Transitions of Care Curriculum: Helping Family Medicine physicians learn the best fit post-acute care setting for patients' needs

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Outline

- Background and problem identification
- Needs assessment
- Goals and objectives
- Methods
- Results
- Conclusions, discussion, and future directions

Background

- Post-acute care setting (PACS) is defined as the place patients go following hospitalization for further care.
- Medicare spends approximately $15-20 billions annually on re-admissions (AHRQ 2015).
- Increasing healthcare costs (for taxpayers and patients), iatrogenic complications (i.e. adverse drug events, delirium, infections, functional decline)

ACGME Milestones for FM

- ACGME Milestone PC-1: Arranges appropriate transitions of care.
- ACGME Milestone SBP-1: Understands that **health care resources and costs impact patients and the health care system**.
- ACGME Milestone SBP-1: Coordinates individual patient care in a way that is sensitive to resource use, efficiency, and effectiveness.
- ACGME Milestone SBP-2: Participates in effective and safe hand-offs and transitions of care
- ACGME Milestone SBP-4: Assumes responsibility for **seamless transitions of care.**
- ACGME Milestone SBP-4: Accepts responsibility for the **coordination of care**, and directs appropriate teams to optimize the health of patients.

Problem Identification

- As more health care professionals are practicing in single settings, many are unfamiliar with the capabilities of PACS which leads to less than optimal outcomes for patients (Coleman 2004).

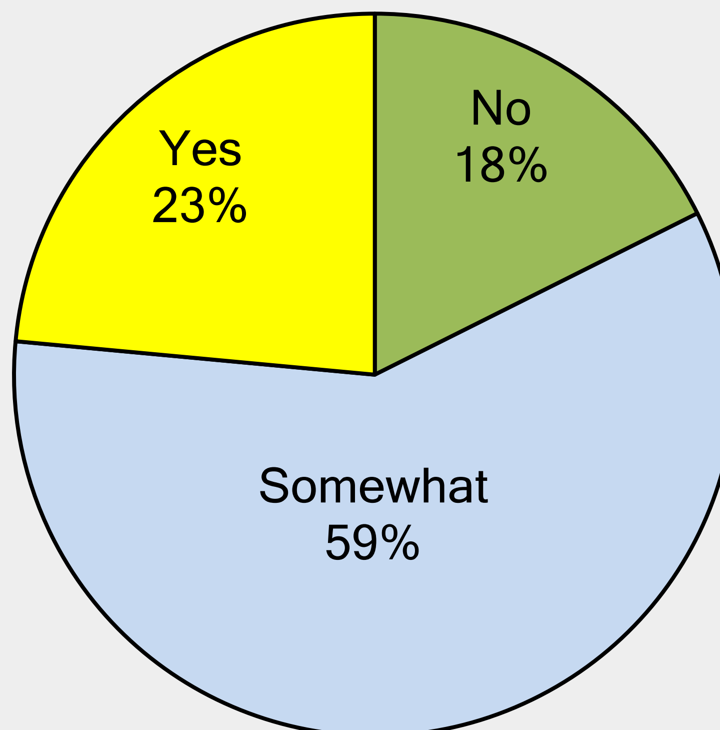
- No formalized training of U of C (NorthShore) family medicine residents to learn about PACS.

Needs Assessment

- U of C (NorthShore) has 6 residents each PGY.
- 17 residents completed the needs assessment survey.

