Bridging Gaps in Care: Impacts of Direct Linkage Post Crisis Utilization

Amy Mendoza  MS, NCC
Beth Newhouse  DNP
Nicole Huggett  MSW, CPHQ
AIMS

Prevent unnecessary inpatient readmissions by implementing direct patient contact same day as discharge from a crisis setting
**Hypothesis**

Providing a *direct, immediate connection* to community supports after a crisis will result in *lower readmission rates* when compared to patients who receive services as usual.
LEARNING OBJECTIVES

At the conclusion of this session, the participant will be able to:

Learning Objective 1: Identify and address gaps in care
Learning Objective 2: Reduce utilization
Learning Objective 3: Improve HEDIS measures.
Learning Objective 4: Improve Quadruple Aim efforts.
Learning Objective
Learning Objective

COSTS
Learning Objective
Learning Objective

- Better Outcomes
- Improved Clinician Experience
- Lower Costs
- Improved Patient Experience
Setting Description
Description of Population
Procedures
Measures
Measure Definitions

Timely Follow-Up

• Service codes
• Rendering provider
• Must be within 7 or 30 days of discharge

Readmission

• All-cause
• Excludes transfers
Data Collection
Research Design
Data Analysis: Samples

Pilot Group  
N=476

Comparison Group  
N=402

Similar in terms of age, gender, race, ethnicity, housing status, healthcare costs, and diagnoses.

Different in terms of admissions and readmissions prior to the intervention timeframe.
Data Analysis: Variables and Methods

Timely Follow-Up Rates
Data Analysis:
Variables and Methods

Readmissions
Outcomes

Comparison Group Follow-Up Rates
While 100% of the Pilot Group received timely follow-up post-discharge, comparison group rates were lower.
Outcomes

CODAC Overall 7 Day Follow-Up Rates

Prior to the start of the intervention, the average rate was 37%. After the intervention, the average rate increased to 54%.

Over the same time period, system follow-up rates hovered around 32%.
Outcomes
CODAC Overall 30 Day Follow-Up Rates
Prior to the start of the intervention, the average rate was 67%. After the intervention, the average rate increased to 81%.

Over the same time period, system follow-up rates hovered around 47%. 

Goal 95%
Median 71%
Start of Intervention
Outcomes
Change in Hospital Utilization

Pilot Group
Mean decrease
-0.04

Comparison Group
Mean increase
+0.14
Outcomes
Cost Savings
Outcomes
Cost Savings

Increased costs after a hospitalization are normal, however costs for the pilot group were controlled considering the dramatic cost increase observed for the comparison group.
Outcomes

Cost Savings

Without the intervention, projected hospitalization costs are more than 4 times higher than observed hospitalization costs.

Without the intervention, projected hospitalization costs are more than 4 times higher than observed hospitalization costs.

$1.2 million estimated hospitalization cost savings
PDSA
Contact Information

Amy Mendoza
amunoz@codac.org

Beth Newhouse
bnewhouse@codac.org

Nicole Huggett
nhuggett@codac.org