

Heart Failure Transitional Care Service Slashes 30-Day Readmission and Mortality Rates: A Single Center Experience (HF-TCS Study)



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Background

- Transitional care services (TCS) improve clinical outcomes in HF
- Best practices have yet to be defined.
- 1- year data from an intensive TCS program

Methods

HF-TCS Team: 3 HF-Trained Nurse Practitioners

- Utilize Epic EHR to develop a system list of inpatients with HF
- Review chart to confirm 1° HF diagnosis
- Official consultation to identify gaps in care
- Advise the primary team
- Offer follow-up with HF-TCS program

HF-TCS Program: intensive Transitional Care Program

- 2-day phone call
- 5-day office visit
- Additional follow-up as needed (30 days - 90 days)
- Dedicated 24/7 call line staffed by HF-TCS team

Quasi-experimental study design (n=410)

- Intervention group: accepted HF-TCS program
- Comparison group: declined HF-TCS program
- 1-year data: September 2016 – 2017

Special Acknowledgment to the OSF HF-TCS Team

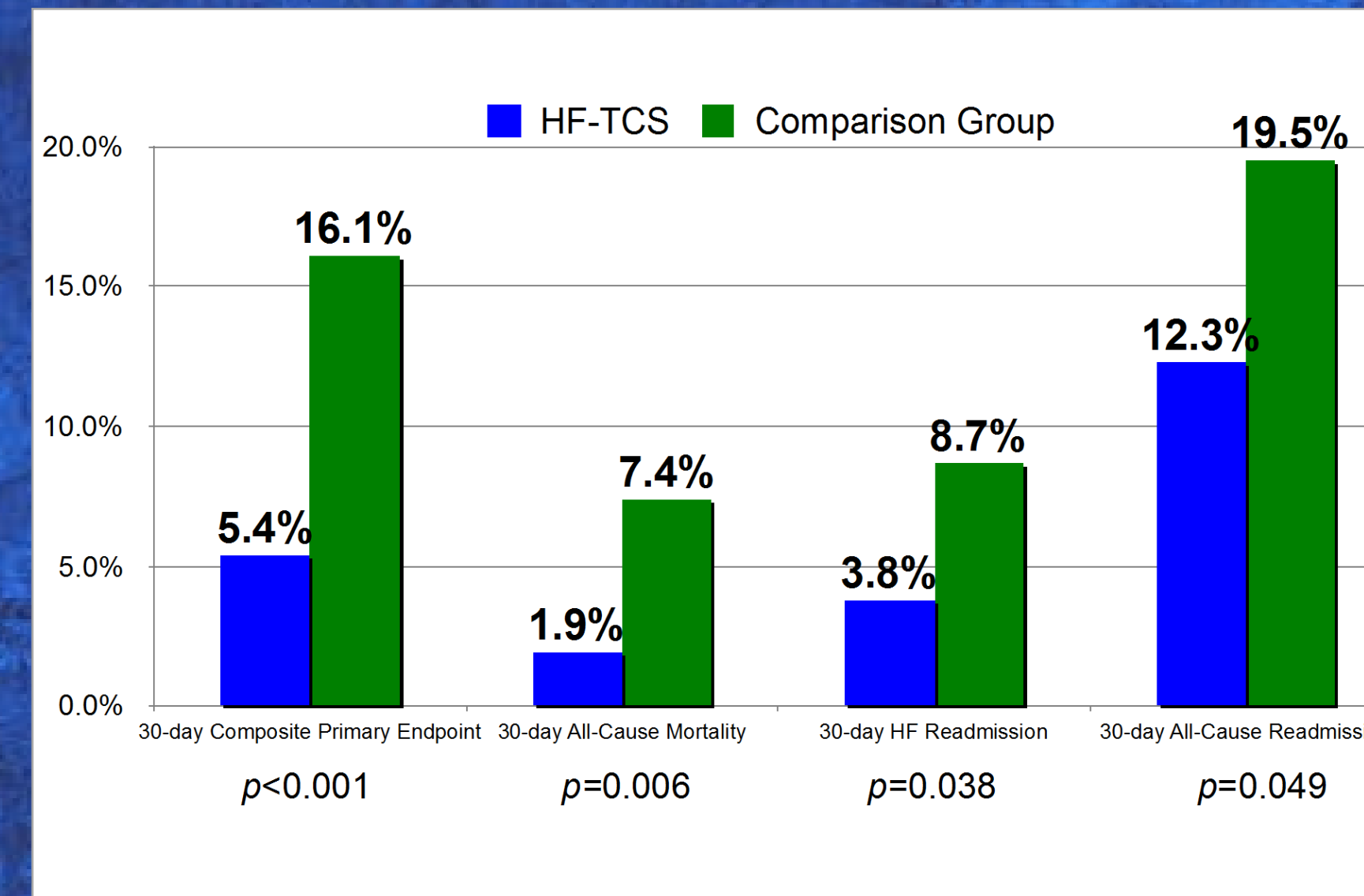
Outpatient Visits

September 2016-2017



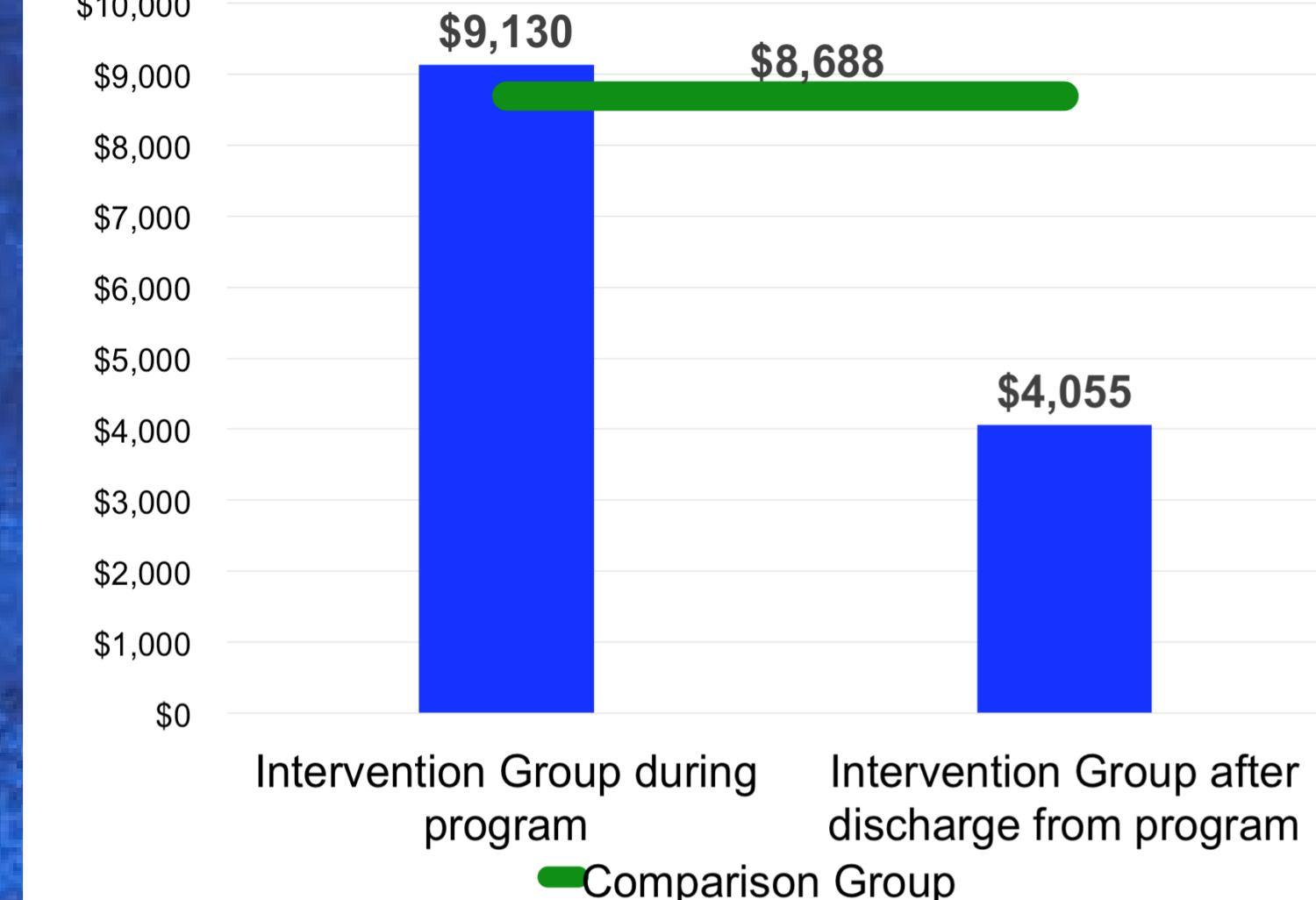
Clinical Outcomes

September 2016-2017



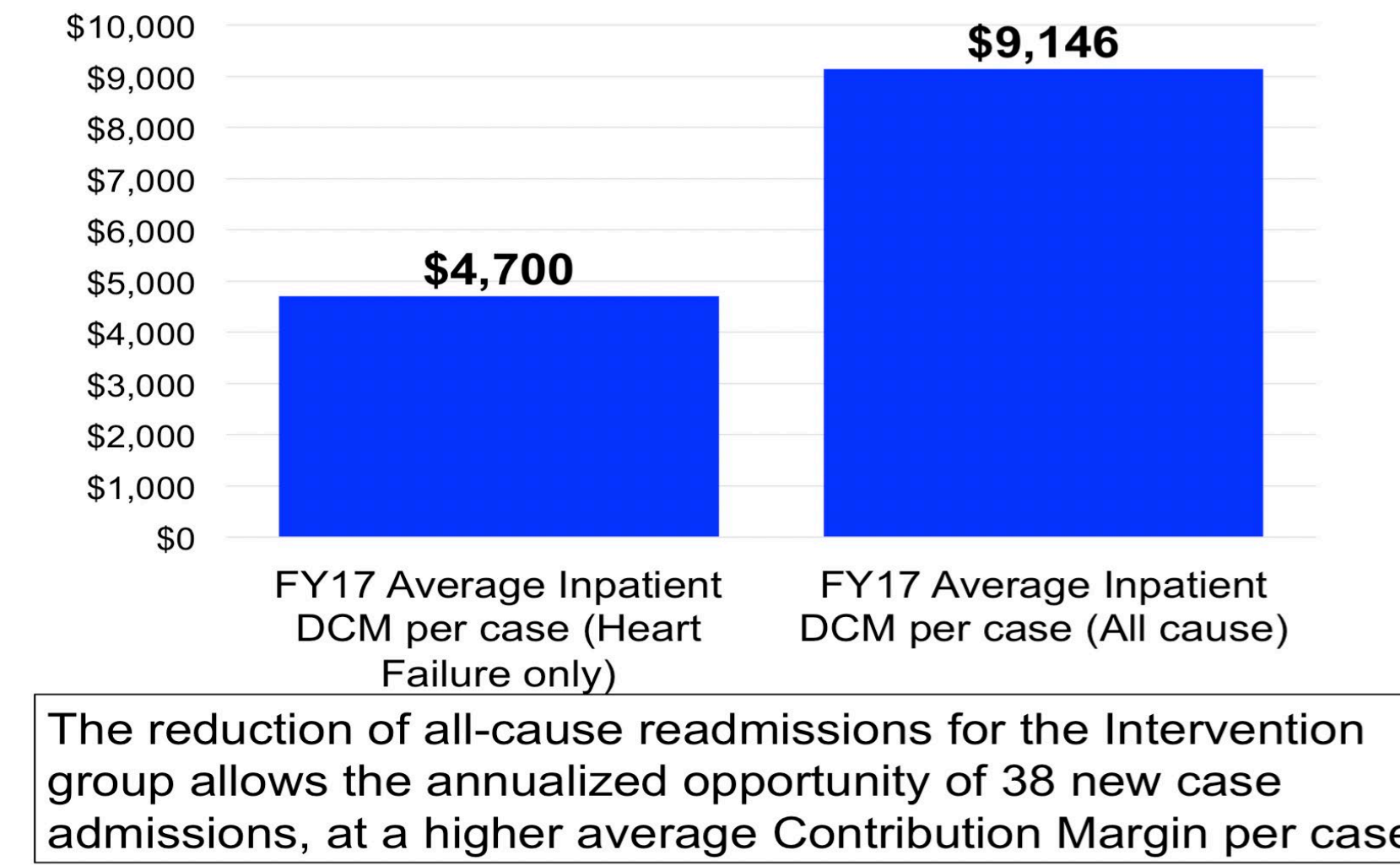
Average Cost Per Patient

October 2016 – June 2017



Average Contribution Margin Per Case

October 2016 – June 2017



Results

Intervention Group: 261 (63.7%)

Control Group: 125 (36.3%)

Completed 2-day phone call (93%)

Average Office Visit Time: 4.9 Days

HF-TCS clinical outcomes:

- 66% reduction in composite endpoint: mortality + HF readmission
- 74% reduction in all-cause mortality
- 56% reduction in HF readmissions
- 37% reduction in all-cause readmissions

HF-TCS cost:

- Intervention group during HF-TCS: \$2.3 million
- Intervention group after HF-TCS: \$1.1 million
- Comparison group: \$1.0 million

HF-TCS contribution margin

- Annualized reduction in AC readmission cases: 38
- Annualized potential gain in CM: \$168,944

Conclusions

- Intensive TCS programs can dramatically reduce 30- day readmissions and mortality for patients admitted with HF
- Our data contributes to growing body of evidence needed to define best practices
- Future research:
 - Long term clinical outcomes
 - Patient-centered outcomes
 - Cost-effectiveness analysis