Factors Related to Psychiatric Readmissions in a Large Community Academic Hospital

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The purpose of this study was to analyze factors related to readmission to the acute care behavioral health unit in an academic community hospital, with a special focus on comorbid medical conditions. Through this analysis, the research team sought to identify subpopulations that might merit more personalized medical care. The emergence of the concept of an Accountable Care Organization (ACO) suggests potential to improve the quality of patient-centered, effective, efficient, safe, timely, and equitable care. This study represents a necessary and replicable first analysis that might be performed by any integrated system (potential ACO) to identify features of the acute care psychiatric population.

Results

3231 patients (50.04%) were identified as having at least one comorbid medical diagnosis. Over the two years, 398 patients (6.2%) were readmitted at 30 days, 667 patients (10.6%) at 60 days and 1195 patients (18.5) at 365 days. The presence of a secondary comorbid medical diagnosis was also associated with readmission at all three levels (p<0.001). Diabetes was the most consistent comorbid medical factor in readmissions at all three levels with significant relationships also identified for both COPD and Hypothyroidism at 60 and 90 days.

Conclusions

The significant relationship between select medical comorbidities and psychiatric readmissions underlines the need for increased integration of mental and physical care when treating this vulnerable population. This analysis is the first step in creating community-based care strategies that use population data to identify and treat community demand. Using interdisciplinary care coordination and the Patient Centered Medical Home model may help to improve the overall care for patients with behavioral health issues.

References

Fisher E, Staiger D, Bynum J. Creating Accountable Care Organizations/Health Affairs. 2007;207:w44-w57.