Supporting Outpatient Transition Preparation through an Inpatient Med-Peds Hospital Medicine Consult Service

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BACKGROUND

- A Med-Peds Consult Service (MPCS) within the Hospital Medicine section at an academic children's hospital was developed to improve care of hospitalized young adult (YA) patients.
- 55% of consults in the first year were to assist in the transition of care to the adult setting (mean YA age 24y).
- The acute care setting has traditionally not been considered an ideal setting to address transition.
- The Improving Pediatric to Adult Care Transition (ImPACT) Navigation Hub (INH) is focused on ambulatory-based transition planning.

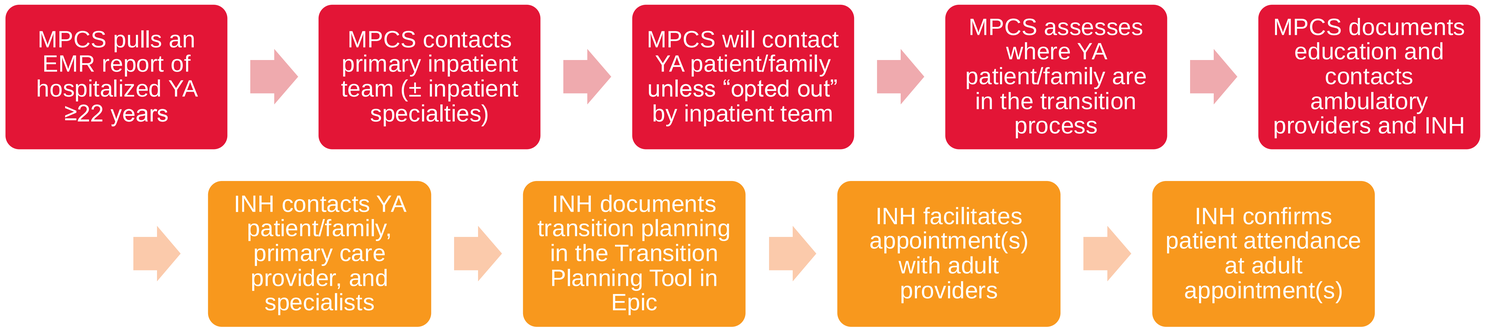
OBJECTIVE

Pilot an "opt-out" inpatient transition planning program facilitated by the MPCS with subsequent ambulatory follow up, including INH referral.

METHODS

- An inpatient workflow was developed by the MPCS, ImPACT, and inpatient hospital leaders (Figure 1).
- Inpatient intervention focused on transition education, transition planning, and goal setting, rather than transfer.
- Volume of MPCS encounters dedicated to transition planning was compared 5 months before (09/01/23-01/31/24) and 5 months after (02/01/24-06/30/24) the intervention.

Figure 1: Inpatient to Ambulatory Process Flow



RESULTS

Table 1: Demographics of MPCS evaluated patients

	Pre- "Opt-Out" Intervention	Post- "Opt-Out" Intervention
Patients seen by MPCS (n)	16	19
Average age (y) [range]	26.5 [17-44]	26.5 [17-41]
Race (n)	White 12 Black 2 Other 2	White 13 Black 3 Other 3
Patient primary language (n)	English 14 Spanish 2	English 18 Arabic 1
Patient insurance at time of hospitalization (n)	Public 9 Private 6 Uninsured 1	Public 14 Private 5 Uninsured 0

Table 2: MPCS transition-specific consultations and associated interventions

	Pre- "Opt-Out" Intervention	Post- "Opt-Out" Intervention
Consult included transition planning (% of total consults)	7 (44%)	15 (79%)
Transition education provided*	6 (86%)	14 (94%)
MPCS contacted ambulatory primary care and/or specialty providers*	3 (43%)	9 (60%)
Consult lead to a referral to the INH*	2 (29%)	1 (7%)

* (% of those consults where transition was addressed)

DISCUSSION

- Med-Peds trained hospitalists are well-suited to address gaps in transitional care planning during hospitalization.
- Hospitalization is traditionally considered a suboptimal time to discuss transition but can create a "captive audience" of high-risk YA patients.
- YA patients, families, and care teams can be open to transition education, independent of transfer, during hospitalizations.
- An "opt-out" consult option resulted in more YA patients receiving transition planning and education, and increased communication and transition coordination between inpatient and ambulatory providers.

FUTURE DIRECTIONS

- Develop strategic education for inpatient teams to both promote the benefit of MPCS engagement and provide initial transition education independent of MPCS.
- Increase referrals to the ambulatory-based INH team, furthering specialty provider engagement.

CONCLUSION

Outcome data supports the utility of transition discussions with YA patients and families in the acute care setting, with subsequent increased communication and collaboration with ambulatory providers.