H2H
HOSPITAL-TO-HOME

H2H Early Follow-up Challenge: "See You in 7"

Webinar #1
Thursday, March 3, 2011
3:00 pm – 4:00 pm ET

Helping Cardiovascular Professionals Learn. Advance. Heal.

Welcome

Take Home Messages

- Renew your H2H commitment
- Participate in the first H2H Challenge
- Help build the H2H Tool Kit of tools

Helping Cardiovascular Professionals Learn. Advance. Heal.

Webinar Format

Topic	Presenter	Time
Welcome	MaryAnne Elma, MPH	5 min
H2H Vision	Harlan Krumholz, MD, FACC	10 min
Early Follow-up	Adrian Hernandez, MD, MHS	15 min
H2H Challenges	Mary Norine Walsh, MD, FACC Kathy Grady, PhD, APN, FAAN	20 min
Question-and-Answer	All	10 min

H2H Vision

Harlan Krumholz, MD, FACC

- Harold H. Hines, Jr. Professor of Medicine, Epidemiology and Public Health
- Yale University School of Medicine

Where we've been

Community Reach

- 1000+ Organizations
- 1600+ Participants
- 34 Partners
- 25 QIOs
- $70K grants in 2010

Key Activities

- 25+ presentations
- 3+ listserv topics/month
- 8 best practice webinars
- 900 people per webinar
- Best practices study with Yale and the Commonwealth Fund

Helping Cardiovascular Professionals Learn. Advance. Heal.

5

Where we're going

H2H Challenges

- 6-month projects
- 1 topic focus
- 1 tool kit
- 4 webinars
- 2 surveys

H2H
HOSPITAL-TO-HOME

Community call-to-action

Helping Cardiovascular Professionals Learn. Advance. Heal.

6

Accept the H2H Challenge

Over the next 6 months:

- Succeed in the H2H Challenge!
- Try a recommended strategy or tool
- Submit the surveys to share your experience
- Participate in the webinars
- Post to the listserv
- Tell us your strategies for improvement

H2H
HOSPITAL-TO-HOME

H2H Challenge #1:

Early Follow-up
After Discharge

See you in 7

Early Follow-up

Adrian Hernandez, MD, MHS

- **Dr. Hernandez is a cardiologist at Duke University Medical Center and an Associate Professor of Medicine at the Duke Clinical Research Institute.**
- **He is actively involved in clinical research from quality of care to clinical trials with a focus on heart failure.**
- **Dr. Hernandez earned his MD from University of Texas-Southwestern.**
- **He completed residency at the University of California-San Francisco and fellowship at Duke University.**

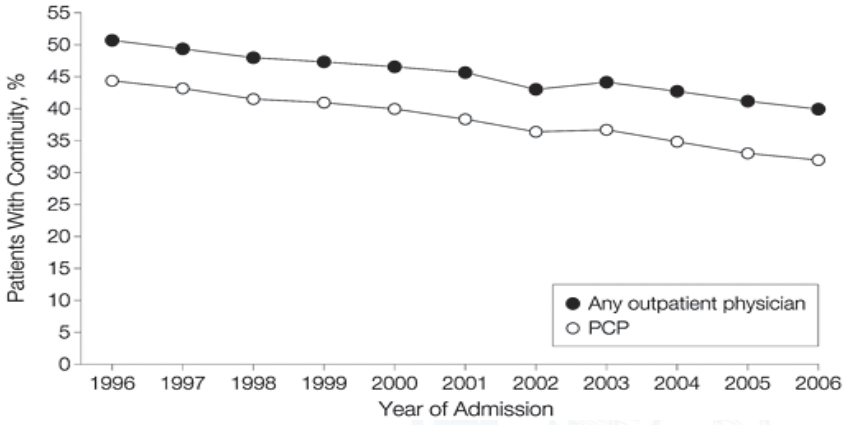
Why focus on early follow-up?

- Trends in care with greater segmentation of providers into inpatient vs. outpatient.
- Days immediately following discharge are a vulnerable period.
- Care is often complicated and coordination is important in preventing readmission.[1]
- Often there are additions or changes in therapies that may have unknown effects or even worsen a patient's clinical status or other co-morbid conditions.[2]

[1] Peikes D, Chen A, Schore J, Brown R. Effects of care coordination on hospitalization, quality of care, and health care expenditures among Medicare beneficiaries: 15 randomized trials. *JAMA*. 2009;301(6):603-618.

