Cigna Study: Post-Hospital Discharge Outreach Reduces Readmissions 22 Percent for High Risk Gastrointestinal, Heart and Lower Respiratory Patients

BLOOMFIELD, Conn., January 02, 2013 - A randomized control study of 3,988 high-risk gastrointestinal, heart or lower respiratory patients by global health service company Cigna (NYSE:CI) found that prioritized, telephonic outreach by health plan case managers following hospital discharge reduced future readmissions by 22 percent. The results of the study are published in the December 2012 issue of the independent, peer-reviewed American Journal of Managed Care.

The Cigna study found that telephonic outreach by health plan case managers within 24 hours of hospital discharge resulted in more physician visits and prescription drug fills following initial discharge and a 22 percent lower hospital readmission rate. The study suggests that the key factors that help reduce hospital readmissions are prioritizing the timing of telephone outreach based on the discharge date and severity of the case.

"Readmissions of high-risk patients make up a significant portion of health care expenses -- accounting for 30 percent of total inpatient costs for private employer health plans," said Cigna Senior Medical Director, Dr. Charles Foreman. "The lesson learned from the Cigna study is that the timing and prioritizing of readmission intervention to high-risk patients is critical. Prioritizing telephone outreach to high-risk patients based on their discharge date and risk severity significantly reduces the likelihood of 60-day readmissions."

Cigna conducted a prospective, randomized control study of the effect of hospital discharge planning from health plan case managers on readmissions for high-risk patients. High risk was defined as having an initial discharge major diagnosis of gastrointestinal, heart or lower respiratory and length of stay of three days or more. An intervention group of 1,994 patients received telephonic outreach and engagement within 24 hours of discharge and their calls were made in descending risk order to engage the highest risk first. A control group of 1,994 patients received delayed telephonic outreach and engagement 48 hours after discharge notification and no call order by risk was applied. Comparison groups had statistically equivalent characteristics at baseline.

The intent-to-treat 60-day readmission rate for the treatment group was 7.4 percent versus 9.6 percent for the control group, representing a 22 percent relative reduction in all-cause readmissions. Two post-hoc assessments were conducted to identify potential mechanisms of action for this effect and showed the treatment group had more physician visits and prescription drug fills following initial discharge.

Looking ahead, Cigna's Dr. Foreman said, "Healthcare organizations providing post-discharge telephonic outreach to patients with diagnoses related to heart, gastrointestinal and lower respiratory can use these findings to inform the alignment of their case management resources."

He added: "Further study needs to be done to test the prioritization intervention against all major diagnoses to confirm this approach impacts a wider profile of patients."

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