Heart Failure Transitional Care Service Slashes 30-day Readmission and Mortality

THE UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE PEORIA CHICAGO ROCKFORD URBANA

Rates: a Single Center Experience (HF-TCS Study)

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p<0.001



BACKGROUND

- •Transitional care services (TCS) improve clinical outcomes in HF
 - Best practices have yet to be defined.
- •1-year data from an intensive TCS program

METHODS

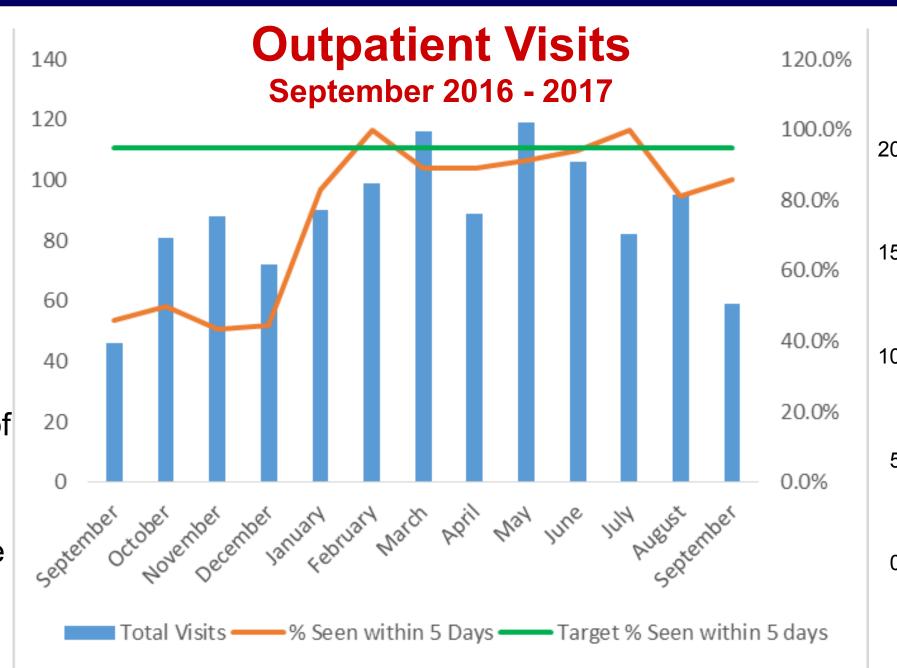
- •HF-TCS Team: 3 HF-trained nurse practitioners
 - Utilize Epic EHR to develop a system list of inpatients with HF
 - Review chart to confirm 1° HF diagnosis
 - Official consultation to identify gaps in care
 - Advise the primary team
 - Offer follow-up with HF-TCS program



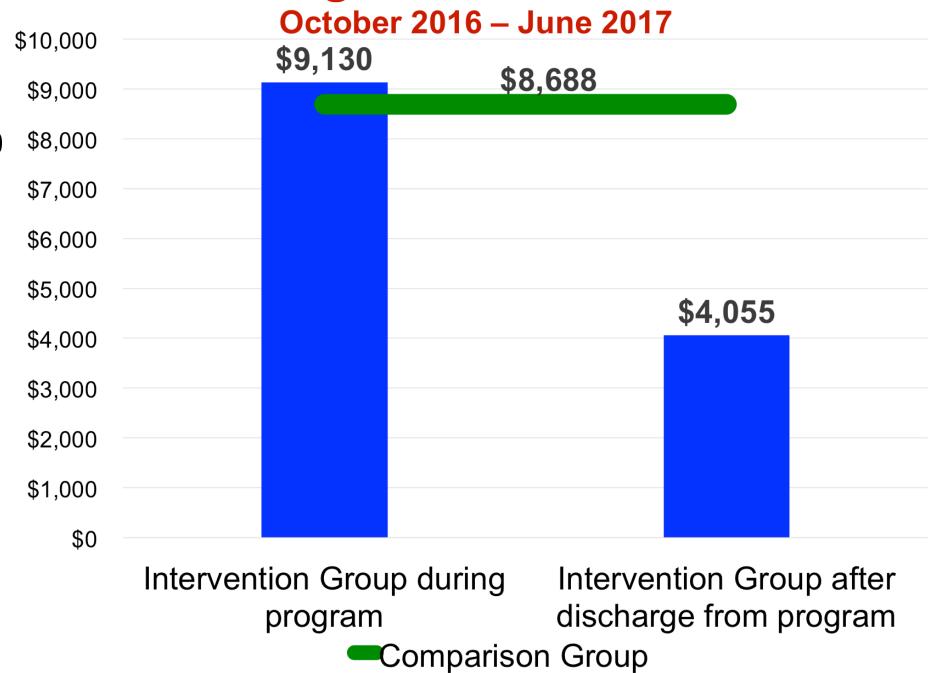
- 2-day phone call
- 5-day office visit
- Additional follow-up as needed (30 days 90 \$8,000 days)
- Dedicated 24/7 call line staffed by HF-TCS Team