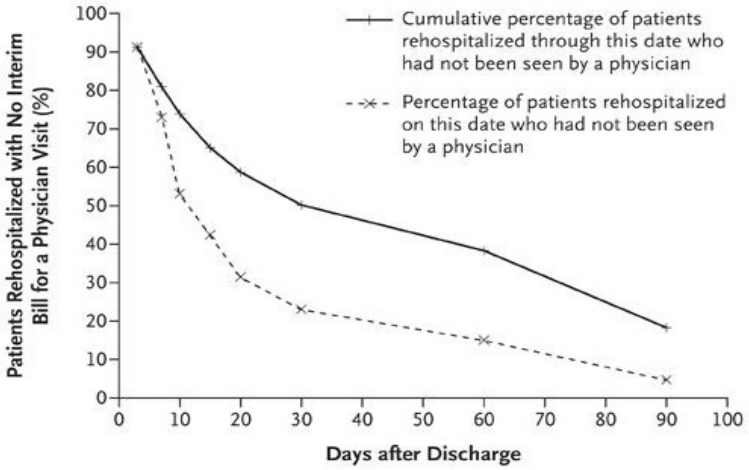
[2] Leendertse AJ, Egberts AC, Stoker LJ, van den Bemt PM. Frequency of and risk factors for preventable medication-related hospital admissions in the Netherlands. *Arch Intern Med*. 2008;168(17):1890-1896.

Decreasing Continuity of Care



Sharma G et al. *JAMA* . 2009;301:1671-1680

Lack of Outpatient Physician Visit between Discharge and Rehospitalization



Jencks SF et al. *N Engl J Med.* 2009;360:1418-1428

Timely follow-up and Readmission: Care Transitions Intervention- A Randomized Control Trial

- Intervention
  - Medication self-management,
  - Patient-centered record
  - Timely follow-up with primary or specialty care,
  - List of "red flags" indicative of a worsening condition and instructions on how to respond to them.
- Intervention patients with lower rehospitalization at 30 days (8.3% vs. 11.9; *p*=0.048)

Coleman EA et al. *Arch Intern Med.* 2006;166:1822-1828

Helping Cardiovascular Professionals Learn. Advance. Heal.

Relationship Between Early Follow-up and 30 Day Readmission

Objectives

- To characterize hospitals' patterns of physician follow-up after hospital discharge.
- To determine the association of early follow-up with readmission after hospitalization for heart failure.

Methods

- **Study Population:**
  - 225 hospitals in Get With The Guidelines –Heart Failure
  - Linked with Medicare Claims for follow-up
  - 65 years and older admitted with heart failure
- **Early Follow-up:** Any visit within 7 days after discharge from index hospitalization

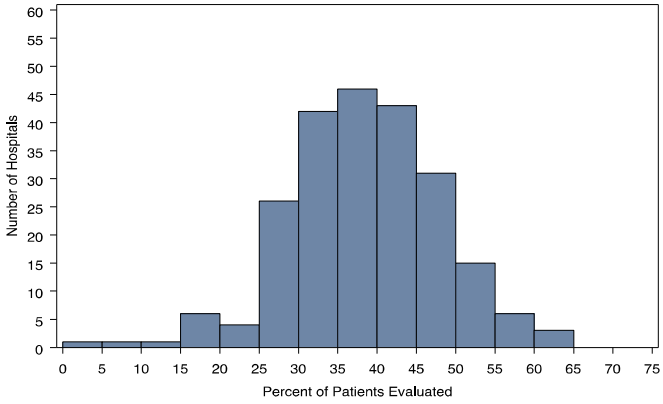
Helping Cardiovascular Professionals Learn. Advance. Heal.

