Capsule Commentary on Agana et al., a Novel Approach to Characterizing Readmission Patterns Following Hospitalization for Ambulatory Care-Sensitive Conditions

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The retrospective observational study by Agana et al.¹ utilized the Nationwide Readmission Database to describe patterns and determinants of readmissions among patients initially hospitalized for an ambulatory care-sensitive condition (ACSC). Factors associated with clustered (2 or more readmissions within 30 days of an index ACSC hospitalization) readmissions were also explored. Overall, younger age, a higher comorbidity burden, and having a chronic ACSC were associated with increased odds of experiencing a clustered readmission (compared no readmission) over the 270-day follow-up period.

Due to the nature of the data, the findings of the study may be influenced by unmeasured confounding. For example, hospital admissions for ACSCs can be prevented through timely and effective outpatient care, often facilitated by primary care physicians (PCPs).² However, the authors were unable to capture factors such as socioeconomic status or density of PCPs within the proximity of a patient's residence that could have influenced access to outpatient care. Additionally, behavioral factors such as non-adherence to medication regimens could not be captured. These factors, in turn, may have influenced readmission patterns.³⁻⁵ Nonetheless, the study helps identify key subgroups with a high propensity for readmissions following a hospitalization for an ACSC. These findings can help clinicians and health system administrators efficiently target intervention efforts.

The findings of this study can further benefit from future research. Data linkages with electronic health records can

provide vital information on provider characteristics and patient behavioral factors that may influence readmission patterns. Linkages with local or county level data through patient residence ZIP codes can help illuminate the relationship between factors such as rural-urban residence and distance to health care resources that may affect readmission patterns. Hence, access to a comprehensive list of factors across multiple sources of data will help improve our understanding of reasons for ACSC readmissions and develop targeted intervention strategies to prevent the same.

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