



The Effect of Interdisciplinary Team (IDT) Meetings On Hospital Readmission, Follow-Up Rates, And Provider Satisfaction

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Overview

- Introduction
- Background
- Methodology
- Results
- Discussion
- Recommendations



Introduction

Interdisciplinary team (IDT) project expansion

- Objectives

1. Improve the coordination of complex high risk patients
2. Reduce readmission rates



Background

Guided Care

- What were their results?
 - Improved
 - Physician-patient **communication**
 - Family caregivers' perception of **quality**
 - Physician's **satisfaction** with chronic care
 - Job satisfaction among nurses
 - Patient perception of care quality and may reduce use of expensive services
 - Reduces
 - **Use of services** in an integrated delivery system
 - It did not
 - Improve health outcomes



Methodology

Quantitative Measures

1. ER visits
2. Readmission rates
3. Follow-up rates at 5 and 10 days
4. Admits/1000
5. Home Health Services episodes

Qualitative Measures

- Provider Satisfaction survey

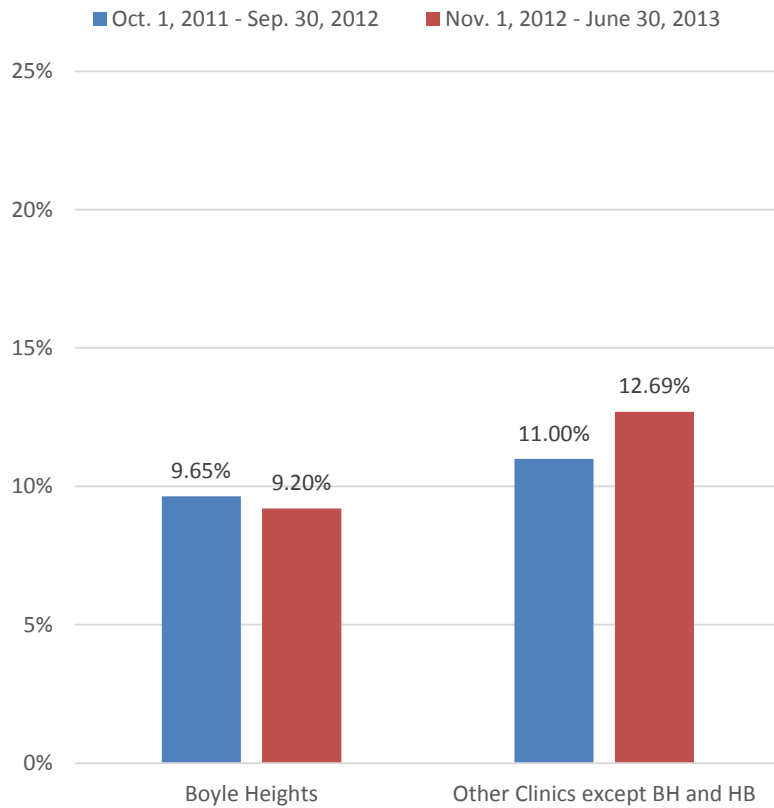


Results

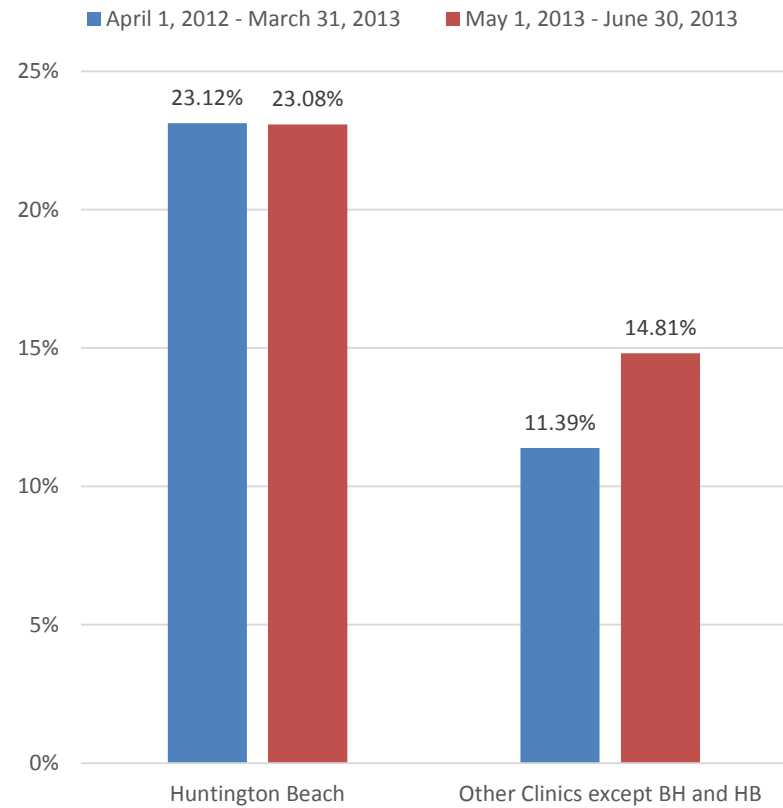
	ELA BOYLE HEIGHTS			HUNTINGTON BEACH		
	Pre-IDT	Post-IDT	Change	Pre-IDT	Post-IDT	Change
ER Visits/1000	299.78	308.06	8.28	618.81	455.41	-163.4
	392.82	372.75	-20.05	394.92	301.57	-93.35
Admits/1000	67.84	53.86	-13.98	107.84	95.54	-12.3
	80.49	70.02	-10.47	72.87	64.78	-8.09
Readmit %	9.65	9.2	-0.45	23.12	23.08	-0.04
	11	12.69	1.69	11.39	14.81	3.42
5 day follow-up%	22.76	25.61	2.85	12.79	10	-2.79
	21.89	24.24	2.35	24.18	22.71	-1.47
Home Service referrals/1000	46.61	43.79	-2.82	52.04	31.85	-20.19
	77.83	43.3	-34.53	68.39	35.67	-32.72

Results: % Readmits

% ReAdmits at Boyle Heights



% ReAdmits at Huntington Beach





Results: Provider Survey

Part 1: Provider Experience

Questions	Answers
How helpful has the IDT process been in coordinating the care of your patients with other departments within AltaMed?	Moderately-Very helpful
How has the IDT process (i.e. time spent per patient) changed your workload	Slightly-Moderately improved
