Physician Perspectives on Readmission

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We agree with Dr. Schattner that although patient-related factors were the most commonly endorsed factors contributing to the readmission by physicians in our study,¹ this finding could at least partially reflect the inherent bias towards assigning fault to others. We note this possibility in our original paper, and agree that it almost certainly influenced physician responses. The degree to which this impacted physician judgment in our study is uncertain. However, even if we assume that such bias artificially inflated the estimation of the impact of “Patient Understanding and Ability to Self-Manage” on readmission by 100%, such that the true prevalence as a contributor to readmission was 27% rather than 54% as demonstrated in our study, this set of factors would still have been endorsed with almost identical frequency to the next most commonly endorsed set of contributing factors, “Continuity of Care and Provider Communication,” which was endorsed by 28% of physicians overall. Additionally, as we noted, a recent high-quality systematic review concluded that strategies supporting patient capacity for self-care in their transition from hospital to home were more effective than other interventions at preventing readmissions.²

That being said, we agree wholeheartedly that it would be a mistake to focus on patient-related factors to the exclusion of others. It is clear that problems related to

continuity of care and provider communication are important contributors to readmission. In fact, if we had grouped “Continuity of Care and Provider Communication” with “Problems with the Index (initial Admission,” under the broad heading of “System-Related Factors,” this would have been the most commonly endorsed category. In this respect, our findings were shaped by our pre-specified factor groupings. Thus, we agree with Dr. Schattner’s important reminder that in addition to better supporting patient capacity for self-care, we must continue to be self-reflective and constructively critical of the systems of care that surround our patients if we are to achieve meaningful reductions in hospital readmissions.

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Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

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