

Prognostic Value of the UPSA for Cognitive Decline in Parkinson's Disease

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Introduction

- Stroke is a leading cause of long-term disability in the United States and accounts for more than 46 billion healthcare dollars annually [1].
- Patients who are hospitalized after stroke are at high risk of recurrence and complications that may result in hospital readmission and poor functional outcomes [2,3].
- A recent retrospective analysis found that early primary care provider (PCP) follow-up after stroke was associated with a reduction in rehospitalization within 30-days [4].

Methods

- 2020 data obtained from Health Data Compass
- Time period: August to December 2021
- Eligible patients: patients admitted for ischemic stroke at UCH, patients discharged from a neurology service, Colorado residents, patients discharged to home or a facility (e.g. acute rehab, subacute rehab, long term care, long term acute care)
- Ineligible patients: left AMA, ED visits without admissions
- Intervention: increased scheduling of early PCP follow-up
- Chart review to determine PCP appointment attendance

Results

	% , N
State of residency	
Colorado	91.5, 173
Out of state	8.5, 16
Disposition	
DC to home	61.4, 116
DC to facility – short term	36.5, 69
DC to facility – long term	2.1, 4
Payer	
Commercial	24.3, 46
Veteran Affairs	3.7, 7
Medicare	48.1, 91
Medicaid	13.2, 25
CICP	0.5, 1
No insurance	10.1, 19
PCP Healthcare System	
UC Health	40.7, 77
Denver Health	7.4, 14
Veteran Affairs	3.7, 7
Outside system	36.0, 68

Disposition	PCP F/U Sched. Rate	PCP F/U Sched. Rate within Goal	PCP F/U Attendance Rate
Any	80.7, 113/140	88.5, 100/113	69.9, 79/113
Home	84.0, 74/88	89.2, 66/74	73.0, 54/74
Facility – short term	75.0, 39/52	87.2, 34/39	64.1, 25/39
Facility – long term	N/A	N/A	N/A

	PCP F/U Sched. Rate	PCP Appointment Attendance Rate	30 Day Readmission Rate
2020	50.5%	-	3.5%
Aug – Dec 2021	84%	56.4%	-

Conclusions

- PCP scheduling rate was increased
- Readmission rate must be assessed to determine efficacy of our intervention

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