Evaluating the Pediatric Transitional Care Management Visit at Aurora Sinai Family Care Center

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Background/Problem

- Centers for Medicare and Medicaid Services (CMS) offer payment to outpatient primary care facilities to provide Transitional Care Management (TCM) visits (1,2).
- The visit serves as a handoff of patients from the acute inpatient setting to the outpatient ambulatory environment, allowing succinct follow-up on medical management (3,4).
- However, creating a thorough workflow and protocol to establish TCM visits can be challenging, especially when patients are mostly discharged from hospital facilities not a part of one’s health care system (5,6).

Purpose
To assess the current pediatric TCM workflow at an academic primary care clinic, as well as missed opportunities for pediatric hospital discharge follow-up and appropriate TCM reimbursement.

Methods

- TCM Workflow was obtained via informal interviews with care coordinating staff and other Aurora Family Care Center (FCC) team members (Figure 1).
- Following interviews, we retrospectively reviewed patients aged 3 days to 18 years old who were hospitalized January-December 2019, and who were discharged from any community hospital to outpatient follow-up at FCC.
- Once reviewed, we determined whether TCM visits were performed following hospital discharge.
- For those not meeting the three TCM criteria for billing, loss of reimbursement was calculated.
- The Three TCM criteria for billing include: Contact within 48 hours of discharge, follow-up visit within 7-14 days of discharge, and care plan discussion at face-to-face encounter.

Basic descriptive statistic and Mann-Whitney Tests for continuous analyses were used as appropriate.

Results

- Of the 46 patients who met inclusion criteria, 60.9% were male, of mean age 7.3 years and had a mean hospital stay of 4.7 days.
- The two most common discharge diagnoses were respiratory (24%) and surgical (24%).
- Overall, 22% (N=10) of pediatric patients received a follow-up visit after discharge. However, only 50% (N=5) of the hospital discharge visits met criteria for TCM billing.
- There were no statistically significant differences in whether a TCM visit was performed based on length of stay (2.5 vs. 3 median days; P=0.82).
- However, there was a statistically significant difference based on age (0.2 vs. 7.4 years; P=0.01).
- Reimbursement for those who met TCM criteria was $1029.31. The total estimated potential TCM reimbursement for patients not meeting criteria and who did not have a hospital follow-up was $7805.19 (Table 1).

Conclusion
Team based TCM services are designed to allow appropriate medical follow-up for recently discharged patients. Our primary care clinics have room to implement a more standardized and effective pediatric TCM process.

References


Figure 1. Family Medicine transition workflow. OSH: Outside System Hospital; DS: Discharge Summary; EMR: Electronic Medical Record; PSR: Patient Services Representative; PCP: Primary Care Physician

Table 1. Transitional Care Management (TCM) Potential Reimbursement.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Patient Data. No (n (%))</th>
<th>TCM Reimbursement ($)</th>
<th>Net Loss ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets all TCM criteria</td>
<td>5 (10.8)</td>
<td>1029.31</td>
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<tr>
<td>Billing Code 99495</td>
<td>2 (4.3)</td>
<td>529.54</td>
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<tr>
<td>Billing Code 99496</td>
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<td>700.25</td>
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<tr>
<td>Patient with clinic follow-up not meeting TCM criteria</td>
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<td>523.44</td>
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<tr>
<td>Billing Code 99213</td>
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<td>274.62</td>
</tr>
<tr>
<td>Billing Code 99214</td>
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<td>248.82</td>
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<tr>
<td>Patients with no follow-up</td>
<td>46 (78.2)</td>
<td></td>
<td>7805.19</td>
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</table>