



Center for Healthcare
Innovation &
Policy Research



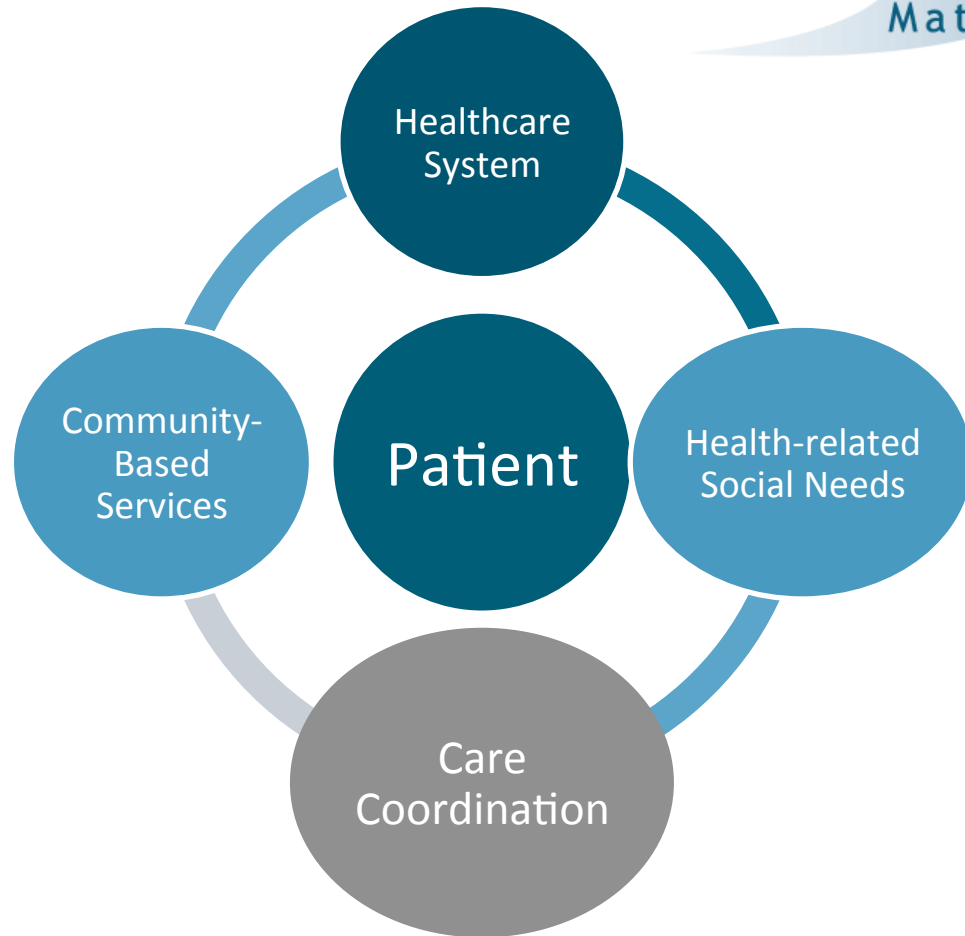
An Emergency Department-to-Home Intervention to Improve Quality of Life and Reduce Hospital Use

