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Post-Discharge Clinics: A Potential Solution to Hospital Readmission Rates

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Hospital readmissions is a closely watched metric amongst healthcare quality administrators. Studies have found that 15 to 21% of older adults are re-hospitalized within 30 days, and in 2013 these 30-day readmissions cost $52.4 billion.[1] Not to mention, high readmission rates negatively impact hospital ratings amongst the major evaluating companies and services including CMS Hospital Care Star Rating, Leapfrog Group, and the Joint Commission.

One solution is to improve post-discharge follow-up, with the American Academy of Family Physicians recommending a "follow-up visit within 7 or 14 days of discharge".[2] Post-discharge follow-up has numerous benefits including medicine reconciliation, further education regarding new and ongoing disease processes, and assistance in scheduling necessary specialty follow-ups.[3] Follow-ups within 14 days are also associated with decreasing unnecessary readmissions, in fact one study found that patients lacking timely follow-up had a 10 times higher chance of being readmitted.[4]

Several initiatives have attempted to address post-discharge follow-up, but current evidence suggests that dedicating resources to scheduling these appointments is the most effective strategy, and other approaches may fall short. In one pilot program, operating in six U.S. academic centers, inpatient physicians made telephone calls to primary care providers (PCPs) to update and summarize patient-related hospitalizations.[5] However, this did not improve re-hospitalization rates, prevalence of emergency room visits, or mortality.[5] Continued patient education has produced variable results; Reminding patients in the emergency room and sending

emails to instruct patients to make a follow-up appointment did not increase doctor visits.[5] Therefore, a key objective upon discharge should entail either having a follow-up appointment already arranged or ensuring the expectation to schedule one within the next 48 hours. Streamlining the follow-up process could be the best way to not only help more patients establish care with a PCP, but also decrease unnecessary readmittance for chronic conditions.[4]

A potential solution is to model programs on post-discharge clinics that have been established at other institutions. For instance, Healthcare Associates at Beth Israel Deaconess Medical Center implemented a post-discharge clinic in 2009. Their model includes staffing five 4-hour sessions per week with dedicated hospitalists at the specific clinic. Additionally, they have a scheduling algorithm which will preferentially make an appointment with a recently hospitalized patient's primary care office within two weeks. If unavailable, then patients will be assigned a visit through the discharge clinic. These visits include a review of required discharge information, establishment of home health services, and determination of advanced services like skilled nursing care. These services could also extend to at-risk patients discharged from the emergency department, but with slightly shorter appointment times.[6] Similar clinics are starting to open around the country,[7] and there is increasing evidence that these discharge models decrease 30-day hospital readmissions.[8]

Insurance programs, including Medicare, realize the importance and cost savings for close follow up with patients recently discharged. Generally, reimbursement for such visits is favorable to both large institutions and individual provider practices. For example, CPT code 99496 reimburses approximately $275 which is twice as much as billing for a general follow-up using code 99214.

Limitations to creating more of these clinics around the country include financial support, resource allocation and coordination, clinician availability, and available physical medical space. Also, current models of discharge-clinics are reliant on system willingness towards growth and retaining captive patients. In essence, the expansion of such clinics hinges not only on overcoming logistical challenges but also on cultivating a healthcare environment conducive to sustained growth and patient retention.

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