Frequency of and Preferences for Communication Between Inpatient Teams and Primary Care Providers

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Background
• Poor transitions of care from hospital to the community are associated with medication errors, readmissions, and other negative patient outcomes.
• Hospital discharge summaries may be insufficient as the only communication between inpatient teams and primary care providers (PCPs).
• Direct communication (face-to-face, phone, email) between inpatient teams and PCPs before discharge may improve the transition of care.

Methods
• House staff must answer a question within the electronic health record (EHR) about notification before discharge may improve the transition of care.
• Poor transitions of care from hospital to the community are associated with medication errors, readmissions, and other negative patient outcomes.

Results
• 58% of PCPs are notified before discharge “occasionally” or less frequently, and 36% receive discharge summaries “occasionally” or less frequently.
• >75% community-affiliated providers preferred electronic health record alerts.
• 88% of PCP's were notified prior to discharge, prior to or during, and both, and 0 PCOs led DC summary alone to be sufficient communication.
• Implications: PCPs express an unmet demand for communication prior to their patient’s discharge from the hospital.

Conclusions
• Direct communication in 30% of Firm hospitalizations (range 28%-59% by Firm) changed in some firms with July house staff transition.
• House staff considering “discharge summary adequate” top reason for not attempting direct communication.
• 50% of PCPs are notified before discharge “occasionally” or less frequently, and 20% receive discharge summaries “occasionally” or less frequently.
• 88% of PCP's were notified prior to discharge, prior to or during, and both, and 0 PCOs led DC summary alone to be sufficient communication.
• Implications: PCPs express an unmet demand for communication prior to their patient’s discharge from the hospital.
• Communication should ideally be tailored to the preferences and capabilities of the PCP’s practice site, higher electronic health record usage may explain community-affiliated PCPs’ preferences; other mechanisms are needed for non-affiliated PCPs.
• Variation between Firms suggests improvement is feasible (email and phone based interventions will be investigated in 2016)

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