

Improving Follow-Up Care After Cardiovascular Hospital Admissions Using a Successful UCHealth Model

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Introduction

- Adequate follow-up care and medication compliance are crucial following a cardiovascular hospitalization.
 - Appropriate follow-up after cardiac event is associated with lower readmission rates and lower adjusted 1-year mortality rates¹.
 - Non-adherence to medication increases readmission².
 - Low income and Medicaid patients experience worse outcomes after cardiovascular events³. This may be partially attributable to barriers leading to reduced follow-up and medication compliance.
- In 2018, UC Cardiology had a show rate of only 44% at follow-up appointments following hospital discharge (vs. 47% for all medicine specialties; 78% for non-medicine specialties)
- 20% of UC Cardiology patients are Medicaid beneficiaries.
- Standard discharge procedures included:
 - Scheduling without patient involvement, with indication of date on the discharge summary
 - Automated reminder call
 - Medications sent to pharmacy of choice

Intervention

1. Bedside Scheduling Program
 - New note type created to trigger discharge scheduling sequence (fig. 1)
 - Program designed to be patient centered and personalized
 - New position, "Clinic Scheduler", created to carry-out discharge sequence
2. Med-to-Bed Program (fig. 2)
 - Discharge medications ordered morning of discharge to Hoxworth pharmacy (in-house outpatient pharmacy)
 - Medications delivered to patient at bedside before discharge

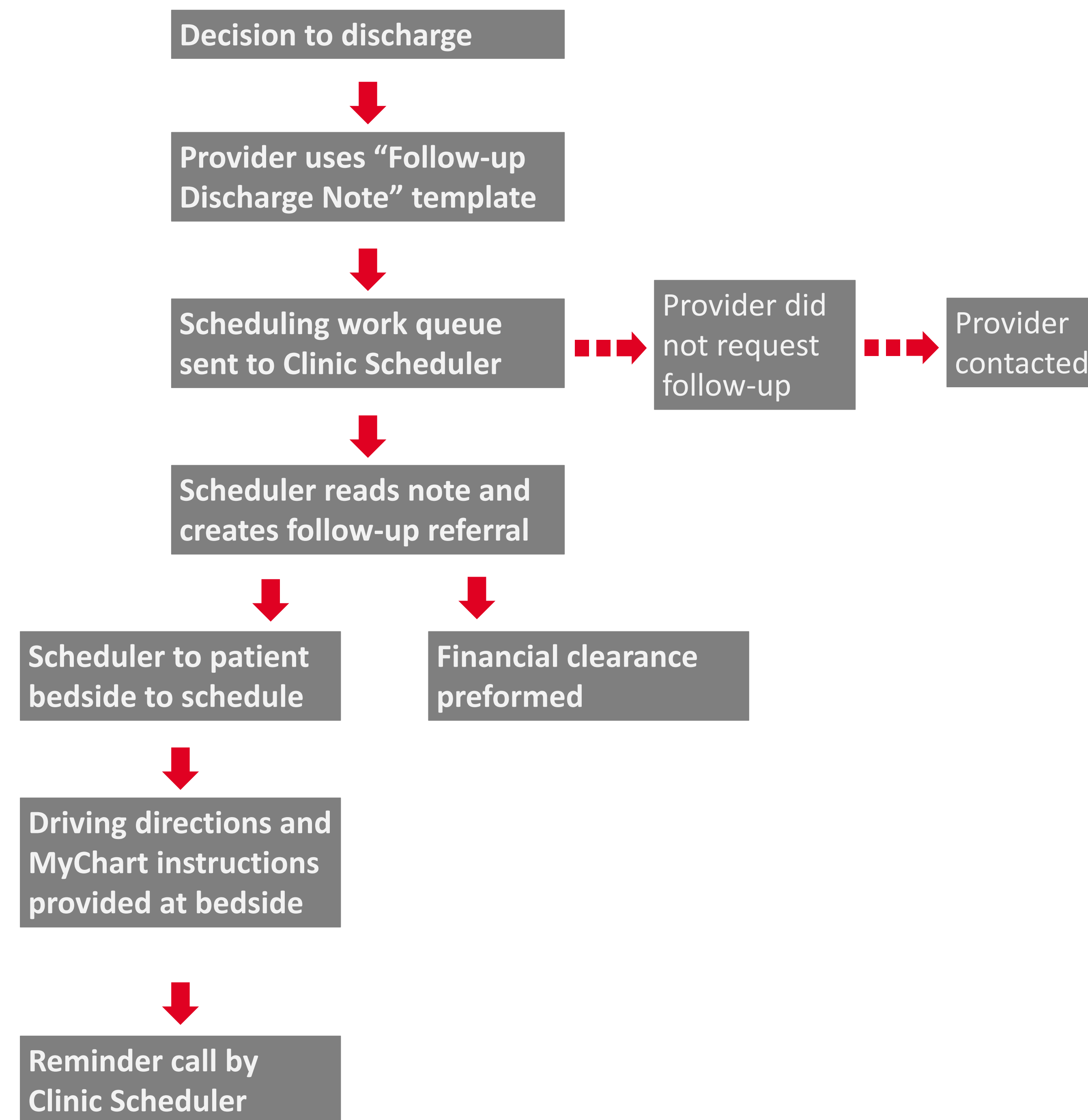


Fig. 1: Bedside Scheduling Program sequence for scheduling follow-up appointments.



