Identifying Barriers to Attending Primary Care Visits After Hospital Discharge

Nicole Desai, DO[1], Matthew Bocchese, MD[1], Alexandra Selby, MD[1], Stephanie Jeong, MD[1], Hussain Azizi, MD[1], and Alex Chau, MD[1]

[1]Temple University Hospital, Department of Internal Medicine

TEMPLE UNIVERSITY
Lewis Katz School of Medicine

BACKGROUND

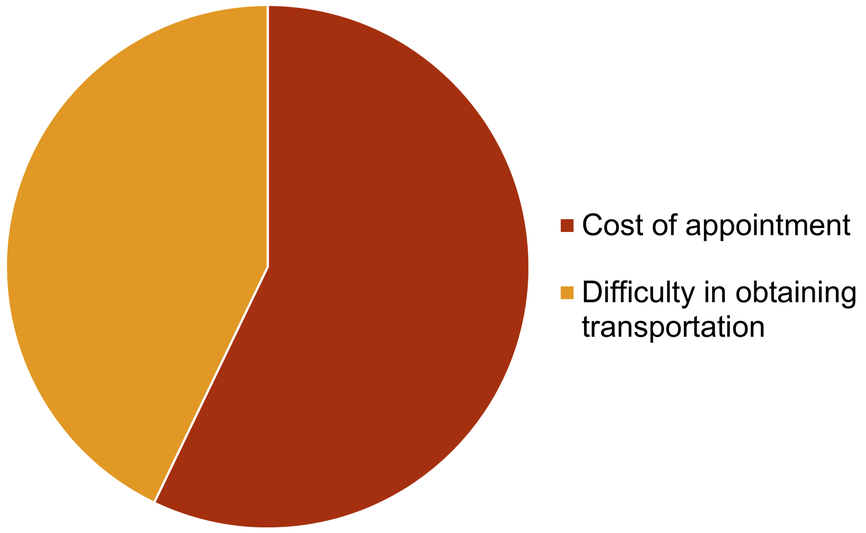
At Temple University Hospital in 2018, approximately 92% of patients have follow up appointments with their PCPs, yet only approximately 33% of patients attended their follow up appointments. Hospital re-admissions place a large burden on the American health system. On a national scale, approximately 50.2% of patients who were re-hospitalized within 30 days did not see a primary care physician (PCP) prior to re-hospitalization. The estimated cost to Medicare of unplanned rehospitalizations in 2004 was $17.4 billion (Jencks et al., 2009). Follow up with a PCP within seven days post discharge has shown to reduce re-hospitalizations and, thus, cost. It has been estimated that connecting a patient to a primary care visit within seven days would yield approximately $10,300 in cost savings per avoided hospitalization (Wiest et al., 2019). In 2018, Virapongse and Misky in the Journal of General Internal Medicine, conducted a meta-analysis to better identify specific transitions of care barriers most specifically in underserved populations. They identified cost of care, access to care, housing instability, and transportation as the top 4 barriers. We sought to investigate the barriers preventing patients from attending their follow up appointments at Temple University Hospital.

METHODS

We administered a survey with questions created by the Accountable Health Communities-Health Related Social Needs Screening Tool to our population of interest, which were patients who (1) were hospitalized more than once from January 2019 to March 2020 and (2) had a visit with a Temple Internal Medicine Associates provider within that same time frame. We conducted a pilot study of 18 patients prior to the COVID-19 pandemic (January to March 2020) to field test our questions and gain insights into potential barriers for patients.

RESULTS

14 of the 18 patients surveyed in the pilot reported knowing they needed a follow up appointment with their PCP. 12 of the 18 patients surveyed reported it was “somewhat hard” and 2 of the 18 reported it was “very hard” for them to pay for the very basics like food, housing, medical care, and heating. 4 of the 18 patients reported they could not see a doctor due to cost and 3 of the 18 patients cited transportation as a barrier.



NEXT STEPS

Cost, more specifically the cost of an appointment and the cost of transportation, was identified as the primary barrier for patients to attend a primary care visit after hospitalization. Thus, to increase attendance, the next steps would be to mitigate these costs through engagement of Temple University Hospital’s Center for Population Health. More specifically, we could address the cost of transportation. Further research is needed to identify methods of transportation among this patient population; however, interventions could include distribution of bus tokens, Uber/Lyft vouchers, and utilization of services such as LogistiCare.

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