October 15, 2016

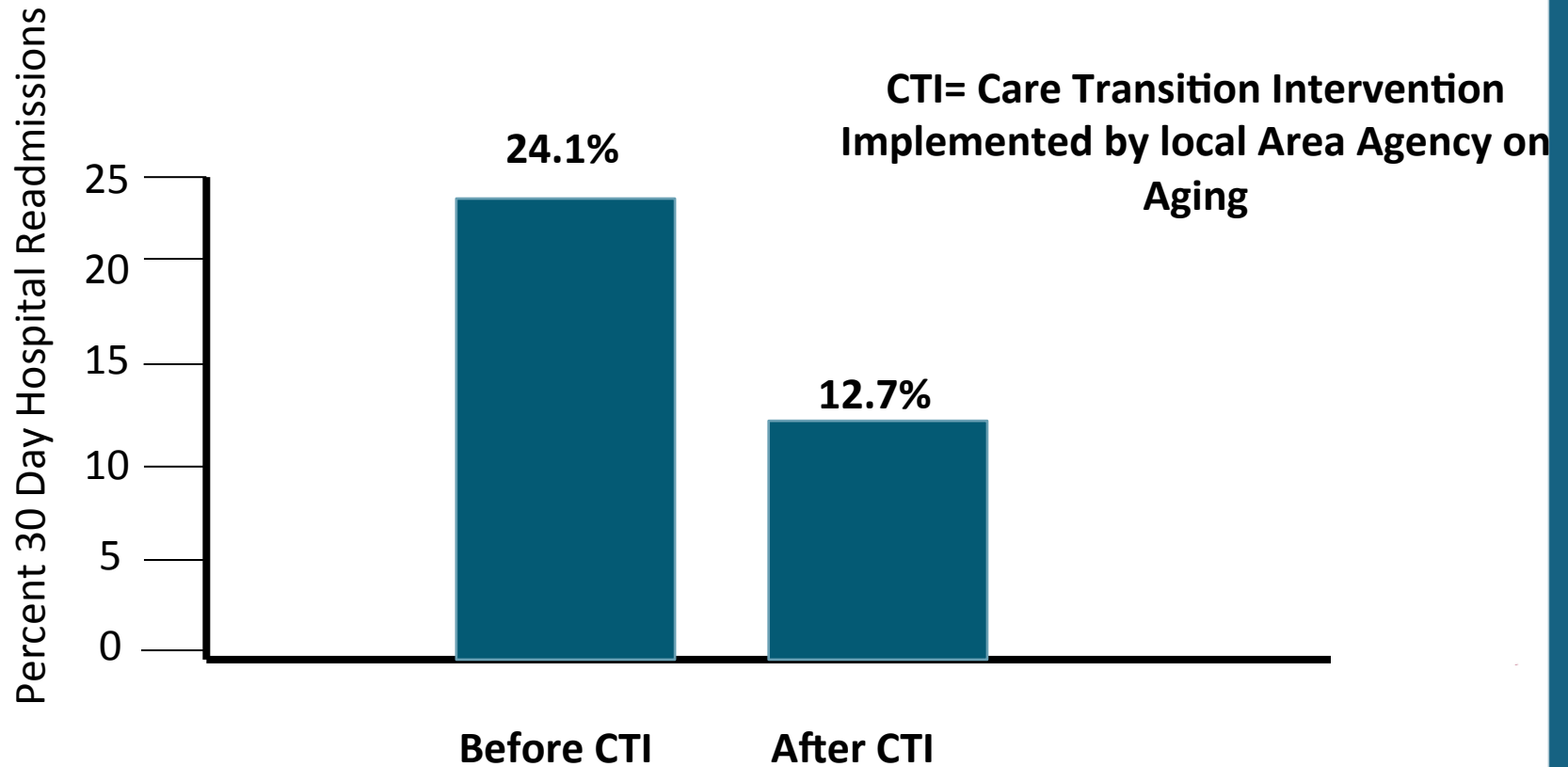
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Improved care transitions, particularly for older, chronically ill Americans are *a national priority*

