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**Researchers Find Men More Likely to be Readmitted
to the Hospital within 30 Days of Discharge**

(Boston)- Researchers from Boston University School of Medicine (BUSM) have found that men are more likely to be readmitted to the hospital within 30 days of original discharge as compared to women. The findings, which appear in an upcoming/currently online issue of *BMJ Open*, may lead to interventions that promote connecting men to primary care resources, addressing social isolation and screening for depressive symptoms.

Hospital utilization in the 30 days after discharge is costly and may be a marker of poor quality of care. In 2004, the cost for hospital readmissions among Medicare recipients was estimated to be \$17.4 billion dollars. Accordingly, the Affordable Care Act includes multiple provisions designed to improve care transitions. The act includes both funding to stimulate hospitals and community based providers to coordinate post-discharge services and a program to withhold payments, of progressively increasing amounts, to hospitals who demonstrate higher rates of readmission within 30 days after discharge.

Researchers conducted an analysis of the Re-Engineered Discharge (RED) clinical trial dataset to assess the association between gender and the rate of post-discharge hospital utilization among a cohort of adult patients hospitalized at Boston Medical Center, the largest safety net hospital in New England. In addition, they sought to identify potential factors contributing to gender-based differences.

They found that men had higher rates of 30-day readmission to hospital (47 events per 100 people per month) than women (29 events per 100 people per month). Men also were less likely to complete a follow-up appointment with their primary care physician (PCP) after discharge.

According to the researchers this difference is largely attributable to a higher rate of emergency department visits among male subjects. At the 30-day follow-up telephone call, fewer males reported understanding their follow-up appointments after leaving the hospital as compared to females (78 percent and 87 percent, respectively). In addition, at 30 days post-discharge, females reported visiting their primary care provider at a higher rate within the 30 days after their hospital discharge (57 percent) as compared to men (49 percent).

Among females, the only predictive factor was hospital utilization in the six months prior to the index hospitalization. Prior hospitalization was also a risk factor for returning to the hospital within 30 days among males; however, additional significant factors were: being retired; not married; having a positive depression screen; reporting no PCP visit within 30 days and not being reached for the follow-up call at 30 days.

Additionally, men fared more poorly at understanding and attending their follow-up appointments, which also appeared to be an independent risk factor for returning to the hospital.

“Identifying and addressing risk factors associated with early post discharge hospital utilization is useful so that resources can be efficiently tailored to each individual patient’s risk profile,” explained senior author Brian Jack, MD, professor of family medicine at BUSM and principal investigator of Boston Medical Center’s Project RED. Ideally, methods to ameliorate important risk factors are available. “Some risk factors, like gender, however, may seem inherently immutable. Yet, as we demonstrated in this study, male gender is associated with other parameters that could potentially be effectively targeted,” he added.

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