

Homeless patients are more likely to be readmitted to a hospital within 30 days

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Patients who are homeless are far more likely than housed individuals to be readmitted to a hospital within 30 or 90 days of their discharge, according to a new multi-center analysis of inpatient data from Florida, Massachusetts and New York. The team of researchers, led by experts in the Perelman School of Medicine at the University of Pennsylvania, found the most glaring disparity in Florida, where the 30-day readmission rate among homeless patients was 11 percentage points higher than the rate among housed individuals.

The study, published today in the *Journal of General Internal Medicine*, revealed an 8 percentage point difference in 30-day [readmission](#) rates among homeless versus housed patients in Massachusetts (23 percent vs. 15 percent) and a 2 percentage point difference in New York (15 percent vs. 13 percent). Researchers also found that, among the most common causes of hospitalization—including [mental illness](#) and complications during pregnancy—homeless patients were more likely than housed individuals to be readmitted for mental illnesses, as well as diseases of the circulatory and digestive systems.

"Our findings underscore the urgent need to identify and implement interventions to address these disparities and reduce the burden of readmissions among individuals experiencing homelessness," said the study's corresponding author Sameed Khatana, MD, MPH, a Cardiovascular Medicine fellow at Penn. "As we seek to combat this issue, it's critical that we focus on building effective and scalable interventions targeted toward the post-discharge period."

In the United States, there are an estimated 550,000 people experiencing homelessness on a given night. Individuals who are homeless represent a particularly vulnerable population due, in part, to a higher rate of chronic diseases as well as financial and structural barriers that impede access to appropriate [medical care](#). Although previous research linked homelessness to higher rates of hospitalization and mortality, it has not been clear whether homeless patients experience higher readmission rates than housed individuals—and whether the rates vary by region or cause.

This research serves as the first large study to examine the association of homelessness with hospital readmissions across multiple states and for all conditions.

For this study, the team pulled administrative claims data from the three large, geographically diverse states—which accounted for 26 percent of the nation's [homeless population](#)—from 2010 to 2015. During that timeframe, homeless patients accounted for more than 515,000 hospitalizations, with the vast majority of cases—about 450,000—occurring in New York. After adjusting for a variety of factors, including age, demographics, and the presence of 22 clinical comorbidities, researchers found the combined 30-day readmission rate among homeless patients across all three states was 17.3 percent, compared to 14 percent among housed individuals. In Florida and

Massachusetts, more than 34 percent of the hospitalized [homeless patients](#) were readmitted within 90 days.

Authors note that the substantial disparities in readmission rates across the states is likely due, in part, to differences in state policies and programs that target the population.

"We hope these findings will help inform both local and state initiatives that aim to enhance access to ambulatory care and improve care coordination for this population in the vulnerable period immediately following hospitalization," Khatana said.

Provided by Perelman School of Medicine at the University of Pennsylvania

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