

# Patients in team-based practices less likely to visit ED after hospital discharge

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Older patients enrolled in team-based primary care practices in Quebec had similar rates of hospital readmission, and lower rates of emergency department visits and death after hospital discharge, compared with those in traditional fee-for-service practices, found a study published in *CMAJ* (*Canadian Medical Association Journal*).

"Our study showed that the newer team-based primary care delivery model in Quebec was associated with some better post-discharge outcomes among older or chronically ill patients, notably lower rates of emergency department visits and death," writes Dr. Bruno Riverin, Department of Epidemiology, Biostatistics & Occupational Health, McGill University, Montréal, Quebec, with coauthors.

Hospital readmissions cost the Canadian health care system \$1.8 billion each year (excluding physician costs) and many older or chronically ill patients are at increased risk of complications in the weeks after discharge.

The large study looked at data on 312 377 older or chronically ill patients in Quebec who were admitted to hospital between November 2002 and January 2009 (620 656 admissions). The researchers found that about 1 in 4 older or chronically ill patients who had been in [hospital](#) for any cause returned within 30 days (for either readmission or an emergency department visit).

"Patients enrolled in team-based primary care practices had a 5% lower 30-day risk of emergency department visits not associated with [readmission](#), and significantly fewer patients died in the early period after [hospital discharge](#) compared with patients enrolled in traditional primary care practices," write the authors.

They hypothesize that health care professionals in these team-based practices are better able to coordinate care for the sickest [patients](#), which

**More information:** Bruno D. Riverin et al. Team-based versus traditional primary care models and short-term outcomes after hospital discharge, *Canadian Medical Association Journal* (2017). [DOI: 10.1503/cmaj.160427](#)

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