

More Family Physicians, Fewer Hospital Re-admissions

Researchers from Boston University School of Medicine and Boston Medical Center have found that adding one family physician per 1,000, or 100 per 100,000, could reduce hospital readmission costs by \$579 million per year, or 83 percent of the Patient Protection and Affordable Care Act (ACA) target. These findings currently appear on the website of the Robert Graham Center, a primary care think tank.

Growth of family physicians has fallen over the last decade due to payment disparities and other strong incentives for subspecialization. The Patient Protection and Affordable Care Act (ACA) seeks to improve healthcare quality and reduce costs. One provision targets a decrease in hospital readmissions to save \$710 million annually. It is believed that timely management of fragile patients in primary care after discharge may reduce re-admission.

Re-admissions for pneumonia, heart attack and heart failure in 2005 accounted for 15.7 percent of all re-admissions and numbered 74,419, 20,866 and 90,273, respectively; corresponding Medicare expenditures were \$533, \$136 and \$590 million, respectively. "Using these data, we found that 30-day re-admission rates for all three diagnoses decrease as the number of family physicians increases," said senior author Brian Jack, MD, an associate professor and vice chair for Academic Affairs in the Department of Family Medicine at Boston University School of Medicine/Boston Medical Center. "Conversely, increased numbers of physicians in all other major specialties, including general internal medicine, is associated with increased risk of re-admission," he added.

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