•Quasi-experimental study design (n=410)

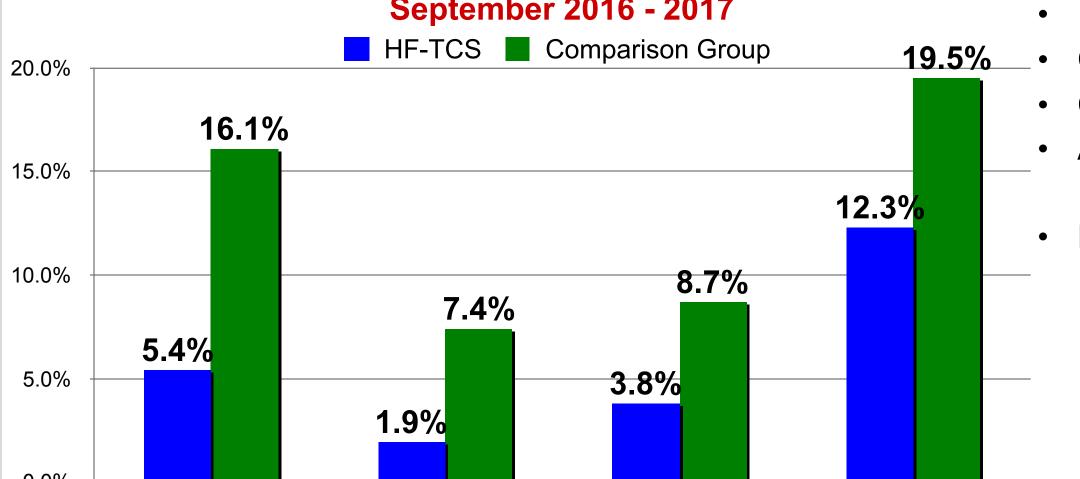
- Intervention group: accepted HF-TCS program
- Comparison group: declined HF-TCS program
- 1-year data: September 2016 2017



Average Cost Per Patient



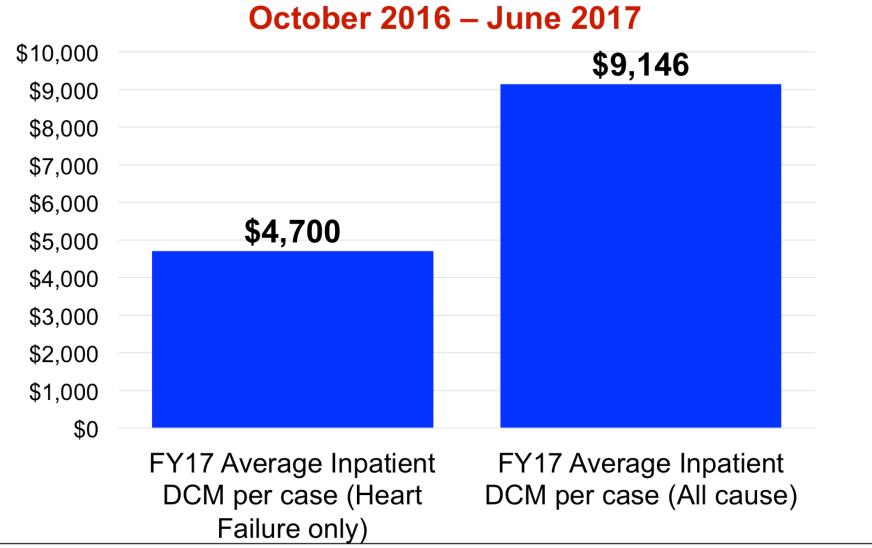
Clinical Outcomes September 2016 - 2017



p=0.006

Average Contribution Margin Per Case

p=0.038



The reduction of all-cause readmissions for the Intervention group allows the annualized opportunity of 38 new case admissions, at a higher average Contribution Margin per case.

RESULTS

- Intervention group: 261 (63.7%) patients
- Comparison group: 125 (36.3%) patients
- Completed 2-day phone call: 93%
- Average office visit time: 4.9 days
- HF-TCS clinical outcomes:
- 66% reduction in composite endpoint: mortality +
 HF readmission
- 74% reduction in all-cause mortality
- 56% reduction in HF readmissions
- 37% reduction in all-cause readmissions
- HF-TCS cost:

p=0.049

- Intervention group during HF-TCS: \$2.3 million
- Intervention group after HF-TCS: \$1.1 million
- Comparison group: \$1.0 million
- HF-TCS contribution margin:
 - Annualized reduction in AC readmission cases: 38
 - Annualized potential gain in CM: \$168,944

CONCLUSIONS

•Intensive TCS programs can dramatically reduce 30day readmissions and mortality for patients admitted with HF

- •Our data contributes to growing body of evidence needed to define best practices
- •Future research:
 - Long term clinical outcomes
 - Patient-centered outcomes
 - Cost-effectiveness analysis

Special acknowledgment to to the OSF HF-TCS Team