

Post-discharge physician visits and readmission rates in a population-based sample of patients with schizophrenia

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Background

- SCZ – HIGH readmission rates (14% within 1 month post-discharge)
- Post-discharge follow-up is a quality indicator
- BUT, no evidence that it matters

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Disclosure

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- No conflicts of interest to disclose that could influence the content of this presentation

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Objective

- To assess the impact of physician visits (primary care only, psychiatrist only, or both primary care and psychiatrist vs. NO MD visits) on readmission rates between 31 and 210 days post-discharge

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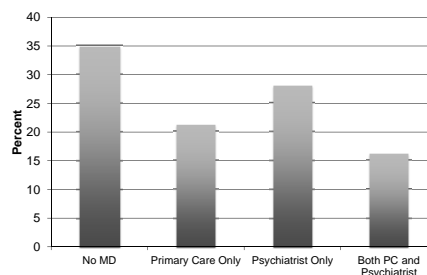
Methods

- Cohort study – patients discharged with a Dx SCZ between 2007 and 2012
- Four follow-up groups (intervention)
 - No Follow-up, Primary Care only, Psychiatrist only, Both PC and Psych, or
- Readmission within 31 and 210 days post-discharge (outcome)
- Secondary analyses = stratified sample based on readmission risk at D/C

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MD Visits Post-Discharge

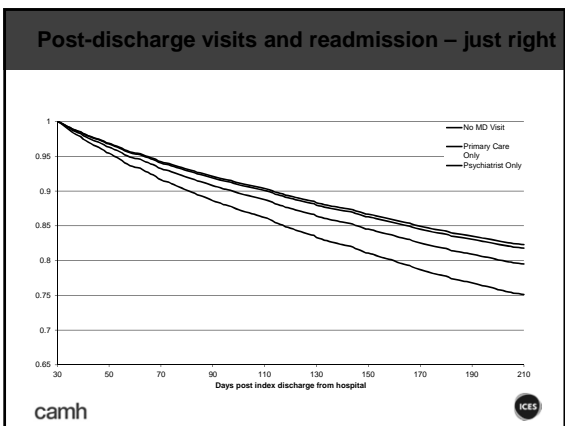
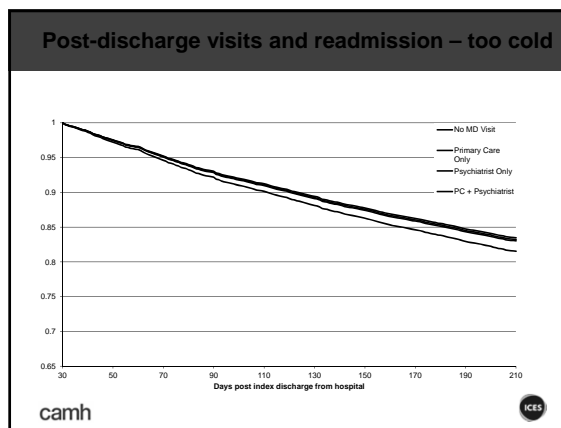
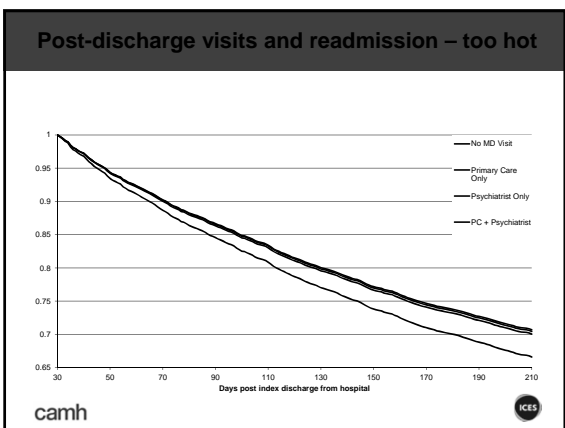
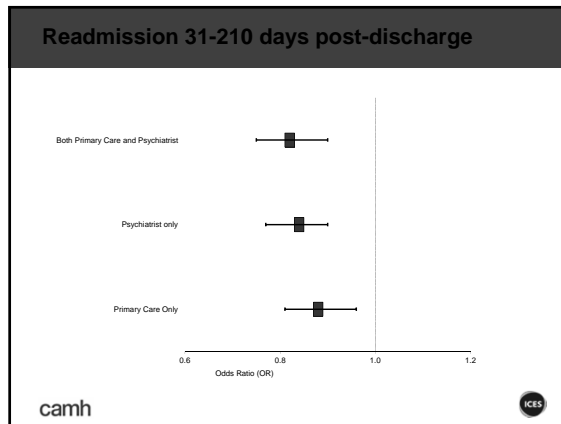


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Readmission Risk at Discharge

Follow-up group	No physician follow-up (N=6,706)	Primary care physician only (N=4,058)	Psychiatrist only (N=5,383)	Primary care physician and psychiatrist (N=3,097)
Readmission Risk Score at Discharge**				
Predicted readmission risk (%), mean ± standard deviation	5.73 ± 2.58	5.72 ± 2.41	5.65 ± 2.38	5.84 ± 2.44
31-60 Day Readmission Risk Tertiles				
Low Readmission Risk (2.8-4.3%)	2,342 (34.9)	1,300 (32.0)	1,855 (34.5)	917 (29.6)
Medium Readmission Risk (4.3-6.0%)	2,094 (31.2)	1,472 (36.2)	1,773 (32.9)	1,121 (36.2)
High Readmission Risk (6.0-36.0%)	2,270 (33.9)	1,331 (32.8)	1,755 (32.6)	1,059 (34.2)



- ### Post-discharge follow-up
- More than 1 in 3 patients see no MD 30 days post-discharge
 - Seeing a MD helps, but only if you are not at high risk of readmission
 - Use of data to align resources to need (1 size does not fit all)