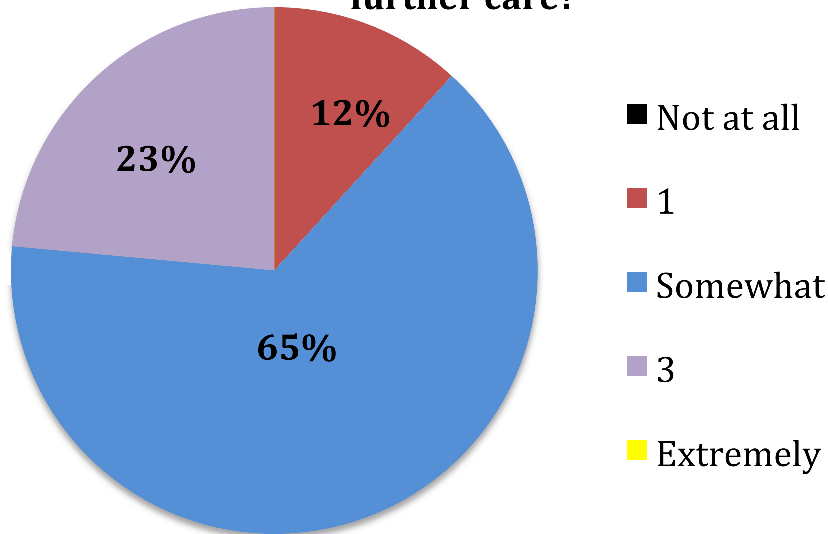
Where do you learn about different PACS?

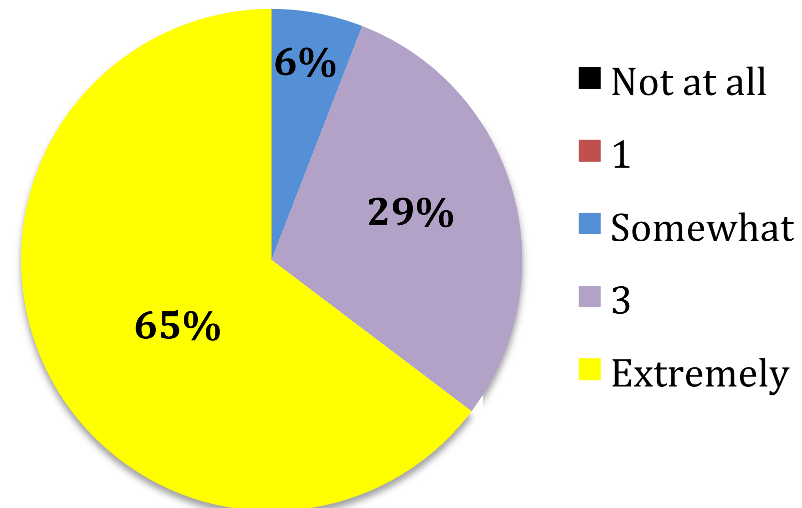
- Inpatient service
- Geriatrics rotation
- Talking with PT/OT or Social workers



Needs Assessment Cont.

- On the Likert-scale (0 = Not at all, 4 = Extremely)





Goals and Objectives

- **Goals:** To familiarize FM residents to various PACS and educate on how to select appropriate discharge location for patients.

- **Objectives:**
  - Name the different types of PACS
  - Discuss insurance coverage/payment
  - Compare the services available
  - Select appropriate discharge locations using cases
  - Understand the importance of the physician role
  - Feel confident in your discharge location selection

