C7: Reducing Readmissions by Thinking Outside the Box

IHI National Forum
December 8, 2015
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Disclosures

• Dr. Hardt has no conflicts of interest to disclose
• Dr. Oriol has no conflicts of interest to disclose
Session Objectives

• Identify root causes of readmissions
• Suggest ways to incorporate understanding of these root causes into medical student and resident education
• Describe a systems change which has successfully reduced readmissions and become a site for learners to deal with these root causes

Case presentation

• 48 year old female (she looks more like 58), recently discharged on 8 medications. She lives in subsidized housing with limited public transportation, has no car.
• History includes depression, insomnia, alcohol abuse, obesity, hypertension, diabetes, and chronic pain
• She did not graduate high school, dropped out in 9th grade, and is unemployed and either uninsured or insured by Medicaid (depending on your state!)
• Cannot sleep due to fighting in apartment next door and occasional shooting on her street
• Spouse died at age 32 of a drug and alcohol overdose
• 4 children, one in prison for assault and battery, one estranged, and two who have trouble making ends meet, 3 children each
Breakout number 1

- In pairs or threes, discuss the root causes of your patient’s high risk to be readmitted.
- Keep it simple, such as
  - Lack of reliable transportation

Root Cause analysis reveals multiple social determinants of health

- Lack of transportation
- Brain/Mental illness=depression
- Probably addiction to alcohol, painkillers, sleep aids; at risk for overdose
- Lack of family support
- Uninsured (or underinsured)
- Probably violence in family
- Limited literacy
- Poverty
Breakout number 2
Medical school curriculum

• What are today’s graduates learning about social determinants?
• How would you suggest the curriculum improve?

Enhancing exposure to social determinants

• Interprofessional clinic environment including social worker, pharmacist
• Create relationships with patients at risk to be readmitted, and call them to followup after hospital discharge
• Readmission based quality improvement projects
• Do home visits
• Refer home visit patient to community resources and track the success of the referral
• Require free clinic attendance during physical diagnosis course
At our institutions, we use Mobile Clinics (Neighborhood based) to address Social Determinants

- Picture or two
  - Nancy H a couple of maps
  - Photo of bus with students
  - Patient survey showing 30% would have gone to ED
  - Florida data on % of primary care sensitive conditions
  - Photo of care coordination phone call

- Paragraphs from student reflection papers
Medical Student Experience (1)

“A man came in for a blood pressure check and it was discovered that he was experiencing hypertensive emergency. When it came time to recommend a visit to the emergency department, I encountered a barrier that I had never experienced before in a clinical setting – the patient said ‘no.’”
Medical Student Experience (1)

“Rather, he stressed the importance of losing time from ‘day labor’ he picked up for that afternoon; a job that would feed him that night and potentially the next few days. I understood why I had received so much resistance from this patient, and why the care provided on the Mobile Clinic was the only form of care he would be receiving today. Throughout my time with the clinic, I identified other patients in this man’s shoes.”

Medical Student Experience (2)

“Now that I am almost done with medical school, I think that an academic center such as the University of Florida more or less protects its students from having to think about the costs associated with healthcare and how patients are or are not able to afford it.”
Medical Student Experience (2)

“The medical aspect of caring for a patient seems to be easier and more intuitive for many physicians, which I attribute to the nature of our education. Relatively few lectures focus on the social inequalities of medicine and even fewer emphasize the physician responsibility to seek out resources to aid their patients.”

Medical Student Experience (3)

“I left clinic feeling great because I felt I had actually done something meaningful to help someone. I didn’t realize that my patient may not have shared the feeling since getting the lab or prescription or mammogram wasn’t as simple as I thought. They may have had obstacles, which I didn’t adequately address in their time at the clinic.”
Medical Student Experience (3)

“Since my experience at Equal Access, I’ve made it a habit to explain to patients what I think the best course of action is from a medical standpoint. I also make it a point to ask them how they feel about it and if there is anything we can do to make those goals easier to achieve or more manageable. This has proven to be useful on many occasions, as patients have given me valuable information, which has led to changes in treatment plans to make them more successful. These are skills I will surely use in my career as an EM physician.”

“If the Mobile Outreach Clinic did NOT exist, how likely would you go to the Emergency Room for your current health issue?”

n = 431

Very Likely: 29%
Very Unlikely: 37%
Somewhat Likely: 14%
Somewhat Unlikely: 10%
Neutral: 10%
Summary

• Readmissions can be reduced by attending to social determinants of health
• Taking care to neighborhoods where high utilizers ‘cluster’ is cost effective
• Students and undergraduate pre-professional students can provide great service provision ideas and get an excellent education
• “Thinking outside the box” may entail thinking outside your bricks and mortar edifice