



E1839

JACC March 27, 2012

Volume 59, Issue 13



Quality of Care and Outcomes Assessment

ATTENDANCE OF AN EARLY POST-DISCHARGE CLINIC VISIT - DOES IT REALLY MAKE A DIFFERENCE? NEW INSIGHTS INTO PREDICTING 30 DAY READMISSIONS IN HEART FAILURE

ACC Moderated Poster Contributions

McCormick Place South, Hall A

Monday, March 26, 2012, 9:30 a.m.-10:30 a.m.

Session Title: Cost Effective Care

Abstract Category: 31. Quality of Care and Outcomes Assessment

Presentation Number: 1256-289

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Background: Early follow-up and transitional care have been hypothesized as keys to reducing readmissions for heart failure (HF) patients. Prior studies have suggested that patients attending an appointment with their health care provider within 7 days of discharge (7DFU) have a lower risk of 30-day readmission (30DR). We hypothesized that 1) patients offered a 7DFU appointment differ from those patients not offered an appointment, and 2) with risk adjustment, the 7DFU appointment would have limited impact on 30DR.

Methods: Data was collected on patients discharged from the University of Michigan Hospital with a HF DRG from 2008 to 2010. The CMS readmission risk probability (CMS-RP) was calculated for each patient. Multivariate logistic regression was used to derive a propensity score representing the likelihood of having a 7DFU appointment scheduled. Determinants of 30DR were then examined using multivariate logistic regression entering 7DFU appointment status, CMS-RP, and the propensity score. Patients readmitted prior to the scheduled 7DFU appointment were excluded from the analysis.

Result: 1339 patients admitted for HF were analyzed retrospectively. 30DR rates based on 7DFU status were as follows: 21.0% vs. 23.4% ($p=0.475$) for scheduled vs. not scheduled, 24.6% vs. 22.9% ($p=0.669$) for attended vs. not attended, and 11.5% vs. 23.6% ($p=0.028$) for cancelled vs. not cancelled. Propensity analysis demonstrated that history of coronary bypass surgery, valvular disease, gastrointestinal disorders, or treatment on the Advanced Heart Failure Service was associated with a higher likelihood of having a 7DFU appointment scheduled. After adjusting for CMS-RP and the propensity score, those patients who had cancelled a scheduled 7DFU appointment were associated with a lower risk of 30DR (OR 0.382, 95% CI 0.170-0.856, $p=0.019$).

Conclusion: Attendance of a 7DFU with a cardiac health care provider was not associated with 30DR. Rather, patients who do not attend their scheduled 7DFU appointment appear to be a lower risk group for 30DR. Our data suggests that early follow up of patients during the hospital to home transition may not be enough to prevent readmissions in heart failure patients.