Hernandez AF et al. *JAMA* . 2010; 303(17): 1716-1722

Hospital Variation in Early Follow-up

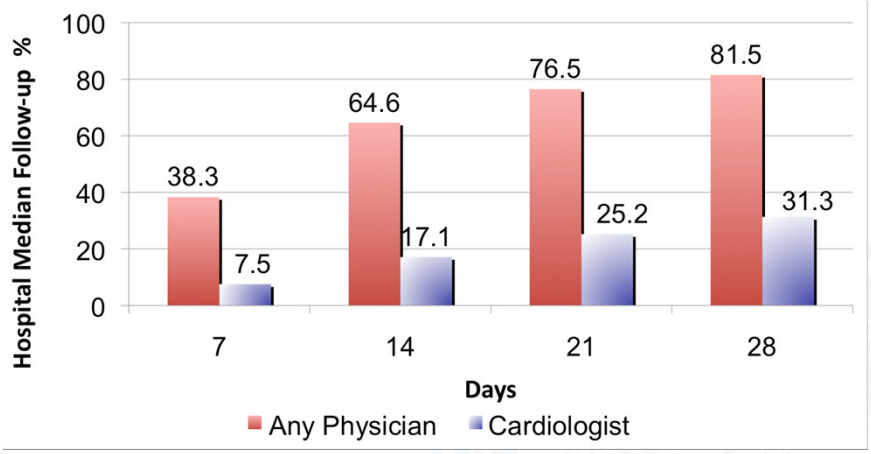
Median Follow-up Visit within 7 days = 37.5%

225 GWTG-HF Hospitals



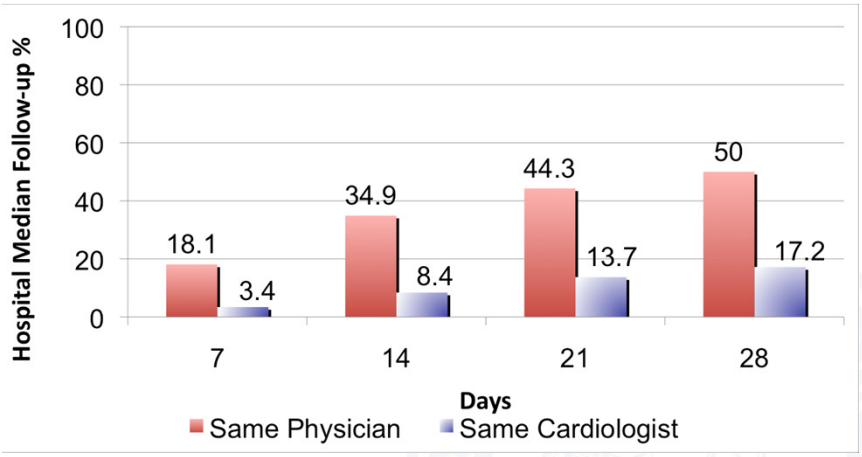
Helping Cardiovascular Professionals Learn. Advance. Heal.

Follow-up by Physician Type



Helping Cardiovascular Professionals Learn. Advance. Heal.

Follow-up by Same Physician



Helping Cardiovascular Professionals Learn. Advance. Heal.

30-Day Readmission & Early Follow-up with Any Physician

Early Follow-up	Unadjusted HR	95% CI	P Value	Adjusted HR	95% CI	P Value
Quartile 1	1.0 (REF)			1.0 (REF)		
Quartile 2	0.86	0.78-0.94	<.01	0.85	0.78-0.93	<.01
Quartile 3	0.85	0.76-0.94	<.01	0.87	0.78-0.96	<.01
Quartile 4	0.87	0.79-0.95	<.01	0.91	0.83-1.0	.05

Covariates: age, sex, race, anemia, atrial arrhythmia, COPD, CKD, CAD, depression, diabetes, hyperlipidemia, hypertension, PVD, prior CVA/TIA , smoker, creatinine, systolic blood pressure, serum sodium, hemoglobin, LVSD, discharge process, LOS>7 days, year of admission

Helping Cardiovascular Professionals Learn. Advance. Heal.

Study Conclusions

- Rates of physician follow-up within 1 week of discharge were low and varied substantially across hospitals.
- Patients discharged from hospitals with more consistent early follow-up with 7 days have lower risk of 30-day readmission.
- Enhanced transition planning and ensuring that patients are evaluated within a week of discharge represents an achievable target for hospital quality improvement.

Helping Cardiovascular Professionals Learn. Advance. Heal.

Important Elements for Early Follow-up

- Establishing communication between sending and receiving clinicians
- Natural opportunity for reconciliation of medications
- Review outstanding tests and follow-up plans from recent tests
- Discussions about monitoring signs and symptoms of worsening conditions

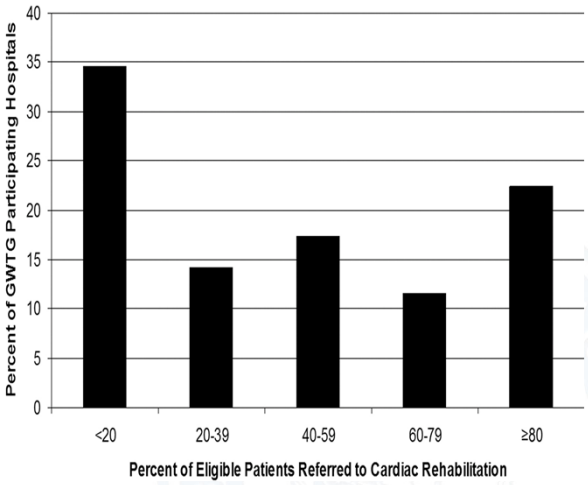
Helping Cardiovascular Professionals Learn. Advance. Heal.