Methods

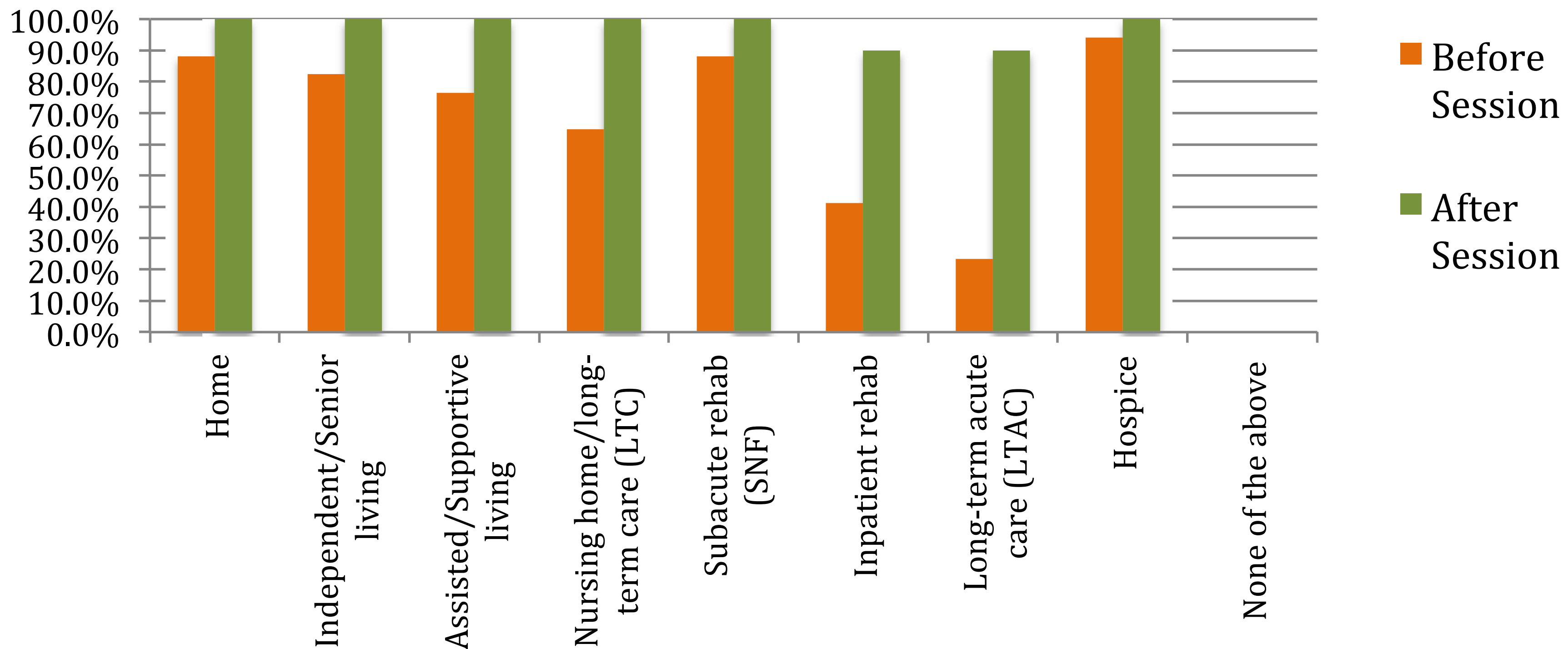
- Of the 17 residents who completed the needs assessment survey, 10 were able to participate in the intervention.
- **Setting:** 1-hour interactive didactic session
  - 5 minute Pre knowledge test
  - 15 minute PPT lecture
  - 30 minute small group case discussions
  - 5 minute Post knowledge test
  - 5 minute Q&A
- Post session survey conducted to assess impact of curriculum on residents' attitudes, confidence, and knowledge.

