

Advanced TeleHealth Solutions/Cox Health Systems Follow-up Call Study: Whitepaper

Problem and Background

Reducing hospital readmission rates is a national priority and a major focus of health care reform. Nearly one in five Medicare patients are readmitted within 30 days of discharge at a cost estimated at more than \$15 billion a year. The Affordable Care Act created new incentives to reduce readmissions, and in 2012 the Centers for Medicare & Medicaid Services began publicly reporting hospitals' readmission rates. Hospitals with high readmission rates can lose up to three percent of their Medicare reimbursement by 2015. Nearly two-thirds of hospitals receiving Medicare payments are expected to pay penalties totaling about \$300 million this year because too many of their patients were readmitted within 30 days after they were sent home.

Solution: A Call Program for Patient Follow-up

The follow-up study was proposed in 2012 by an official at Cox Health Systems, which operates five hospitals in southwest Missouri. The hospital system's readmittance rate—just under 10 percent for all patients—is relatively low. But Ron Prenger, Senior Vice President and Chief Hospital Officer, was looking for a way to address the issue. He knew that a significant number of discharged patients did not have someone to talk to if they had a question about their discharge plans or a problem arose. Many of those patients didn't have a primary physician or even family to help smooth the transition home. Prenger wanted to give them a number to call.

Prenger knew that another health care company in Springfield operated a call center that was available around the clock. Operated by Advanced TeleHealth Solutions, a telehealth services provider, the call center averaged about 10,000 calls a month, most from staff checking on patients discharged from the hospital. Advanced TeleHealth Solutions nurses, certified to provide chronic care, are trained to build relationships with their patients to help them understand their diseases, medications, and post-operative instructions.

In 2012 Cox Health Systems and Advanced TeleHealth Solutions joined forces to investigate whether a call program could reduce the number of patients who return to the hospital. Their research focused on patients on the third and fourth floors of Cox South: cardiac and pulmonary patients who were the most likely to have problems after they were discharged. Beginning in August 2012, all of the patients received five follow-up calls during the month after they were discharged.

Most readmissions occur during the two-week period after a patient is discharged, and most of those patients return during the first week. Consequently, the first two calls are the most important, according to Tresa Marlow, Advanced TeleHealth Solutions' Director of TeleHealth.

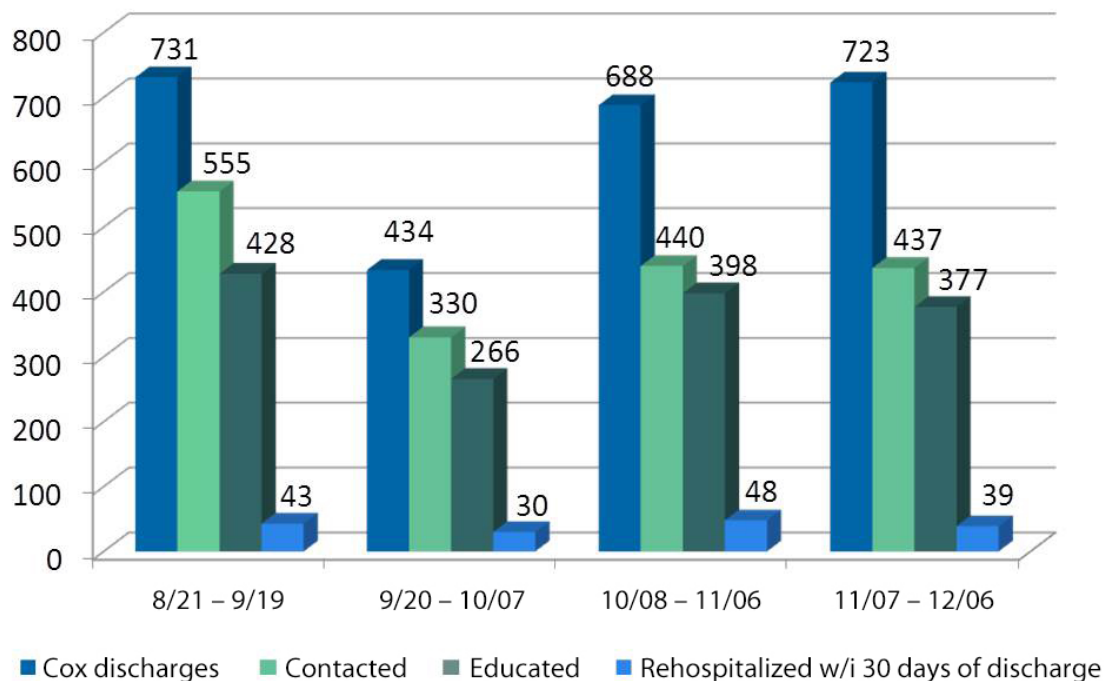
Nurses make the first call the day after the patient is discharged and the second call several days after that. Patients are more likely to be successful if they understand their instructions well enough to explain them to someone else. Ideally, patients can do that after they've received their second call, so the remaining calls serve as reinforcements.

Nurses also ask if the patients have obtained their medications, if they know why they are taking the medications and the proper way to take them. If the patient has equipment, they make sure the patient knows how to use it. Figuring out if the patient has a support system and transportation is also important. Not going to a follow-up doctor's appointment is one of the biggest reasons patients are readmitted to the hospital. Also, every patient is given a phone number staffed with a nurse around the clock. If a problem occurs, patients are encouraged to call the nurse line before they go back to the hospital.

Advanced TeleHealth Solutions nurses have access to the patient's records so they can see the patient's diagnosis and discharge instructions. This is critical to the project's success because a lot of patients lose their discharge instructions.

Promising Results

The study compared the readmittance rates of the patients on the two hospital floors in 2011 when no follow-up calls were made and in 2012 when the study was launched. The patients that received follow-up calls had a readmittance rate of 14.5 percent, nearly two percentage points lower than the 16.4 percent readmittance rate for patients on the same floors in 2011. The readmittance rates for patients in other parts of the hospital inched up slightly during that quarter: 12.7 percent in 2011 and 12.8 percent in 2012.



The patients' HCAHPS scores also improved discernibly, which Prenger attributed to the follow-up calls because no other variable existed to affect the patients' care. The findings are bolstered by the fact that the Cox hospitals already have a low readmittance rate; i.e., moving the needle on them is more difficult than at a hospital with rates above average. The results convinced Prenger that the study needed to continue.

Conclusion

A four-month study at a hospital in Springfield, MO shows that follow-up phone calls to patients is an effective way to reduce hospital readmittances. Patients who received five calls over a 30-day period were less likely to be readmitted within 30 days after they were discharged. Hospital officials were so pleased with the findings they greatly increased the study's scope. Today, all medical surgery patients discharged from Cox South and two other Cox hospitals—400 to 450 patients—are receiving follow-up calls.