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

Mary Dunkin, MD1; Fabiana Kotovicz, MD1,2; Alonzo Jalan, MD1,2; Jessica J. F. Kram, MPH2,3
1Department of Family Medicine, Aurora St. Luke’s Medical Center, Advocate Aurora Health, Milwaukee, WI; 2Aurora UW Medical Group, Advocate Aurora Health, Aurora Sinai Medical Center, Milwaukee, WI; 3Center for Urban Population, Milwaukee, WI

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 – 18 years old who were hospitalized January-December 2015, 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.
- Table 1. Transient Care Management (TCM) Potential Reimbursement.

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