

The Impact of Post-Discharge Follow-Up Care on Hospital Readmissions for Adults

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Presentation overview:

Studying readmissions

- Introduction
- Why we chose to study this
- How we chose to study this
- Preliminary Data
- Challenges Encountered
- Conclusions and next steps



Introduction

- The current literature reports mixed data on whether more intensive or planned follow up reduces readmissions.
- Our study mainly examines three distinct time intervals which can influence readmission and includes both a retrospective review and a prospective intervention



Why we chose to study this

- Hospital readmissions are tracked as a quality measure
- They have a financial impact
- Healthcare reform
- Better patient care
- Fostering a long term relationship with the patient



How we chose to study this

- In a review of the current literature, two consistent categories arise:
 - Pre-hospital factors: patient dependent variables
 - Hospital associated factors: patient independent variables
- Post-discharge factors: an exciting area of on-going study
 - Impetus for our prospective intervention arm



How we chose to study this

- Two-part study:
 - Retrospective chart review – focuses on the first two (literature driven) categories of pre-hospital factors and hospital-associated factors
 - Prospective intervention – focuses on the discharge process, the patient relationship and patient communication



How we chose to study this

- Objectives of the intervention:
 - To lower the hospital readmission rate for high risk diagnoses categories through dedicated follow up with the patient's primary care provider
 - To provide better patient understanding of the discharge process through ongoing patient education
 - To provide an opportunity for patients to clarify questions related to their hospital stay and post-discharge care requirements



How we chose to study this

- Primary outcome: 30- day readmission
- Secondary outcomes:
- To determine the relationship between secondary data points and readmission rates including the following:
 - Hospital day of the week on discharge
 - Co-morbidities: alcohol or drug use, asthma, heart failure, diabetes mellitus, COPD
 - Number of days until follow-up with PCP in office
 - Hospital LOS
 - Demographic variables:
 - Age, Sex, Race, Zip code
 - Medications: total number of medications at discharge, total number of new medications
 - Insurance status



Preliminary Data

Demographics:

Male	65.0%
Female	35.0%
Caucasian	85.0%
African Am.	10.0%
Other	5.0%

Insurance Status:

Medicare:	41.2%
HMO/PPO:	58.8%

Diagnostic Category:

Digestive:	40.0%
Infectious:	25.0%
Respiratory:	40.0%

Readmission Percent:	8.7%
Readmission in <30 days:	100.0%

Preliminary Data

Variables:

% of patient with new medications at discharge:

Yes:	80.0%
No:	6.7%
Unknown:	13.3%

% of patients with changes to existing medications:

Yes:	66.7%
No:	13.3%
Unknown:	20.0%

Number of new medications prescribed:

1-2:	61.5%
3 or more:	38.5%

Number of follow up appointments recommended:

1-2:	66.6%
3 or more:	26.7%

Number of consultants on case:

None:	6.3%
1-2:	81.3%
3 or more:	12.6%

Co-morbidities:

Alcohol or drug use:	4.3%
Asthma:	8.7%
COPD:	17.4%



Challenges encountered

- Designing a “clean” study
- IRB process
- Time



Conclusions and Next Steps

- Hospital readmission rates are based on multi-factorial variable derived from both patient demographics and hospital driven factors and initiatives
- The impact of post-discharge follow-up care remains to be verified, however, the impact on patient relationships has been positive
- Goals:
 - Complete the retrospective portion
 - Implement new processes and begin the prospective portion



Thank you

Questions?

