Heart Failure Transitional Care Service Slashes 30-day Readmission and Mortality Rates: a Single Center Experience (HF-TCS Study)

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CONCLUSIONS
• Intensive TCS programs can dramatically reduce 30-day 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

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:
  • 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

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
• HF-TCS Team: 3 HF-trained nurse practitioners
  • Utilize Epic EHR to develop a system list of inpatients with HF
  • Review chart to confirm 1st HF diagnosis
  • Official consultation to identify gaps in care
  • Advise the primary team
  • Offer follow-up with HF-TCS program
• HF-TCS Program: intensive transitional care program
  • 2-day phone call
  • 5-day office visit
  • Additional follow-up as needed (30 days - 90 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

METHODS
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  • Review chart to confirm 1st HF diagnosis
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OUTPATIENT VISITS

CLINICAL OUTCOMES

AVERAGE COST PER PATIENT

AVERAGE CONTRIBUTION MARGIN PER CASE