Reducing 30-Day Readmissions after Coronary Artery Bypass Grafting for High-Risk Populations: A Focus on Medicaid Insurance

Abstract

Alison Davidson, MSN, FNP-BC, PCCN

Johns Hopkins University School of Nursing

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Background: Readmissions within 30-days of discharge after coronary artery bypass grafting (CABG) are costly from a quality and fiscal standpoint. Factors related to Medicaid insurance increase risk for readmission after CABG. Multidisciplinary efforts to reduce readmissions for this population must comprehensively target clinical aspects of readmissions, timing of readmissions, and care coordination challenges unique to this population.

Purpose: This quality improvement (QI) project aimed to reduce 30-day readmissions after CABG for patients with Medicaid insurance by implementing an evidence-based, comprehensive, early postoperative follow-up protocol at discharge.

Methods: The intervention protocol was evaluated using a pre/posttest design comparing a Medicaid-insured patient group after CABG at a major hospital in a large, urban northeast city, during a 20-week intervention timeframe in 2020 to a similarly-insured group in 2019. The protocol directed discharge providers to recognize insurance- and clinical-related risk factors for readmission, triage eligible patients for earlier postoperative visits within 10 days of discharge, and schedule postoperative appointments prior to discharge. Data was obtained from the Department's Society of Thoracic Surgeons (STS) Database.

Results: The final sample included 52 patients in the intervention group and 49 in the comparison group. Results showed no statistically significant difference in readmissions between the groups ($p=0.71$). The number of Medicaid-insured patients seen earlier for follow-up within 10-days post-discharge ($p=0.17$) and those with scheduled appointments pre-discharge increased in the intervention group ($p=0.65$). Scheduling follow-up appointments pre-discharge was significantly associated with adherence to earlier follow-up visits post-discharge ($p=0.04$), highlighting the importance of care coordination for this population.

Conclusion: Findings suggest that a comprehensive intervention to improve care coordination and facilitate continuity of care post-discharge for Medicaid-insured patients after CABG is a promising approach for improving outcomes, such as readmissions, for this high-risk population.

Implications: Additional development and exploration of the protocol's expansion to other high-risk groups, insurance types, and operations is needed.

Keywords: readmission, CABG, Medicaid, postoperative, care coordination