For patients who need rehabilitation before they can leave the hospital, does the hospital make a difference in whether they go home at discharge?

That was the question Kenneth Ottenbacher, PhD, OTR and colleagues attempted to answer in their new paper published in JAMA Network Open on November 9th. The article, entitled "Facility and Geographic Variation in Rates of Successful Community Discharge after Inpatient Rehabilitation among Medicare Fee-for-Service Beneficiaries," looks at the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014.

The IMPACT Act requires rehabilitation centers and hospitals to report the number of patients who are discharged to the community and stay healthy for 30 days (that is, do not end up in the hospital again or die). Under the IMPACT Act, discharge to home rates were lowest in the Northeast (Massachusetts, 55.9%; New Hampshire, 57.0%) and highest in the West (Oregon, 70.3%; Hawaii, 73.3%).

An accompanying commentary cautions that these findings are preliminary. They should not be used to determine who should be rewarded or punished, because many factors may affect outcomes, and not all can be measured. Additional information regarding the study and commentary is available at: https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2713034

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