



CENTER FOR HEALTH POLICY AT INDIANA UNIVERSITY

RESEARCH BRIEF

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IMPROVED HEALTHCARE & SAVINGS WHEN PRIMARY CARE PHYSICIANS RECEIVE PATIENT HOSPITALIZATION ALERTS

Receiving alerts when patients are hospitalized offer primary care providers an effective approach to improving the quality of healthcare, especially among high-risk populations. It also reduces the costs and penalties of hospital readmissions that our healthcare system absorbs.

Policies currently focused on hospital readmissions and health IT are placing pressure on hospitals to reduce readmissions by improving the quality of care they provide.

Yet, a major cause for readmissions is that many patients do not receive follow-up care or treatment when they are released.

When a patient is hospitalized, their primary physician often does not know, decreasing their likelihood to obtain follow-up care, and increasing their chances of hospital readmission.

What if primary care physicians or case managers could receive automated alerts when their patients are soon to be discharged?

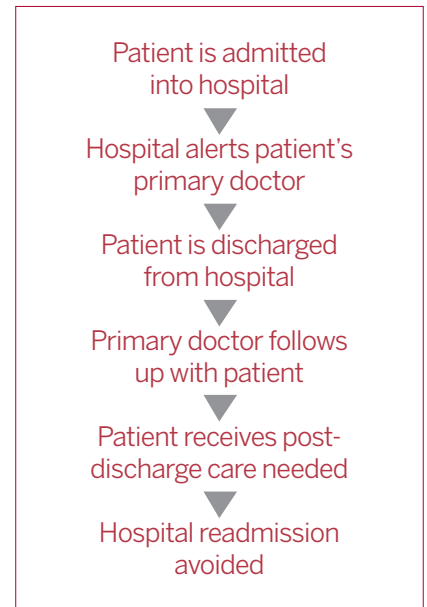
FINDINGS FROM THE CENTER FOR HEALTH POLICY AT INDIANA UNIVERSITY

In a recent study, Dr. Joshua Vest and researchers at Indiana University Center for Health Policy examined the effect of notifications provided by the Bronx Regional Health Information Organization (RHIO) on 30-day readmissions of Medicare beneficiaries (a high-risk population that experiences readmissions often). The Bronx RHIO is a nonprofit organization that facilitates health information exchange (HIE) services for more than 60 inpatient and ambulatory care organizations in New York City, and during the study period, 11 of these organizations subscribed patients to the event notification system.

They found that hospital alerts offer an effective approach to improving the quality of healthcare among high-risk populations by helping to improve follow-up care coordination.

The study also found that:

1. During the test period, the estimated costs savings of avoiding readmissions by implementing notifications was \$1.25 million. Among the study participants, that amounts to approximately \$488 per person.
2. Active notifications were associated with a 2.9 percent reduction in the likelihood of readmission.
3. The estimated savings of reducing readmissions is substantially larger than the cost of installing event notification systems.
4. The adoption of notifications could be a useful tool in improving population health.



To read the full study, visit go.iu.edu/1PGD.

Unruh MA, Jung H, Kaushal R, and Vest JR. "Hospitalization event notifications and reductions in readmissions of Medicare fee-for-service beneficiaries in the Bronx, New York." *Journal of the American Medical Informatics Association*, vol. 24, no. e1, 2017, pp. e150-e156.

CENTER FOR HEALTH POLICY | DR. JOSHUA VEST, DIRECTOR

1050 Wishard Boulevard | Indianapolis, IN 46202 | (317) 274-2000 | fsphinfo@iupui.edu | fsph.iupui.edu
Center for Health Policy researchers are available to conduct studies. Contact Dr. Joshua Vest for more information.