

# Streamlining Transition from Hospital to Outpatient Primary Care: A Quality Improvement Initiative (STOP and QI)

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## Introduction

The transition from inpatient to outpatient care is a critical period with challenges that can compromise patient safety and care quality. The complexity and fragmentation inherent in this transition can hinder effective communication and coordination among healthcare providers, and negatively impact patient outcomes, patient safety, and readmission rates.

Medicare introduced Transitional Care Management (TCM) services in 2013 to incentivize and simplify the complex discharge transitions. However, these services remain **underutilized**, with less than 30% of eligible discharges being billed for TCM services nationwide. **Within our health system, we identified that a lack of standardized post-discharge processes and poor understanding of the billing complexities associated with TCM services were key barriers to utilization.**

To address these issues, we launched a quality improvement project focused on **integrating an Electronic Medical Record (EMR) 'Express Lane' within the EPIC system and introducing a standardized note template designed to capture and automate the required elements at time of discharge and follow-up visits.** This initiative aims to improve the timeliness and quality of post-discharge follow-ups, enhance care coordination, facilitate appropriate TCM CPT code billing, and evaluate its impact on patient outcomes, readmission rates, and physician workload.

## Needs Assessment

We conducted a needs assessment via surveys of internal medicine residents and primary care physicians to identify gaps in transitional care processes, communication barriers, and TCM CPT code utilization.

Findings revealed inconsistencies and areas for improvement. In response, we developed the 'Express Lane' integrated with EPIC and a standardized note template to streamline post-discharge follow-ups and ensure proper TCM CPT billing.

Care coordinators use telephone encounters to assess patient needs before follow-ups, with the 'Express Lane' automating the transfer of critical information. This approach is designed to enhance patient safety through improved care coordination and follow-up accuracy.

## DISCUSSION AND CONCLUSION

The survey highlighted significant variations in transitional care practices and a lack of standardized protocols, leading to inefficient follow-ups and inconsistent TCM CPT code use. The 'Express Lane' and standardized note template address these issues by improving care coordination, communication, and documentation.

This project aims to ensure comprehensive and timely follow-up care, both essential for patient safety. By enhancing TCM CPT billing accuracy and reducing physician burnout through increased efficiency, the project supports better patient outcomes and more effective transitional care. The needs assessment will guide ongoing refinements to the 'Express Lane' to optimize its impact on patient safety and care quality.

The 'Express Lane' and standardized note template significantly advance TCM by:

- Standardizing follow-up procedures,
- Improving communication
- Optimizing TCM CPT code use

This quality improvement project, informed by a needs assessment, seeks to **enhance patient safety and streamline post-discharge care.**

## Survey

	NOT AT ALL FAMILIAR	SLIGHTLY FAMILIAR	SOMEWHAT FAMILIAR	MODERATELY FAMILIAR	EXTREMELY FAMILIAR	TOTAL
▼ Billing (Current Procedural Terminology or CPT codes)	65.22% 15	13.04% 3	21.74% 5	0.00% 0	0.00% 0	23
▼ Insurance eligibility	73.91% 17	17.39% 4	8.70% 2	0.00% 0	0.00% 0	23
▼ Documentation requirements	65.22% 15	17.39% 4	17.39% 4	0.00% 0	0.00% 0	23
▼ Face-to-face requirements	73.91% 17	17.39% 4	8.70% 2	0.00% 0	0.00% 0	23
▼ Non-Face-to-face requirements	78.26% 18	13.04% 3	8.70% 2	0.00% 0	0.00% 0	23
▼ Medical Decision Making (MDM) requirements	60.87% 14	30.43% 7	8.70% 2	0.00% 0	0.00% 0	23
▼ Role of Innovation Care Partners (ICP) Care Coordinator	52.17% 12	34.78% 8	13.04% 3	0.00% 0	0.00% 0	23
▼ Post-discharge Phone call requirements	69.57% 16	17.39% 4	13.04% 3	0.00% 0	0.00% 0	23
▼ Discharge & f/u appointment timing	45.45% 10	36.36% 8	13.64% 3	4.55% 1	0.00% 0	22