Coleman EA. Falling through the cracks: challenges and opportunities for improving transitional care for persons with continuous complex care needs. *J Am Geriatr Soc.* 2003;51(4):549-555

Other Opportunities for Follow-up: Cardiac Rehabilitation

GWTG-CAD Hospitals

- Cardiac Rehabilitation Referral Rates After acute myocardial infarction, PCI, or CABG
- Median referral rate by hospital was 43%



Brown TM et al. *J Am Coll Cardiol.* 2009; 54:515-521

H2H Challenges

Kathy Grady, PhD, APN, FAAN

- Associate Professor, Feinberg School of Medicine
- Northwestern University
- Administrative Director, Center for Heart Failure
- Bluhm Cardiovascular Institute
- Division of Cardiac Surgery

H2H Early Follow-Up Challenge: "See You in 7"

Goal

All patients discharged with a diagnosis of HF or MI have a follow-up appointment/cardiac rehab referral scheduled within 7 days of discharge

- HF patients have an appointment to see any healthcare professional within 7 days
- MI patients have a referral to go to cardiac rehab within 7 days

Helping Cardiovascular Professionals Learn. Advance. Heal.

23

H2H Early Follow-Up Challenge: "See You in 7"

Participant expectations

1. Review the "pre-flight checklist"
2. Submit the initial assessment survey
3. Test one or a combination of tools
4. Participate in the webinars
5. Post to the listserv
6. Submit the post-intervention survey

Helping Cardiovascular Professionals Learn. Advance. Heal.

24

How this will work

Timeline

Activity	Date
Webinar #1: Introduction	Thu Mar 3
Survey #1: Initial assessment	Thu Mar 31
Webinar #2: "See You in 7" Tool Kit	Apr 15-30*
Webinar #3: Open Forum	May 15-31*
Webinar #4: Lessons Learned	Jul 15-31*
Survey #2: Post-intervention assessment	Mon Jul 25

* Exact dates to be determined.

Everything will be available online at http://www.h2hquality.org

H2H Challenges

Mary Norine Walsh, MD, FACC

- Medical Director, Heart Failure and Cardiac Transplantation
- St Vincent Heart Center of Indiana

How the tool kit will be developed

This is a similar process to the tool kit developed for D2B.
The process is not random and relies on your participation.

Target release of the "See you in 7" Tool Kit is April 26.

Best Practices Research
Summarize published evidence
Conduct qualitative research (focus groups, surveys, interviews)
Issue a "call for tools" to the community (this the H2H Challenge)
Strategy and Tool Development
Identify strategies from research (themes with success)
Identify tools (something you can hold) to support strategies
Modify existing tools and/or develop new tools

Helping Cardiovascular Professionals
Learn. Advance. Heal.

27

"See You in 7" Success

The hospital discharge process is successful if:

- HF and MI patients are identified prior to discharge.
- Clinic or cardiac rehab appointment within 7 days is scheduled and documented in the medical record.
- Patient is provided with documentation of the scheduled appointment (e.g., appointment card).
  - Date, time, location, provider contact information
- Possible barriers to keeping the appointment are identified in advance, addressed, and documented in the medical record.

Helping Cardiovascular Professionals
Learn. Advance. Heal.

28

"See You in 7" Success

The follow-up clinic or cardiac rehab appointment is successful if:

- Patient arrives at appointment within 7 days of discharge from hospital.
- Discharge summary (including summary of hospitalization, updated medication list) available to follow-up provider.
- Patient brings his/her medications or a medication list to clinic visit.
- Reason for referral available to cardiac rehab center and patient brings referral letter or provider prescription.

Helping Cardiovascular Professionals
Learn. Advance. Heal.

29

Moderated Question-and-Answer Session

Please submit your question online at this time.

Helping Cardiovascular Professionals
Learn. Advance. Heal.

30

Thank You

H2H
HOSPITAL-TO-HOME

Helping Cardiovascular Professionals
Learn. Advance. Heal.