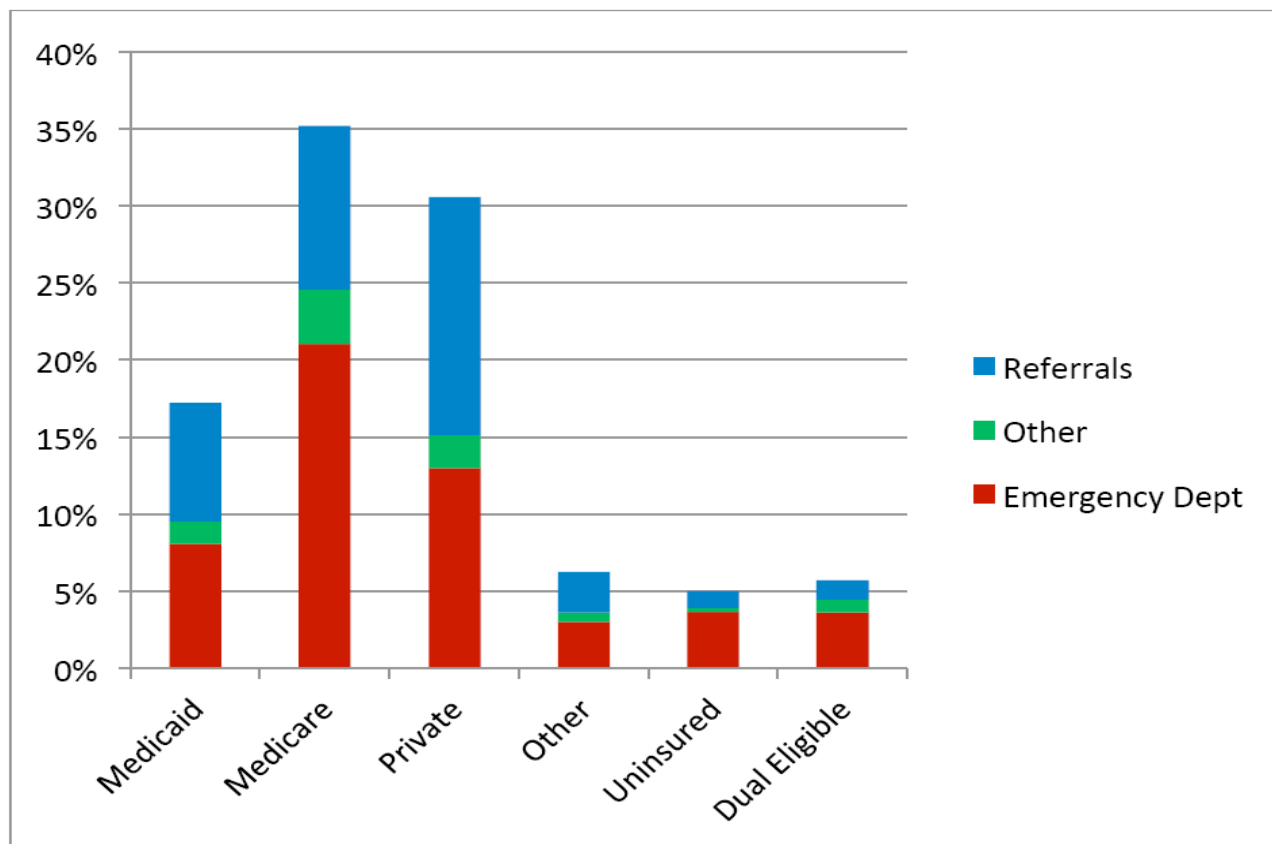


Community Partners' Perspective



Care Transition Interventions in Admitted Patients
Reduce Hospital Readmissions

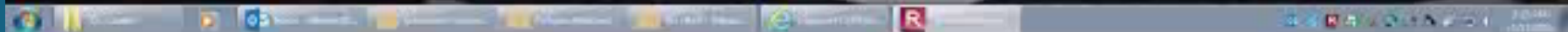
Clinicians' Perspectives



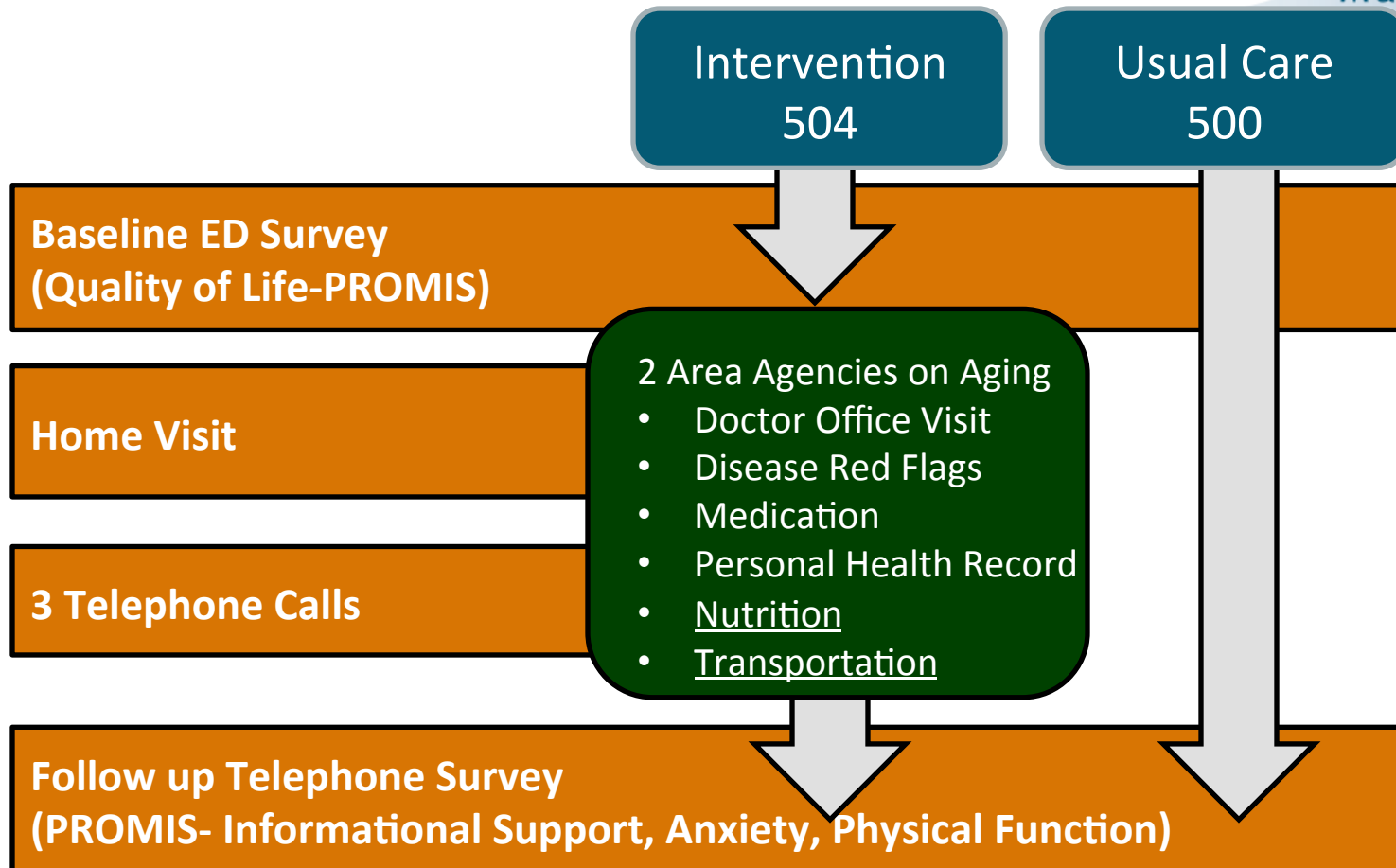
Rand Corporation 2013: The Evolving Role of
Emergency Departments in the United States.

Most Medicare Beneficiaries Enter Through the ED

Original PCORI shortened



Project Overview



Aim 1: Quality of Life (PROMIS) and Health Service Use (Medicare Claims)

