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## Heart Failure and Cardiomyopathies

### HAS PUBLIC REPORTING OF READMISSIONS IMPROVED CARE FOR PATIENTS WITH HEART FAILURE?

Moderated Poster Contributions

Heart Failure and Cardiomyopathies Moderated Poster Theater, Poster Hall B1

Sunday, March 15, 2015, 9:45 a.m.-9:55 a.m.

Session Title: Readmissions in Heart Failure

Abstract Category: 14. Heart Failure and Cardiomyopathies: Clinical

Presentation Number: 1200M-03

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**Background:** In July 2009 the Centers for Medicare and Medicaid Services began publicly reporting risk-standardized 30-day hospital readmission rates for heart failure (HF) and other conditions. The impact of this policy change on different measures of acute care utilization has not been previously evaluated.

**Methods:** We identified HF hospitalizations of patients discharged alive to home between July 2006 and June 2012 from the 5% Medicare claims files. Our analysis adjusted for patient demographics and comorbid conditions to determine quarterly trends in 30-day: A) all-cause readmission, B) emergency department (ED) visits, and C) readmissions after same-hospital ED visits. We allowed the estimated trend line to change after implementation of public reporting and compared the predicted trend (based on the pre-reporting period) with the observed trend after implementation in July 2009.

**Results:** The figure displays predicted (dotted line) vs observed (red line) trends. We found no significant difference in the predicted and observed trends for all-cause readmissions, ED visits, or readmissions after same-hospital ED visits after implementation of public reporting.

**Conclusion:** The implementation of public reporting of readmission rates was not associated with significant improvement in 30-day readmission rates nor did it increase the rate of ED visits.

