

Mortality rates comparable but length of hospital stay longer in VA vs. private sector

Despite the fact that the Veterans Health Administration runs the nation's largest organized health care system, there are few studies that compare outcomes of VA and private sector hospitals, and none that compare outcomes in specific geographic regions. This HSR&D study evaluated in-hospital mortality and length of hospital stay in a VA hospital (patient n = 1,960) compared to 27 private sector hospitals (patient n = 157,147) serving the same metropolitan area (Cleveland and Northeast Ohio). Patients had been discharged from the study hospitals sometime from January 1994 to December 1995 and had one of the following nine diagnoses: congestive heart failure, pneumonia, obstructive airway disease, coronary artery bypass surgery, gastrointestinal hemorrhage, stroke, peripheral vascular surgery, acute myocardial infarction, or lower bowel resection.

Overall, findings show that unadjusted in-hospital mortality rates were similar between VA and the private sector (5.0% vs. 5.6%, respectively). After adjusting for severity of illness, in-hospital mortality was again similar in VA patients compared to private sector patients. However, there were some significantly different mortality rates in regard to individual diagnoses. For example, the mortality rate for stroke was 9.2% in the private sector vs. 6.5% in the VA, and for acute myocardial infarction the mortality rate was 10.1% for private sector vs. 1.1% for VA. On the other hand, for lower bowel resection the mortality rate was 10.9% in the VA vs. 3.7% in the private sector.

A secondary objective of this study was to explore whether comparisons of in-hospital mortality may be biased by the typically longer length of stay (LOS) in VA hospitals. The average LOS for all nine diagnoses was considerably higher for VA patients than for private sector patients – 12.7 days vs. 7.0 days, respectively. Further, among patients who died during their hospital stay, a higher proportion of VA patients died later during their hospital stay. Investigators in this study were unable to determine if this reflects differences in care, or differences in the ability to discharge patients to home or skilled care settings, which would shift the site of death. This also suggests that there may be substantial opportunities for cost savings by developing lower cost, skilled nursing units.

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