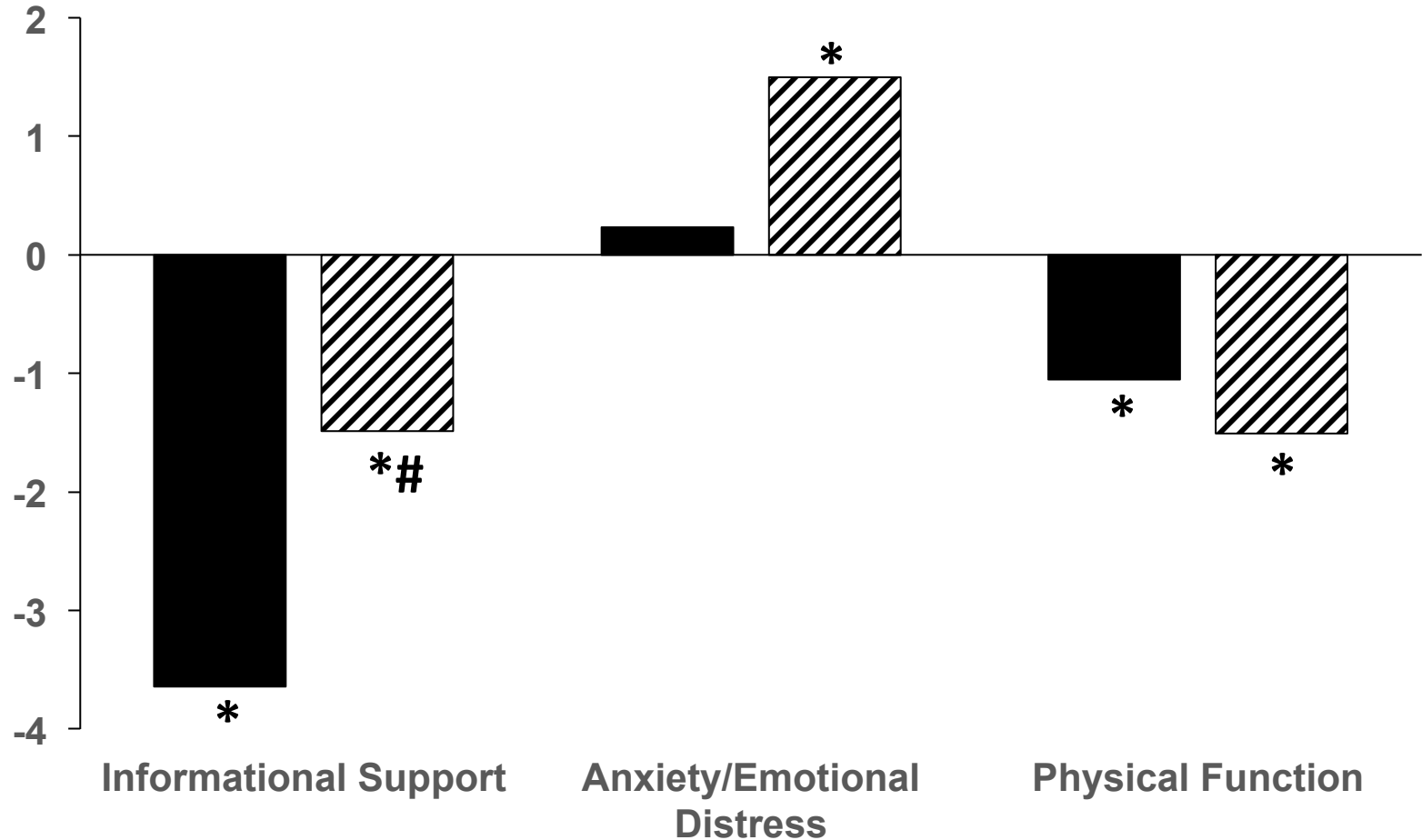
Aim 2: In-depth Interviews with patients in their homes, coaches, and providers

