Readmissions and the law of unintended consequences

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In 1936, sociologist Robert K. Merton eloquently characterized the phenomenon commonly known today as the law of unintended consequences.¹ Merton analyzed and translated elements of unintended consequences following purposeful action from the theological and philosophical realms into the arena of social science. Ultimately, his discussion represented more of a leaping-off point for future ideas rather than a full definition of this topic. In a similar vein, the work by Hu and colleagues² shows that as the intersection between health care and economics grows increasingly complex, so does the need to expand upon the science behind readmissions. Other investigators have used the Surveillance, Epidemiology, and End Results linked to Medicare files database to show that readmissions following esophagectomy are associated with increased postoperative mortalities.³ However, unique to the report by Hu and colleagues² is the provision of interesting, quantifiable aspects to readmission associated with esophagectomy. When 1 in 5 patients undergoing an esophagectomy experiences a 30-day readmission and of this cohort the incidence of 90-day mortality is nearly 5 times that of patients who are not readmitted, there is compelling rationale for implementing a variety of measures to improve quality.

The data shared by the authors² provide an interesting glimpse into how processes of care may be improved to enhance patient recovery and preclude the need for readmission. This point is truly emphasized by the fact that there was a range of length of stay (LOS) between 9 and 23 days with a median of 15 days during which there was an uncharacteristically elevated risk of readmission. This finding points to the fact that patients requiring hospitalizations beyond the median LOS may be experiencing an underlying issue that did not surface during the index admission. Therefore, rather than employing a rescue strategy during a readmission, it may be worthwhile to enact a prevention-of-readmission strategy triggered by a longer than typical LOS. The authors make this point in their discussion. A true analysis of the cost-benefit ratio of strategies to uncover more indolent processes such as an

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Central Message

Hu and colleagues present valuable data that are important to providing an improved understanding of readmissions following esophagectomy.

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insidious pneumonic process may not only prove to be cost-saving, but possibly life-saving. There are some data suggesting that the management of postoperative complications do not necessarily attenuate the need for readmission.⁴ Nevertheless, perhaps the root-cause analysis should begin preemptively the day after a median LOS has been exceeded during the index admission.

As the authors imply,² using readmissions as a metric of quality and an instrument to dictate reimbursement may be of questionable value.⁵ The law of unintended consequences dictates that when a readmission is taken out of context, using this measure raises the potential conflict of interest between doing what is right for the patient and achieving a specific milestone. Discharging a patient early (perhaps to the exclusion of adequately addressing inpatient issues) for the purposes of achieving a target LOS is perhaps the prime example of these conflicting interests. The majority of esophagectomy patients have a challenging recovery process, so some readmissions are necessary, beneficial, and unequivocally the right decision. Ironically, an unintended consequence of this article by Hu and colleagues² may be that it exposes the fact that until a better system of recording and scrutinizing readmissions exists, policy-making organizations should exercise considerable caution when assessing a surgeon, hospital, or system based

on readmission rates. In Merton's own words, the "most obvious limitation to a correct anticipation of consequences of action is provided by the existing state of knowledge."¹ Hu and colleagues² have added immensely to a body of knowledge that is still growing and deserves ongoing study if policy is to be based upon it.

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