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Utility of Incorporating Behavioral Therapy in Transitions of Care Clinics

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Abstract

TCC (Transitions of care clinic) is a specialized clinic visit where patients present to their primary care clinic after a hospital stay. TCC deploys an interprofessional team to address the health concerns of the most complex patients in a clinic panel. Traditionally, the interprofessional team is comprised of only a doctor and a nurse. The nurse calls the patient over the phone within 2 days after discharge from the hospital, to check up on the patient and schedule a clinic visit within 1-2 weeks. And usually the patient is seen by the doctor alone during the clinic visits. However it has been proposed that addition of team members from other disciplines could contribute to better health outcomes for patients seen in TCC. We studied a TCC model with an interprofessional team of not only physicians and nurses but also pharmacists and behavioral therapists. Our aim was to uncover the utility of having a behavioral health team member in TCC visits. This was a prospective study of patients who attended a TCC clinic in a residency setting. An observer collected data on the time the behavioral health provider was in the patient room, and the interventions/consultations he/she provided. Through this study, we found out that behavioral therapy can be a beneficial addition to TCC care teams, as they have provided valuable interventions to patients.

Background and Aim

- Hospital readmission is a major burden for patients, caregivers, and healthcare systems.
- Risk factors for hospital readmissions include: lack of caregiver support, lack of transportation, inappropriate health care utilization, high-risk medical comorbidities, lack of adequate medication management, medical devices, decreased functional status, mental health comorbidities, decreased ability of communication, and lack of financial resources.
- The most cost effective ways to reduce hospital admissions include case management, observation units for evaluation of acute conditions, provision of home health care and transitions of care clinic.
- A timely follow-up transition clinic visit can reduce hospital admissions by providing patients access to proper outpatient care, and access to medications and other healthcare needs.
- "Transitions of care" refers to changes in the level, location, or providers of care as patients move within the health care system.
- One critical transition of care that has garnered great attention is the transition involving hospital discharge.
- Acute hospitalization represents a significant event in a patient's life, and health care providers in partnership with patients need to address a myriad of issues related to the hospitalization and subsequent posthospitalization care for a safe transition out of the hospital.
- After hospital admissions, patients undergo a lot of mental and physical changes which need to be addressed in these visits.
- Sometimes it might be overwhelming for the physician to provide the best care possible for complex patients if the physician has a full panel of complex patients to see in a given shift. This is where other team members can be helpful.
- Pharmacists can help get a proper medication reconciliation as this is one of the areas where transition of care is vital.
- Behavioral therapists are also important, since they can provide a myriad of behavioral interventions. Social workers can provide social resources.
- Our study aims to provide the utility of having an integrated behavioral therapy team in a TCC clinic.

Method

- Prospective study of 15 patients who attended a TCC clinic including behavioral health over four weeks in a rural family medicine residency clinic.
- At each appointment, self-reported data was collected from the behavioral health consultant/social worker about the services and interventions that were made during the session.
- The data collected included behavioral therapy interventions done during the session, social service resources provided, time of the encounter and demographics of the patients.

Demographics of patients in the study

Average age	46.66% 65+ yo 13.33% 56-65 yo 40% 46-55 yo
Gender	26.66% M and 73.33% F
Avg number of hospitalizations in the past 12 months (per patient)	2.733
Avg time spent with behavioral health	15.933 mins per patient
Type of visit	80% TCC and 20% Hospital follow up

Results

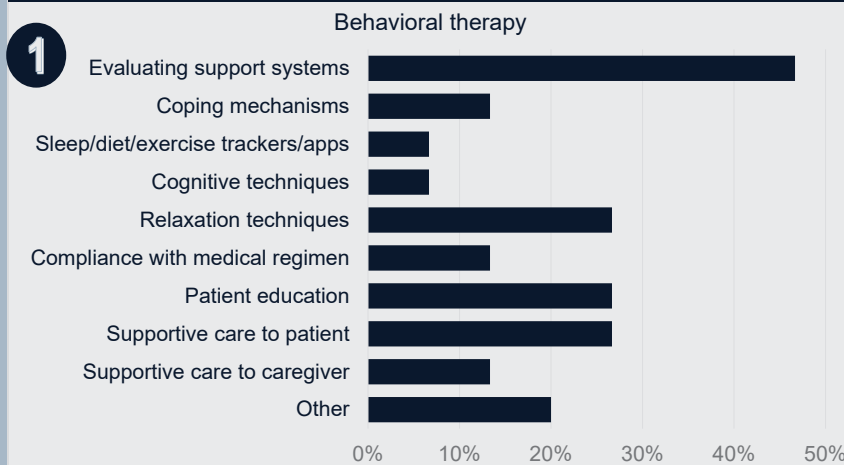


Figure 1: Y axis shows some of the behavioral techniques used by our behavioral therapists (patient education included smoking cessation, alcohol cessation, etc.). X-axis shows the percentage of patients who used each of the services during their encounter.

- The most used behavioral therapy technique is evaluation of support systems, but relaxation techniques, patient education, and supportive care are also very prevalent interventions.
- All behavioral therapy sessions used active listening as well.
- 87% of patients used some sort of behavioral therapy in the study. The patients who didn't use any behavioral therapy used social services.

Results



Figure 2: The Y axis on the figure shows different resources provided by our social workers in the clinic. The X axis shows the percent of patients who used the different services.

- The most utilized service is financial resources, but care coordination with home service was also important for the patients in the study.
- 53.33% of the patients used at least one social service in the study.

Conclusions and Future Directions

- **Behavioral therapists are an integral part of TCC visits as they provide vital resources to patients.**
- **Evaluation of support systems and active listening are the most utilized behavioral intervention provided to the patients in this study.**
- **Financial resources are the most utilized social service provided to the patients in this study.**
- **Future directions may include a similar study with other members of the TCC team, and/or a comparison study between a clinic which does TCC visits with and without behavioral therapy to figure out the difference in clinical outcomes, and duration of**

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