LETTERS—CONCISE RESEARCH REPORTS

RE: Patient-Reported Quality of Hospital Discharge Transitions

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I read with interest the report by Richards and colleagues examining the association between the quality of hospital discharge processes reported by patients and post-discharge outcomes in the SILVER-AMI Study.¹ Although they reported a marginally lower 30-day ED visit rate in patients who reported being asked about home support prior to discharge, they found no difference in readmission rates (which were twice as common as ED visits). Moreover, they found no difference in either frequency of ED visits or readmissions for patients who reported receiving written information about their disease management and warning symptoms at discharge. At first blush, this might seem surprising. However, we have previously shown that the elements of the Hospital Consumer Assessment of Healthcare Providers and Systems Survey designed to assess quality of care transitions (the co-called Care Transitions Measure-3 questions, 2 of which were assessed in Richards' study) are influenced by patient and hospitalization factors unrelated to the quality of care (such as age, sex, baseline health status, comorbidity burdens, and length of stay) and are not associated with 30-day post-discharge ED visits or readmissions.² Moreover, a resource-intensive transitional care program which appeared to improve the quality of transition care (manifest as improvements in patient-reported CTM-3 scores) did not reduce readmission/ED visit rates in a randomized trial.³ Given the growing

enthusiasm for using patient-reported experience measures to judge the quality of transition care, and potentially to drive pay for performance programs, I would agree with Richards and colleagues that "the questions included in hospital quality assessments may need to be reconsidered." In fact, I would go further and argue that the current CTM-3 questions do not meet the evidentiary threshold required of a performance measure.

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