

## POSTER ABSTRACT

# Meaningful post-discharge primary care visits and readmissions: Are primary care post discharge explanations associated with reduced risk for readmission?

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**Introduction:** Primary care physician PCP post-discharge follow-up is increasingly advocated as part of readmissions-reduction efforts. Yet, previous studies mostly assessed whether a PCP visit occurred rather than examining the content of the visit and the quality of the PCP's review of the hospital discharge summary HoDS. We aimed to examine the association between the quality of PCPs' review of the HoDS recommendations during the post-discharge visit and 30-day readmissions.

**Methods:** This Prospective cohort study included 594 internal medicine patients from 2013 to 2014. The in-hospital baseline questionnaire examined patients' sociodemographic characteristics, and physical, mental, and functional health status. patients were surveyed by phone about the discharge and post-discharge process. Information on participants' chronic conditions, length of stay, prior hospitalization, and 30-day readmissions were retrieved from the healthcare organizations' Clalit electronic health record data warehouse. Multivariate regressions were performed to model the relationship between in-hospital baseline characteristics, discharge briefing, primary care visit indicator, and the PCP HoDS review, and 30-day readmission.

**Results:** Ratings of the quality of the PCP's HoDS review were higher than ratings of the in-hospital discharge briefing 3.46 vs. 3.17, respectively,  $p=0.001$ . Multivariate Logistics Regression models show that the quality of the PCP HoDS review was significantly associated with lower odds of readmission  $OR=0.35$ , 95% CI 0.26–0.45. The c-statistic shows that the in-hospital baseline model provided fair discriminatory power C statistic 0.70; 95% CI: 0.64–0.75. Adding the discharge-briefing scale significantly improved the discriminatory power of the model C statistic 0.81; 95% CI: 0.76–0.84, but adding the PCP visit indicator within two weeks after discharge yes / no did not change the discriminatory power of the model C statistic 0.810; 95% CI: 0.77–0.85. Nonetheless, the final model that included the PCP HoDS

review had a significantly improved discriminatory power relative to the in-hospital discharge-briefing model C statistic 0.872; 95% CI: 0.84–0.90.

**Discussions:** our data show that the quality of the PCP's HoDS review is a strong protective factor associated with lower 30-day readmission. Adding the PCP HoDS review to the model significantly improved its discriminatory power relative to the in-hospital discharge-briefing model and the PCP visit indicator model.

**Conclusions:** This study shows that the quality of the PCP's HoDS review is associated with reduced 30-Day readmission and thus should be considered as part of readmission prevention efforts.

**Lessons learned:** Our findings point to a need for transitional care interventions and strategies to reduce 30-day readmission including earlier and meaningful PCP visit comprising review of the HoDS recommendations. The study findings have the potential to encourage hospitals and community-based clinicians to work together to improve post-discharge continuity.

**Limitations:** This study was performed at only one tertiary medical center in Israel and its findings should be replicated in other healthcare systems with varying degree of post-discharge PCP involvement.

**Suggestions for future research:** Further research should explore these findings for high-risk patients and foster information sharing between hospitals and primary care physician.

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**Keywords:** 30-day readmission; discharge briefing; PCP visit; post-discharge follow-up care

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