An Overview of Different Post-Acute Care Settings

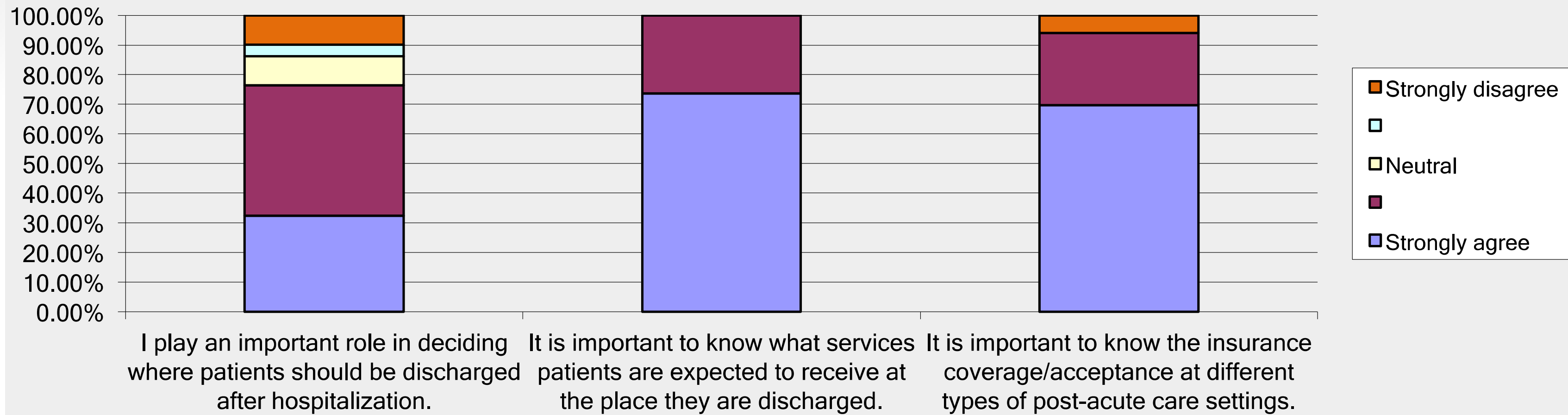
	Home, Independent, Senior housing	Assisted/Supportive Living	Nursing home, LTC (Long-term care)	Sub-acute Rehab	Inpatient Rehab	LTAC (Long-term acute care)
Insurance coverage	None. Medicaid, Medicare, commercial for *home health.*	None. Out of pocket $4K-$8K Long-term health care insurance.	Medicaid. Out of pocket >$5K. Long-term health care insurance.	Medicare - 3 midnight hospital stay in last 30 days - 1-20 days: 100% - 21-100 days: +copay - 101+: none - Out of hospital for >60 days to reset Medicaid, Commercial	Medicare Medicaid Commercial	Medicare Medicaid Commercial
ADL/IADL support	None	Minimal	ADL: Moderate IADL: All	ADL: Moderate IADL: All	ADL: All IADL: All	ADL: All IADL: All
Health-care provider services¶	None	None	CNA: 1:6 LPN: 1:30 RN: 1:100 MD: q 1 mo x 3, then q2 mo Subspecialty: Limited	CNA: 1:6 LPN: 1:30 RN: 1:100 MD: q1-4 wk Subspecialty: Limited	CNA: 1:4 LPN/RN: 1:8 MD: 5-7 days/week	CNA: 1:5 RN: 1:8 MD: Daily
Access to therapeutic/diagnostic modalities	Vent: None IV: Outpatient PT/OT/ST: Depends Wound: Depends Resp: DME (i.e. oxygen) Med: None Labs/imaging: none	Vent: None IV: None PT/OT/ST: Minimal Wound: None Resp: None Med: Yes, extra cost Labs/imaging: Outpatient	Vent: None IV: Yes (short term) PT/OT/ST: Maintenance Wound: Yes, simple Resp: Some Med: Yes Labs/imaging: 4-24hrs	Vent: None IV: Yes PT/OT/ST: ≤1hr x 5d/wk Wound: Yes, simple and moderately complex Resp: Some Med: Yes Labs/imaging: 4-24 hrs	Vent: +/- IV: Yes PT/OT/ST: 3hr x 5d/wk Wound: Yes, all Resp: Yes Med: Yes, stat Labs: Yes, stat	Vent: Yes IV: Yes PT/OT/ST: Yes Wound: Yes, all Resp: Yes Med: Yes, stat Labs: Yes, stat

