Bridging Gaps in Care: Impacts of Same Day and Delayed Linkage Post Crisis Utilization

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Hypothesis

Providing a direct connection to community supports within 2 days after a crisis will result in lower readmission rates when compared to patients who receive services as usual.
Learning Objective

Identify and Address Gaps in Care
Learning Objective
Reduce Utilization

COSTS
Learning Objective
Improve HEDIS Measures
Learning Objective

Improve Quadruple Aim Efforts

- Better Outcomes
- Improved Clinician Experience
- Lower Costs
- Improved Patient Experience
Literature Review
Strengths and Weaknesses
Setting Description
Description of Population
Procedures
Analysis & Results
Quasi-Experimental Research Design
Measures
Measure Definitions

**Timely Follow-Up**
- Service codes
- Rendering provider
- Must be within 7 or 30 days of discharge

**Readmission**
- All-cause
- Excludes transfers
Data Collection in the Electronic Health Record
Methods of Analysis
Baseline Analysis

Pilot Group  Comparison Group
n=103         n=142

Similar in terms of age, gender, race, ethnicity, housing status, healthcare costs, and diagnoses.

Different in terms of admissions prior to the intervention timeframe.
Comparison Group Follow-Up Rates

While 100% of the Pilot Group received timely follow-up post-discharge, Comparison Group rates were lower.
CODAC Overall 7 Day Follow-Up Rates

Follow-up rates within 7 days increased during the initial phase of the intervention. The change in the calculation of this measure has impacted follow-up rates.

The median rate for other southern Arizona agencies was ~32%*
Follow-up rates within 30 days have shifted significantly since initiation of the pilot, and do not seem to have been affected by the measure change.

The median rate for other southern Arizona agencies was ~47%*
Change in Hospital Utilization

The average number of hospitalizations for people in the comparison group increased.
Change in Hospital Utilization

The average number of hospitalizations for people in the pilot group decreased.
Change in Hospital Utilization
The average number of hospitalizations for people in the pilot group decreased, while the average in the comparison group increased.
Change in Hospital Utilization

**Comparison Group**
- Mean increase: +0.27

**Pilot Group**
- Mean decrease: -0.09

p = 0.000
Change in Hospital Utilization: Comparison

Same Day Appointment

- Comparison: +0.14
- Pilot: -0.04
- p = 0.001

2 Day Appointment

- Comparison: +0.27
- Pilot: -0.09
- p = 0.000
Cost Savings

The cost changes reflected the changes in hospital admissions for both groups.

51% Decrease
Cost Savings

Without the intervention, projected hospitalization are more than 3 times higher than observed costs.

Estimated total cost savings: $190,000
Savings per month: $63,000
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