LETTERS

Reconsidering Against Medical Advice Discharges

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To the Editors:—In his recent article, “Reconsidering Against Medical Advice Discharges: Embracing Patient-Centeredness to Promote High Quality Care and a Renewed Research Agenda”, Dr. Alfandre makes a very reasoned argument for why we should reconsider this outdated practice.¹ I fully support his position, and agree that through the lens of patient centered care, an Against Medical Advice (AMA) discharge has little place. Dr. Alfandre mistakenly suggests, however, that hospitals should focus on AMA discharges because of the increased attention to 30-day readmission rates and potential implications for reimbursement. Under current guidelines, the Centers for Medicare and Medicaid Services (CMS) does not include the index hospitalization for patients who are discharged against medical advice in its reported 30-day readmission calculations.² As a result, these admissions are entirely excluded from current reported readmission calculations for Medicare patients.³ It is possible, therefore, that

hospitals that work to reduce AMA discharges may actually see an increase in their readmission rates if these patients are instead discharged through the standard pathway. As we work to improve our approach to AMA discharges, we also need to be sure that progressive institutions seeking to improve patient care are not inadvertently penalized.

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