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Title: Usefulness of a Rounding Cardiologist in a Skilled Nursing Facility to Reduce Hospital Readmissions and Costs

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Usefulness of a Rounding Cardiologist in a Skilled Nursing Facility to Reduce Hospital Readmissions and Costs

The Affordable Care Act established the Hospital Readmissions Reduction Program, effective October 1, 2012, which requires payments to hospitals be reduced up to 3% under Social Security for certain (e.g., heart failure {HF}, pneumonia) excess readmissions.¹ Readmissions are defined as “an admission to a subsection (d) hospital within 30 days of a discharge from the same or another subsection (d) hospital.”¹ Hospital readmissions are associated with poor outcomes and quality of care, and lead to increases in hospital costs. HF is responsible for 24.8% of 30-day readmission,² and the total direct medical cost for HF is expected to increase from \$20.9 B in 2012 to \$53.1 B by 2030, with most of the costs due to hospitalization.³ Interventions are needed to decrease this high readmission rate. We examined if a cardiologist rounding approximately 7 hours per week (over 2-3 days) in a skilled nursing facility (SNF) reduced 30-day readmission rates.

We retrospectively examined hospital readmissions one-year prior (May, 2013 through April, 2014), and during the cardiologist’s first year (May, 2014 through April, 2015) of rounding. We reviewed 1,032 patient records including 498 records before (125 men, 373 women aged 85.2 ± 9.5 yr) and 534 records (148 men, 386 women aged 85.3 ± 9.2 yr) during the intervention. Total 30-day hospital readmission rates for the SNF patients decreased by 3% (11% to 8%) resulting in a 27.3% improvement in the year after the cardiologist. Hospital 30-day readmission rates for HF patients decreased by 6% (14% to 8%) resulting in a 42.9% improvement. Estimated costs were reduced for both readmission cost of care (-\$150,000.00) and penalties (-\$731.70) for readmissions (Table 1).

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