CHSR Center for Health Services Research
Applying Research to Optimize Care©

What We Are Reading

Synopses of recent studies in health services research
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So Many Options, Where Do We Start? An Overview of the Care Transitions Literature

Take Away Points

- Based on a review of 17 reviews culled from 81 systematic reviews that examined different transitional care intervention types, both in specific and a variety of patient populations, the strength of evidence for successful care transition interventions should be considered low.
- Successful transitional care interventions tend to involve more aspects of the care transition, include components both before and after the hospital discharge, and be flexible enough to accommodate individual patient needs.
- Transitional care interventions have not been well studied in integrated health system settings, or among patients suffering from mental health disorders, or surgical populations.
- Given the growth of medical homes and likely expansion of accountable care organizations, future research should evaluate outpatient-based transitional care interventions that "reach-in" to the hospital.

The Issue

Transitional care is described as actions to ensure coordination and continuity of healthcare when patients transfer between different locations or levels of care. Given the inherent complexity of care transitions, interventions often involve multiple components, and vary in their targeted setting and/or patient population. Importantly, initial studies from 10 to 15 years ago that showed the effectiveness of nurse-led transitional care interventions beginning in the hospital and continuing after discharge, should be assessed from the perspective of rapid changes in healthcare delivery. This includes widespread use of electronic medical records and health system integration, and the growing spread of medical homes and associated care coordination for patients. Discerning which transitional care interventions will be most effective for a health system's patient population should consider variations in settings and patient populations, and the breadth of literature on the topic.

Source
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This systematic review assessed published reviews of transitional care interventions to identify the most relevant transitional care activities and focus future research efforts.

Study Methods and Design

A basic scan of the literature available through May 2014 through PubMed and Cochrane databases was performed. With input from a panel of content experts, categories of patient populations and intervention types were identified. For this study, intervention types referred to either a single- or multi-component intervention that used a similar approach or group of care methods such as telemonitoring

or medication reconciliation. Patient populations were defined according to clinical condition or demographic characteristics. Pediatric and obstetric patient populations were excluded. Next, reviews that reported hospital readmissions as an outcome, clearly reported their research strategy, reported inclusion and exclusion criteria, and conducted an appraisal of the internal validity of the included trials were selected. The most recent reviews with the broadest scope were prioritized. The literature was then synthesized to identify the common themes across all categories including; the transition type (hospital to home, hospital to facility), the intervention target (patient, caregiver), key processes (education, personal health record), key personnel involved (nurse, social worker), method of post-discharge follow-up (phone, in-person), intensity, and complexity.

Key Findings and Limitations

"We found no evidence directly examining whether intervention effectiveness depends on factors such as the presence of a shared electronic medical record, access to community resources, integration of primary and hospital care, and the presence of a medical home."

- Of 807 titles and abstracts from the electronic search, 81 systematic reviews met the inclusion criteria. 17 of 81 were then selected for the most recent and broadest scope; 10 of which were intervention types and 7 of patient populations.
- There is moderate strength evidence that interventions with structured and individually tailored discharge planning reduce readmissions within 90 days ([RR]: 0.82, 95% Confidence Interval 0.73-0.92) and hospital length of stay (-0.91 days, 95% confidence interval: -1.55 to -0.27). The most benefit was seen among studies of robust interventions with a combination of care processes.
- Moderate strength evidence from a review of 61 trials found that hospital at-home interventions reduced hospital 30-day readmissions and mortality, though frequently the specific components of the interventions and the observation period for patient outcome were not specified.
- Interventions were associated with greater patient and caregiver satisfaction in the majority of studies.
- Interventions solely focused on medication reconciliation at the time of discharge did not appear effective in reducing rehospitalizations.
- The importance of patient selection when compared to intervening on an unselected group of patients is unclear. While many studies selected patients at high risk for readmission, there was insufficient evidence to determine whether transitional care interventions affect specific patient populations differently.
- Limitations: The systematic review of the literature was broad, and any conclusions drawn regarding cross-cutting themes is based on low-strength evidence given the indirect comparisons and many varied factors between studies. In addition, outpatient-based interventions and interventions focused on outcomes other than readmissions were not included in this review.

Final Thoughts

- Weaknesses of transitional care literature include the variation in intervention definitions and descriptions, timing of outcome follow-up, and a focus on hospital transitions.
- There is a general need for better evidence to guide selection and implementation of complex transitional care interventions in different settings.