Fig.2: Med-to-Bed prescription delivery flow

Preliminary results

- The Bedside Scheduling Program was piloted in the Infectious Disease department beginning in March 2018.
- Infectious Disease saw a 63.8% decrease in no-shows to follow-up appointments after implementation
- Program has received positive feedback from patients and staff

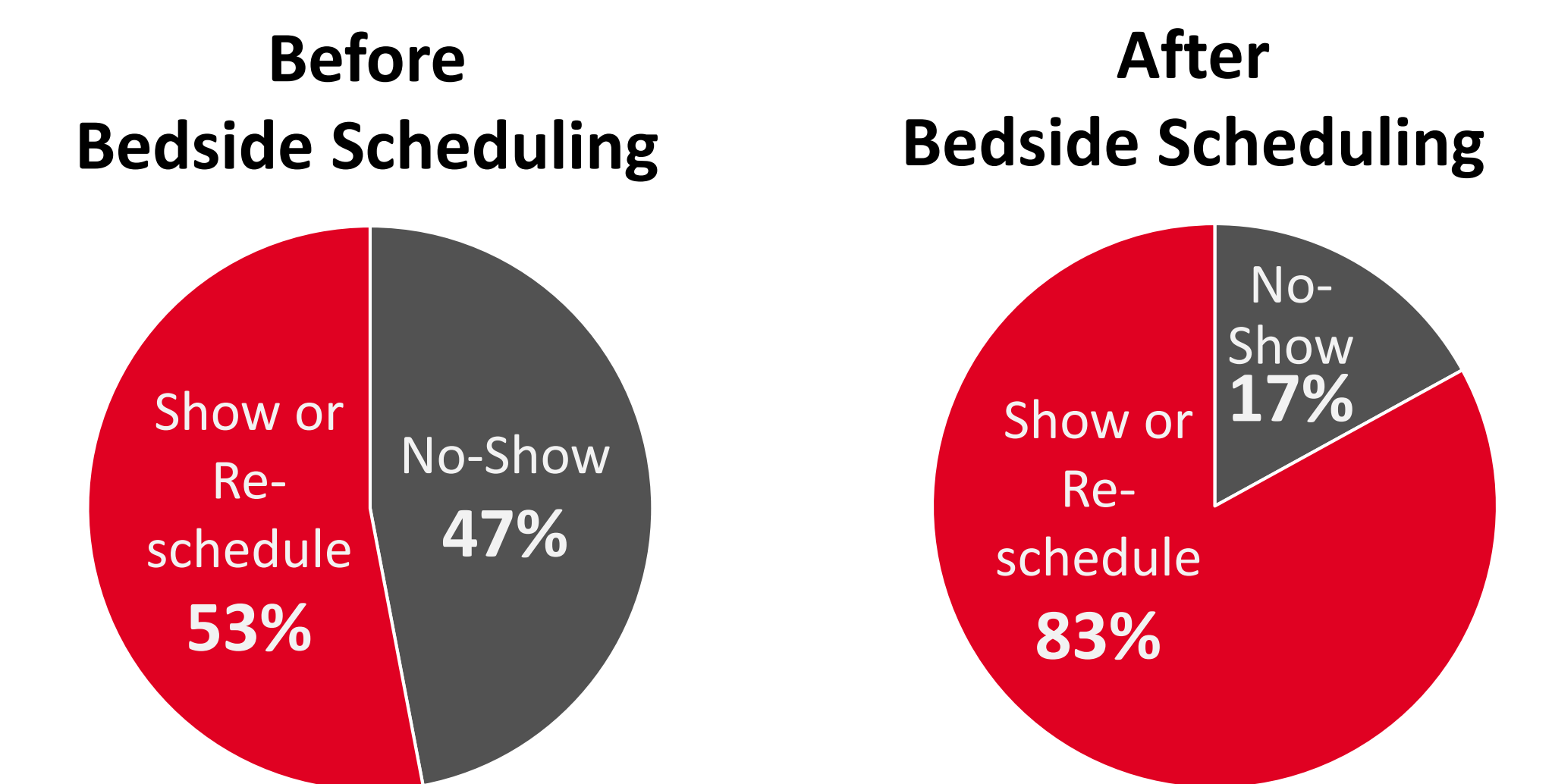


Fig. 3: Infectious Disease follow appointment show rates before and after implementation of Bedside Scheduling Program

Future Directions

- The Bedside Scheduling and Med-to-Bed programs were implemented in the Cardiology department in February 2019.
- Primary outcome will be no-show rates for follow-up appointments and utilization of Med-to-Bed prescriptions. Secondary outcomes include 30-day readmission rate for heart failure and acute MI.
- Future steps include data collection and program improvement, hiring more Clinic Schedulers, expansion to other departments and infrastructure for patients who no-show despite this initiative.

Citations

1. Ezekowitz JA, van Walraven CA, McAlister F, Armstrong PW, Kaul P. Impact of specialist follow-up in outpatients with congestive heart failure. *CMAJ*. 2005;172(2).
2. Fischer MA, Stedman MR, Lii J, et al. Primary Medication Non-Adherence: Analysis of 195,930 Electronic Prescriptions. *Journal of General Internal Medicine*. 2010;25(4):284-290.
3. Calvillo-King L, Arnold D, Eubank KJ, et al. Impact of Social Factors on Risk of Readmission or Mortality in Pneumonia and Heart Failure: Systematic Review. *Journal of General Internal Medicine*. 2012;28(2):269-282.