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30-day Hospital Readmission of Georgia Lupus Registry Systemic Lupus Erythematosus Patients

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Systemic lupus erythematosus (SLE) is a chronic, autoimmune disease, in which a cure has yet to be found. This type of lupus mistakenly allows the body's immune system to attack healthy tissue, which affects many parts of the body with mild or serious symptoms. Although there is no cure, SLE can be effectively treated with drugs. Due to the physical, as well as, psychological burdens that are associated with this disease, SLE inhibits people from completing their daily tasks; i.e., going to work/school. Because of this employment and insurance become difficult to maintain. Many SLE patients are insured by Medicare and Medicaid. Having SLE can lead to frequent utilization of health services with significant financial impact.

The Georgia Lupus Registry (GLR) conducted surveillance of SLE patients in Atlanta to develop a population- based registry geared towards better defining the incidence and prevalence of lupus. Supplementing the GLR data with Georgia Hospital Discharge Data provided insight into hospital utilization and readmission. Patients were categorized into three groups: never hospitalized, hospitalized with no readmission within 30 days and hospitalized with readmission within 30 days. Factors associated with 30- day hospital readmission and utilization of hospitals among SLE patients were examined. Time to first hospital readmission within 30 days and associated baseline factors were analyzed.

Multivariate analyses showed that patients who live in census block groups with lower income, and patients that meet the pleuritis/pericarditis American College of Rheumatology criteria should be paid extra attention upon being hospitalized. The odds of readmission within 30 days are higher for patients in those two categories ($p = 0.001$, $p = 0.003$; respectively). These patients are also of higher risk for readmission within 30 days ($p = 0.003$, $p = 0.002$; respectively).