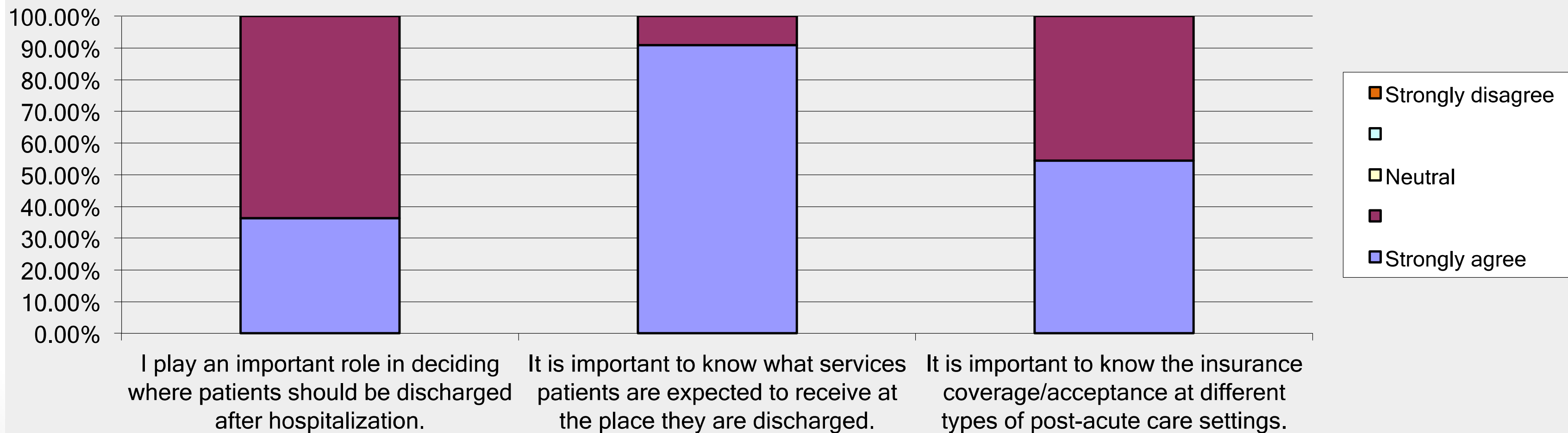
Terminology glossary:
Medicare – Federal health insurance program for people who are ≥65 years old, younger people with disabilities, and people with ESRD (end-stage renal disease).
Medicaid – Health care program that assists low-income individuals for long-term medical or custodial care costs.
ADL (Activities of daily living) – Activities that are needed daily to just live. (i.e. eating, dressing, bathing, transferring, toileting, bladder/bowel control).
IADL (Instrumental activities of daily living) – Activities that are needed to live independently. (Ex: housework, preparing meals, taking medications, managing finances, and using telephone).
CNA – Certified nursing assistant is a person who performs duties assigned by LPN or RN. They help people with bathing, dressing, taking vitals. They DO NOT draw blood or monitor advanced equipment.
LPN – Licensed practical nurse is a person who provides basic medical and nursing care such as vitals, insert catheters, discuss health care with patients, helps with dressing and bathing. LPN work under the supervision of RN and doctors.
RN – Registered nurse is a person who can administer medications and treatment to patients, coordinate plans for patient care, perform diagnostic tests and analyze results, and instruct patients on managing illness.
*Hospice – The focus is on comfort care and NOT on prolonging life. The goal is to alleviate suffering and die w/ dignity as the natural disease process takes over. Both Medicare and Medicaid cover this. No one is turned away for inability to pay. Social workers, nurses, chaplain are on-call. Nurses are available 24/7 and MD availability varies. It can occur at any setting EXCEPT inpatient rehab, LTAC, and sub-acute rehab.
**CCRC – Continuing care retirement community is a senior living model that combines 4 types of retirement living at a single location (includes independent living, assisted living, memory support and skilled nursing.) They cost approximately $700,000 (not including monthly fees).
¶ These are estimates on average and may vary from facility to facility.

