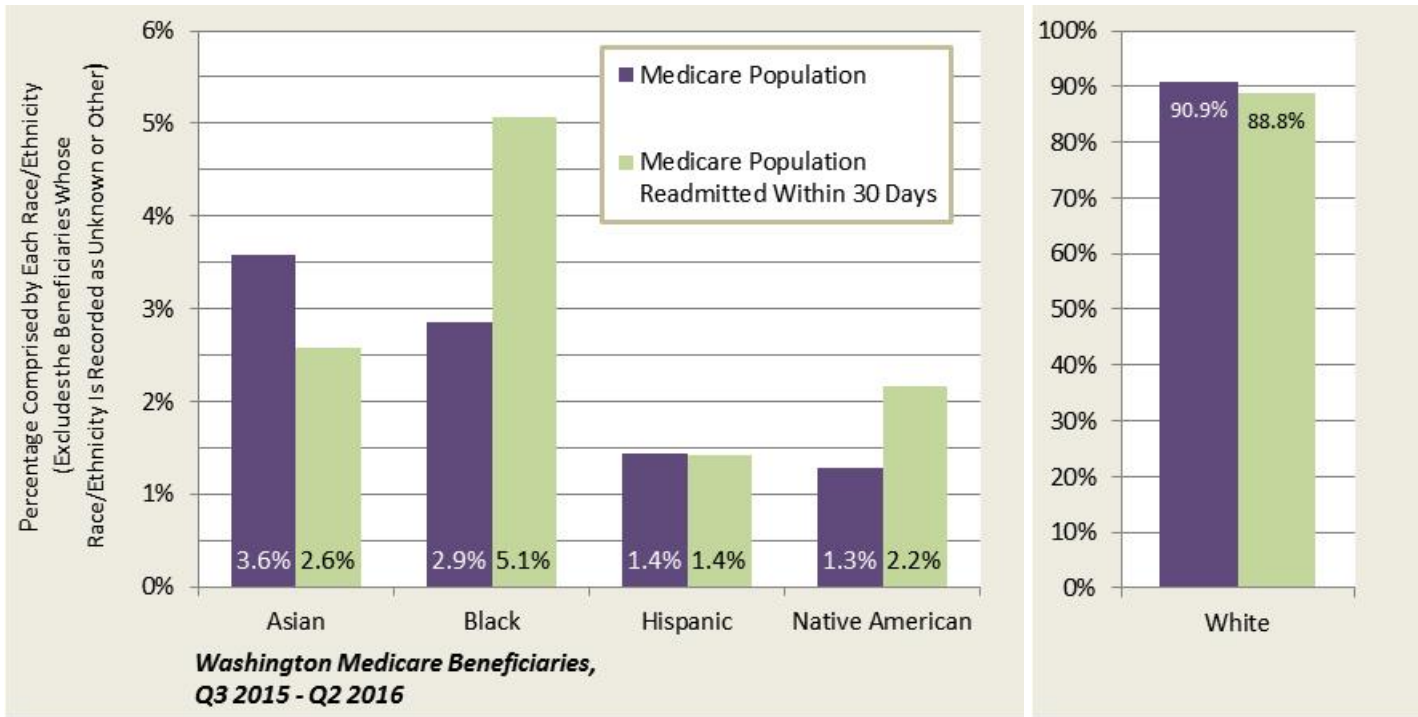


Too many Medicare beneficiaries are readmitted shortly after a hospital discharge

Rates vary substantially by race



For the state as a whole, Blacks and Native Americans are over-represented among those Medicare beneficiaries readmitted within 30 days



Why examine readmissions from the perspective of the patient’s race/ethnicity?

It can be informative to compare the range of results across communities. Examining readmission rates from the perspective of the Medicare beneficiary’s race/ethnicity can help bring attention to disparities and generate changes that improve care for all of us.

As shown in the accompanying data, readmission rates vary substantially by race. For instance:¹

- Native American Medicare beneficiaries were the most likely to be readmitted to a hospital in 9 of the 16 defined communities. In those communities, Native Americans were readmitted at a rate anywhere from 107% to 700% higher than the least-readmitted race.
- In 11 of the 16 defined communities, the difference between the races/ethnicities with the lowest and highest rehospitalization rates was greater than the state’s overall rate of 31.3 readmissions per 1,000 Medicare beneficiaries. The four communities with the biggest disparity between the lowest and highest rehospitalization rates are Snohomish (with a difference of 68.5 readmissions per 1,000), Tri-Cities (69.3), Seattle (78.3), and Walla Walla (90.3).
- While Blacks comprise 2.9% of Washington’s Medicare population as a whole, they account for 5.1% of those readmitted within 30 days.

Aren’t these disparities due to differences in income rather than quality of care?

While the racial disparities may be due to numerous reasons, it should be remembered that there is at least one constant across all the patients included in these data: everyone has the same insurance coverage—Medicare. Numerous studies have shown that even when issues such as income are accounted for, racial disparities in healthcare are apparent nationwide.

¹ All of these examples exclude the beneficiaries whose race/ethnicity is recorded as “Other/Unknown.”

Why are readmissions important?

No one wants to be readmitted to a hospital shortly after being discharged. A readmission indicates that the patient's health has worsened and financial costs will increase. It also likely means that somewhere along the way, a communication failure or other preventable problem occurred.

Are readmissions a concern here in Washington?

As one measure of healthcare quality, Medicare tracks the number of beneficiaries who are rehospitalized within 30 days of being discharged. Washington's 30-day readmission rate of 31.3 per 1,000 Medicare beneficiaries is better than the national average (52.5 per 1,000).²

However, there is always room for improvement. Qualis Health is partnering with communities across the state to reduce rehospitalizations. As part of this work, we analyze Medicare claims and create community-specific reports³ to help local coalitions of healthcare providers, foundations, and other interested community members understand their current situations, identify opportunities for improvement, and track progress.

Data Source and Methods

This document uses Medicare Part A Fee-for-Service claims data to assess hospital admission and readmission rates for Medicare beneficiaries residing in various defined communities. It includes patients under age 65 who qualify for Medicare Part A due to chronic disability; they account for more than 20% of the state's Medicare hospital admissions and are at high risk for readmissions.

Qualis Health divided the state into 16 communities based on healthcare utilization patterns and Medicare beneficiaries' home ZIP codes; the community boundaries may not directly correspond to city or county lines.

Learn More

To learn more about our work to improve care transitions and reduce avoidable readmissions across Washington, see www.Medicare.QualisHealth.org/Transitions or contact us.

² Both rates are from the latest data available, which for Washington is Q3 2015 – Q2 2016 and for the nation is October 2012 – September 2013. Qualis Health compiled the Washington data and the Integrating Care for Populations & Communities National Coordinating Center compiled the national data.

³ These reports are available at www.Medicare.QualisHealth.org/CommunityPerformanceReport.