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Identifying PCP Follow-Up and Readmission Rates of Internal Medicine-Muhlenberg Patients

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Identifying PCP Follow-Up and Readmission Rates of Internal Medicine- Muhlenberg Patients

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Background and Introduction

- The Transition of Care (TOC) team contacts all LVPG patients telephonically within two business days post-discharge.
- Their calls are designed to assess the patient's capability to follow their discharge instructions.
- In a previous study performed by the department in fiscal year 2019, it was found that only 42% of patients followed up with their primary care provider (PCP) within 14 calendar days.
- A LACE+ Readmission Risk Score is assigned to all hospitalized patients. It is calculated to determine the patient's risk of readmission or death within 30 days post-discharge. A score of 79 or above indicates very high risk.
- Literature review and discussion with the Transition of Care (TOC) team made prevalent several barriers that exist, leading to prevention of successful follow-up.
  - Inability to find transportation, cost concerns, overall feeling of well-being, etc.
- **Using the Plan-Do-Study-Act (PDSA) cycle, the purpose of this study was designed to use the data within the assessment to make recommendations to inform change within the Care Transitions & Navigations department.**

Specific Aims

1. Explore the difference in readmission rates of patients who did follow-up with a PCP vs. patients who did not attend a follow-up appointment in order to determine what actions need to be implemented by the TOC team .

2. Determine how LACE+ Score correlates to follow-up adherence

3. Identifying the most common barriers that exist which prevent patients from attending a follow-up appointment

Methods

A retrospective review of medical records of patients attributed to LVPG Internal Medicine- Muhlenberg was completed. The report included variables such as the patient's attendance at a PCP follow-up appointment, their LACE+ Score, and reason for not following up.

TOC documented notes were explored in Epic to determine the reason for a lack of PCP follow-up appointment. Qualified and relevant patient data was then entered into Microsoft Excel.

Data was then analyzed regarding how PCP follow-up compliance relates to 30 day readmission.

Results

Figure 1: PCP Follow-Up Apt vs. Readmission

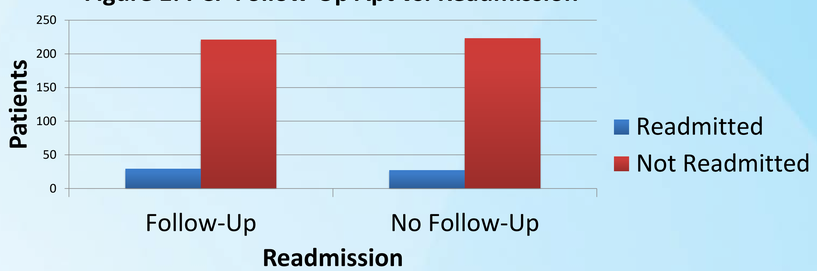

Figure 2: LACE+ Score Distribution of Patients Who Did Not Attend Follow-Up Appointment

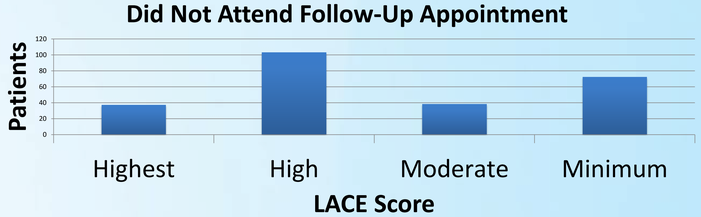

Figure 3: Indicators for Lack of Follow-Up Compliance

Results

- Out of 250 patients reported to not follow up with their PCP within 14 calendar days 27 reported a readmission. Out of 250 patients that attended a timely follow-up appointment, 29 were readmitted within 30 days.
- Out of the same group of 250 patients who did not attend a follow-up appointment, the majority had a high LACE+ Score between 59-78.
- Those 250 patients who did not attend a follow-up appointment mainly reported not scheduling the appointment because they wanted to see a specialist in lieu of their PCP.

Conclusion and Analysis

- Our data suggests that there is no difference between readmission rate and attendance at a timely PCP follow-up appointment.
- Patients who did not follow up and had a high LACE+ Score could be a focus group for non-compliance to assess their knowledge about their current risks.
- Due to the fact that many patients preferred to see a specialist, the benefits of a whole-body approach could further be explained to encourage patients to visit both providers.

Recommendations

- Administer an online survey to address the possible barriers that patients may face such as concerns regarding cost, transportation, lack of patient concern, etc.
- Address patients with a high LACE+ Score who did not follow up to assess their knowledge associated with their risks.
- Explore socioeconomic and regional patterns in patient data.
- Introduce the option of telemedicine to determine if patients would choose an at-home video visit with their physician as opposed to an office visit.

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