Did this reduce the number of referrals and lab orders you need to make (with 5 response options, ranging from “don’t think so” to “significant reduction”)?	Don’t think so-Mild Reduction



Results: Provider Survey

Part 2: Patient Care

Questions	Answers
For recently discharged patients, in what areas of patient care did you think the IDT meetings were most helpful? (Check all that apply)	<ul style="list-style-type: none">• 6 Timely follow-up appts• 5 Medication management• 4 Transition Care support through CCC• 3 Comprehensive discharge planning• 3 Patient and family engagement• 3 Transition communications about pending test results and special needs
Did you refer any complex patients for IDT review?	<ul style="list-style-type: none">• 2 Yes• 8 No



Results: Provider Survey

Part 3: Process Improvement

Questions	Answers
Do you understand the role of the IDT?	Yes, somewhat-Yes, definitely
What level of value would you give to the IDT process outcomes/benefits that it has produced?	Moderate-Very beneficial
Do you feel the IDT process should continue?	<ul style="list-style-type: none">• 10 Yes• 0 No



Discussion

- Provider Satisfaction
 - Significantly Improved
 - **Coordination** of care
 - Mild improvement
 - **Workload**
 - **Utilization of resources**: Number of referrals and lab orders
- **IDT meetings should continue and had valuable benefits/outcomes**
 - Timely f/u appts, medication management, transition care support (HHS or SNF)



Discussion

- 5 Metrics
 - **Decrease** in readmission rates
 - No statistically significant improvement in readmission rates and utilization of resources
 - No improvement in follow-up rates at 5 and 10 days
- Limitations



Recommendations

1. Programs that have succeeded
 1. RARE program
 1. 5 areas proven to reduce readmissions
 2. Interventions for “high risk” patients
 2. Only 2/10 providers referred complex patients for IDT review
 3. Determine obstacles to improving timely f/u
 1. Make this a new QI measure



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