

Utilization of LACE Index to Identify Gaps in Post-Discharge Transitions of Care Services



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BACKGROUND

- Hospital readmission is a significant and costly challenge that health systems face
- Within 30 days of discharge, it has been found that readmission occurs in approximately 10-20% of patients¹⁻²
 - Readmissions pose a \$41 billion financial burden on health care
- LACE index is a scoring tool which has been created to predict hospital readmissions to make it easier to identify patients who might benefit from transitions of care (TOC) services³⁻⁵
 - Scores of ≥ 10 are considered high-risk
 - Measures Length of Stay, Acuity of Admission, Comorbidities, and Emergency Department Visits in Prior 6 Months
- Despite the clear benefit seen in providing these services, many payor groups, such as private insurance, have not adopted reimbursement methods for completing transitions of care visits

AIM STATEMENT

- Determine the utility of LACE Index and identify patient groups who do not currently receive TOC services but may benefit if included

END POINTS

Primary Endpoint:

- % of discharged patients with LACE index scores of ≥ 10 who received a TOC visit vs. the % of discharged patients who received TOC services through current identification methods

Secondary Endpoints:

- Number of patients receiving a TOC visit by payor
- Rate of 30-day readmission

METHODS

This study will be conducted as a retrospective chart review consisting of a cohort of patients in which LACE Index scores will be used to determine patient populations which might benefit from transitions of care services.

Inclusion Criteria

- Age ≥ 18 years
- Discharged from the family medicine service
- Have plans to follow-up outpatient with the health system's family medicine department

Exclusion Criteria

- Age < 18 years
- Discharged to a long-term care facility
- Discharged from the intensive care unit
- Pregnant/postpartum at time of discharge
- Following with an outpatient clinic other than family medicine

378 patient charts identified

12 discharged to long-term care facility

1 discharged from ICU

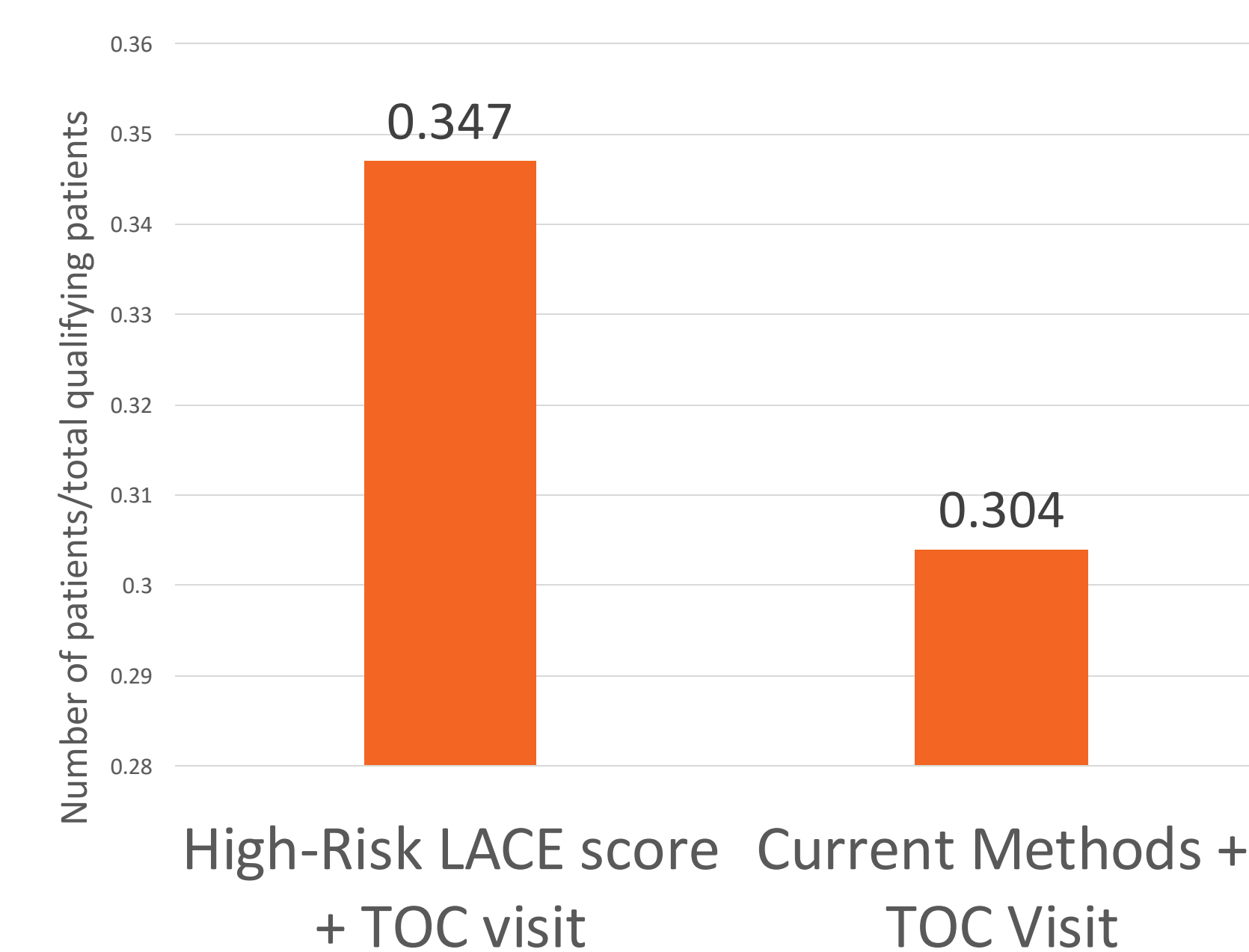
15 pregnant/postpartum at time of discharge

189 following with an outpatient clinic other than FM

161 patients included in study

RESULTS

Primary Endpoint



43/124 (34.7%) had a LACE index score of 10 or more and received a TOC visit while 49/161 (30.4%) received a TOC visit through current methods ($p = 0.032$)

Secondary Endpoints

Payor	N receiving TOC/total (%)
Medicare	46/74 (62.2%)
Medicaid	0/68 (0%)
Private Insurance	3/11 (27.3%)
Self-pay	0/8 (0%)

No Medicaid patients received a visit, representing a gap in patients who would benefit ($p < 0.001$). 36 patients overall were readmitted within 30 days, and 33 out of 36 (91.7%) were at high risk for readmission based on LACE score. Only 14 out of 36 (38.9%) patients who were readmitted had received a TOC visit ($p = 0.837$).

CONCLUSIONS

- LACE index was better able to identify patients who could benefit from a TOC visit than current methods
- Did not identify a difference in readmission rate compared to current methods
 - Significant results may have been seen in a larger population
- A better method is needed to determine patients targeted for TOC visits, and payors who are not currently reimbursing for TOC visits should consider the benefit their patients may reap from this service

NEXT STEPS

- Findings will be reviewed with relevant family medicine personnel (physicians, residents, administration, etc.)
- Investigators plan to publish the findings of this study
- Hopefully more robust TOC services can be implemented in the near future

DISCLOSURE STATEMENT

No authors of this presentation have anything to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.

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