Change in Self-Reported Quality of Life In the 30 Days after ED Visit



Propensity Score Weighted Follow-Up – Baseline
Quality of Life Scores

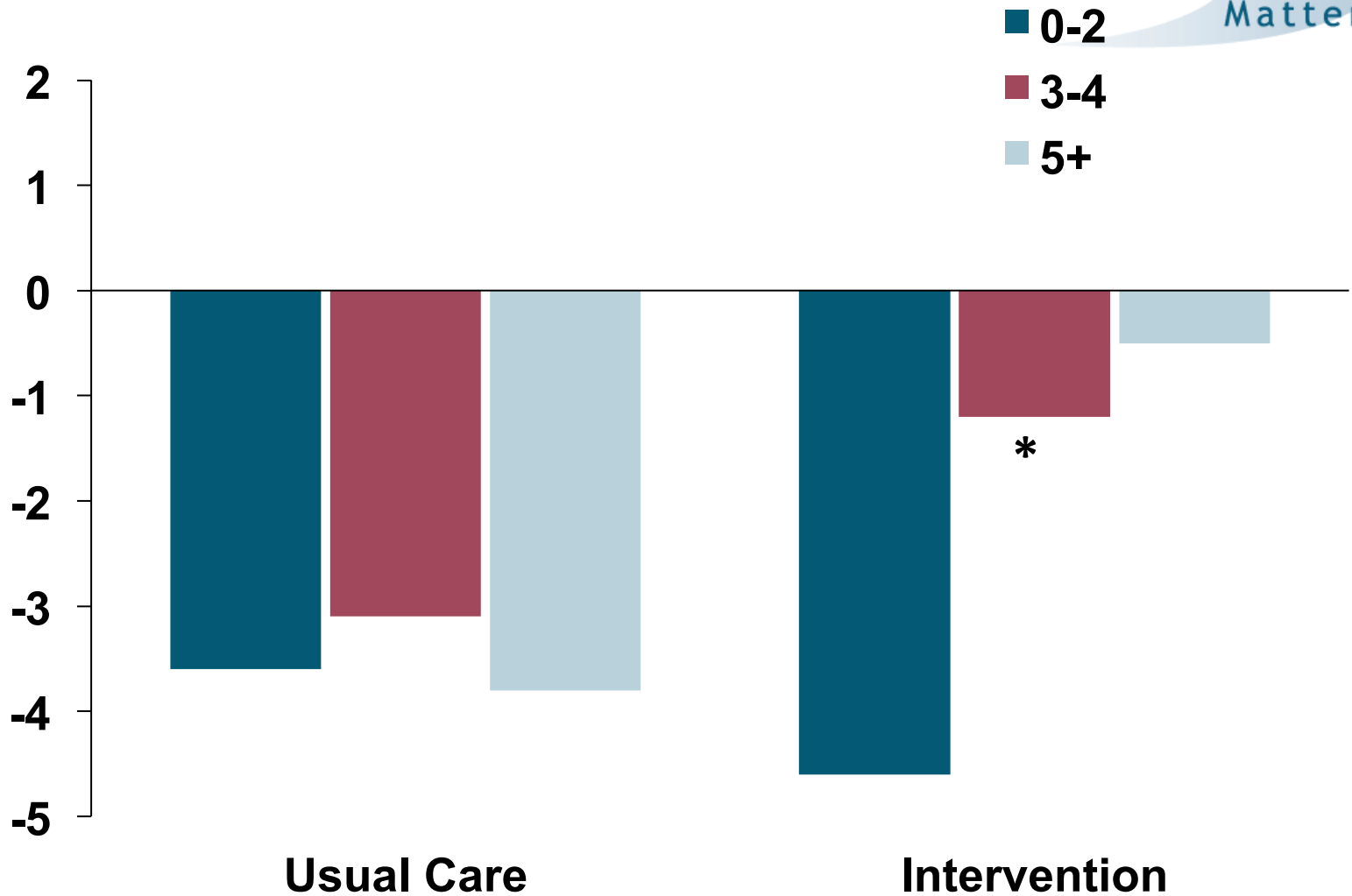
■ Usual Care
▨ Intervention



Change in Self-Reported Informational Support By Number of Patient Comorbidities



Propensity Score Weighted Follow-Up – Baseline
Informational Support



Conclusions



- During a healthcare crisis associated with an ED visit, quality of life is highest at the time of ED visit and falls over the next 30 days
- The ED may represent an under-utilized setting to deploy transitional care interventions
- Longer term impacts on patients' ability to obtain, process and use health information and services may become possible
- Sustainability is important

Moving the Payment Policy Focus from Volume to Value

- 90% value-based by 2018
- Transitional Care Management and Bundled Payment
- National Quality Forum- guiding principles for measuring transitions to and from the ED
- PCORI and CMMI
- HHS secretary can adopt innovations found to save money and improve quality throughout the Medicare Program

Acknowledgements

- Jan Rosini
- Dawn Rosini
- Yvonne Davis
- Ron Morris
- Dolly Horlacher
- Health Services Advisory Group, Inc.
- Area Agency on Aging-
 - Jacksonville; Gainesville
- Rebecca Murray
- Meena Balakrishnan
- Kristy Radeker
- Babette Brumback, PhD
- Jessica Schumacher, PhD
- Allyson Hall, PhD
- Jeff Harman, PhD
- Barb Lutz, PhD
- Phyllis Hendry, MD
- Jennifer Reynolds
- Colleen Kalynych