Heart failure readmission-free period varies by primary payer

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Introduction

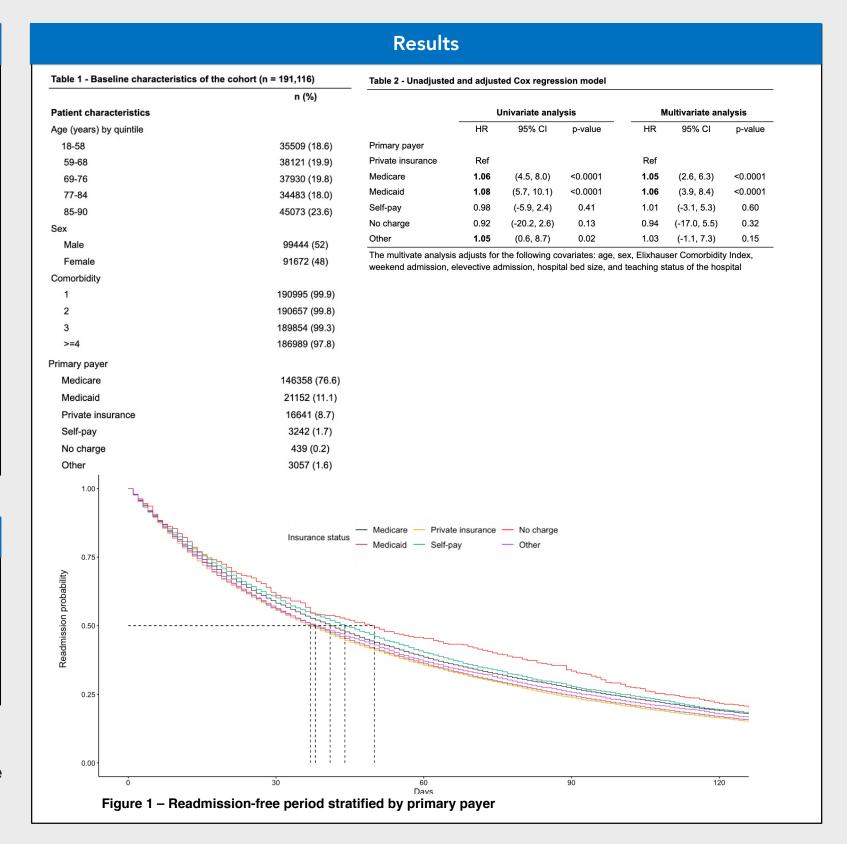
- Heart failure (HF) is the most common discharge diagnosis in the U.S, and patients with HF are at a high risk for readmission.
- Major predictors for readmission include having comorbidities such as diabetes, chronic lung disease, among others.
- In addition to comorbidities, readmission rates also defer by sex, age, SES, and primary payer.
- The 30-day and 90-day readmission rates for HF by primary payer type has been extensively published. However, there is a lack of knowledge in the medical literature regarding the readmission rate 3 months post-index admission.
- In our study, we retrospectively follow subjects for 1 year and report on differences in readmission free period by primary payer.

Materials and methods

- We used the 2017 National Readmission Database (NRD) to address our research question.
- NRD contains nationally representative and comprehensive patient-level, hospital-level, and district-level data.



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Conclusions

- In the multivariate analysis, known covariates of readmission for HF such as age, sex, comorbidity, weekend admission, elective admission, hospital bed size, and teaching status of the hospital were adjusted for when obtaining estimates of the hazard ratio.
- Relative to those on private insurance, those on Medicare and Medicaid had a 5% (p < 0.001) and a 6% (p < 0.001) increase in hazard of readmission, respectively.
- There was no statistically significant difference in hazard of readmission between those on private insurance, other insurance, self-pay, and those who were not charged for services.
- More research needs to be done to understand the disparity in the readmissionfree period by primary payer.

Literature cited

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