Results



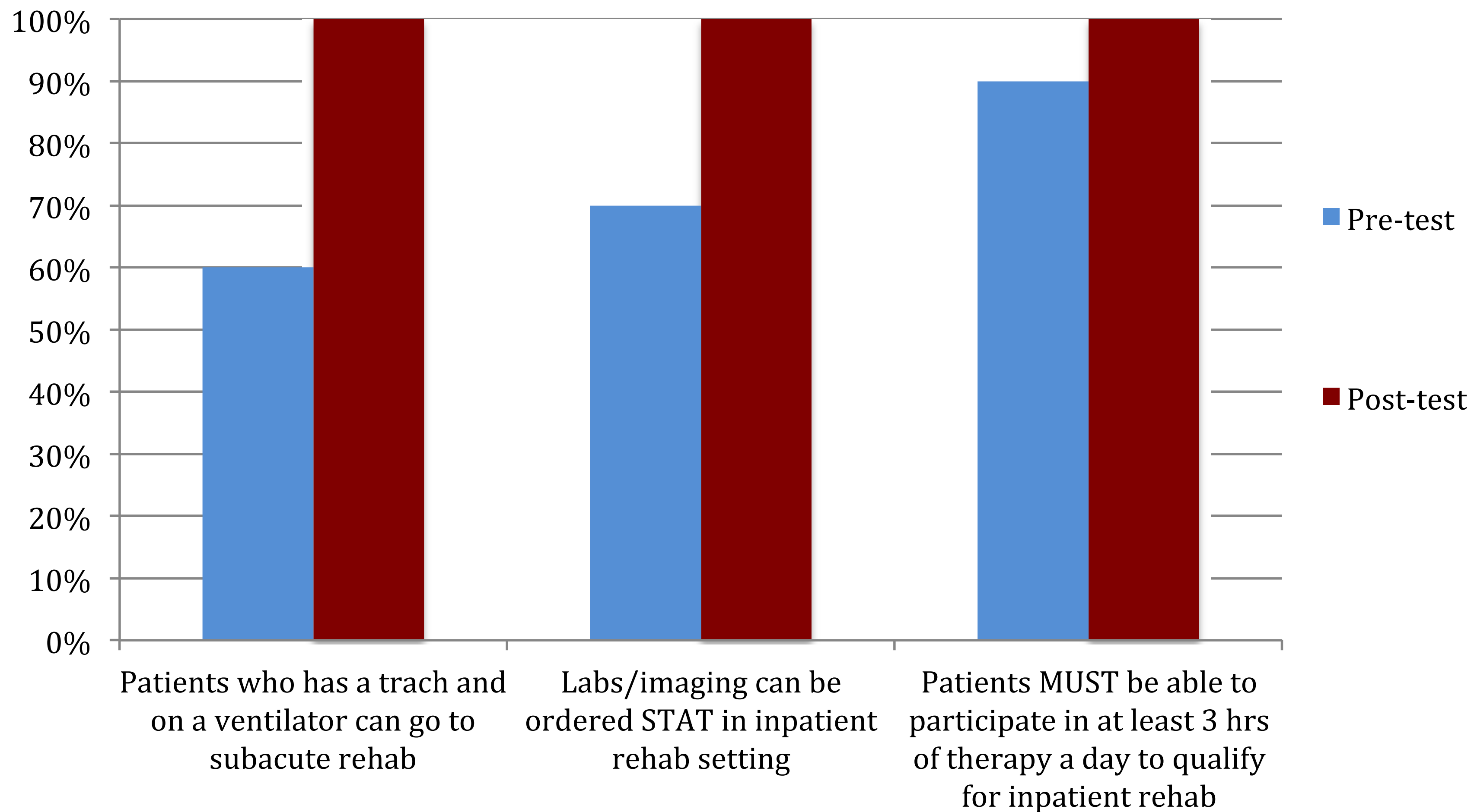
>90% of residents were familiar with all of the various PACS.





100% of residents felt they plan an “important” or “extremely important” role in deciding where patients are discharged after hospitalization.

Results Cont.



Residents performed 100% on the TRUE/FALSE knowledge quiz at the end of the session.

Comments from residents:

- “I had a question about PACS on my step 3 and your presentation helped me answer the question.”

- “I love the grid handout.”

- “We can use this [handout] on our inpatient service.”

- “The handout is a useful tool.”

Conclusions and Discussion

- Prior to this curriculum, FM residents at U of C (NorthShore) did not have formal training on the services, coverage, and capabilities of the different PACS.
- Participants in the study found the curriculum valuable to their learning.
- FM residents at U of C (NorthShore) find it important to learn about the different PACS.
- An interactive session (didactic & small group case discussions) is an effective method to train residents about different PACS.

Limitations & Future Directions

- Study size small due to residency program size.
- Unclear if results can be replicated at other Family Medicine residency training programs.
- It will be interesting to study the impact of this curriculum on patient outcome, satisfaction with care, and re-admission rates.
- Future studies can look at how this curriculum impact comfort, knowledge, and decision to pursue geriatric fellowship post FM residency.
- This curriculum can be adapted for RNs, PT/OT, case workers, social workers, and patients/families.

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