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Perceived Access to Outpatient Care and Hospital Reutilization following Acute Respiratory Illnesses.

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Efforts to decrease hospital revisits often focus on improving access to outpatient follow-up. Our objective was to assess the relationship between perceived access to timely office-based care and subsequent 30-day revisits following hospital discharge for four common respiratory illnesses. This was a prospective cohort study of children 2 weeks-16 years admitted to five United States children's hospitals for asthma, bronchiolitis, croup, or pneumonia between 7/2014-6/2016. Hospital and ED (in the case of croup) admission surveys administered to caregivers included the Consumer Assessments of Healthcare Providers and Systems (CAHPS©) Timely Access to Care. Access composite scores (range 0-100, higher score indicating better access) were linked with 30-day ED revisits and inpatient readmissions from the Pediatric Health Information System (PHIS). The relationship between access to timely care and repeat utilization was assessed using multivariable logistic regression adjusting for demographics, hospitalization, and home/outpatient factors. Of the 2,438 children enrolled, 2179 (89%) reported an office visit in the last 6 months. Average access composite score was 52.0 (standard deviation 36.3). In adjusted analyses, higher access scores were associated with higher odds of 30-day ED revisits (odds ratio [OR] 1.07; 95% confidence interval [CI] 1.02-1.13) - particularly for croup (OR 1.17; 95% CI 1.02-1.36) - but not inpatient readmissions (OR 1.02; 95% CI 0.96 - 1.09). Perceived access to timely office-based care was associated with significantly higher odds of subsequent ED revisit. Focusing solely on enhancing timely access to care following discharge for common respiratory illnesses may be insufficient to prevent repeat utilization.

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