

Table 3. Summary of Study Characteristics

	Jackson et al. 2013 ³⁶	Tuso et al. 2013 ³⁴	White et al. 2014 ³⁵
Study Type	Observational, Quality Improvement Design with TCM/no-TCM Cohorts	Observational, Retrospective Quality Improvement Design	Observational, Non-randomized Quasi-experiment
Patient Population			
<i>Inclusion Criterion</i>	Medicaid Recipients	Medicare recipients	All patients
<i>No. Patients Assessed</i>	13,476 (TCM) patients 7,899 (no-TCM) patients	254,764 index stays	685 (TCM) patients 276 (no-TCM) patients
<i>Risk Stratification</i>	Disease burden under CRG methodology ¹	LACE ³	none
Setting			
<i>Location</i>	State-wide (North Carolina)	Metropolitan (Southern California)	Metropolitan (Portland)
<i>Number, Type of Clinics</i>	120 General hospitals across 14 regional networks	13 System-Affiliated Medical Centers	4 University-based practice groups (TCM) 12 Community, County health centers (no-TCM)
Methods			
<i>Study Enrollment Period</i>	July 2010-June 2011 (11 months)	December 2010-November 2012 (23 months)	May 2012-April 2013 (12 months)
<i>Assignment to TCM</i>	Based on risk for readmission (TCM for greatest risk), as determined by Nurse Manager	All: studied across course of implementation	Based on site of initial hospitalization (TCM in University practice groups only)
<i>Details of TCM: added intervention elements</i>	TCM + "high-intensity services" for high-risk patients ² : Tele-health management, home visit by care manager	TCM + telephone "transition hotline" + added bundle elements for high-risk patients ⁴ : Post-hospital palliative care consultation and complex case conference	TCM + "bridging activities" for physician continuity (electronic routing of inpatient workflow/summary of hospitalization to outpatient provider) + patient-centered discharge instructions
Outcome			

			27% (TCM baseline) <u>7.1% (TCM end of study period)</u> 19.9% Difference: significant $p=.02$
<i>Overall 30-day Readmission</i>	20% (no-TCM patients 1 st 30 days) <u>11.13% (TCM patients 1st 30 days)</u> 8.87% Difference*	12.8% (start of program) <u>11% (end of study period)</u> 1.8% Difference*	26.1% (no-TCM baseline) <u>25.9% (no-TCM end of study period)</u> 0.2% Difference: nonsignificant $p=.53$
<i>Other Reported Outcome</i>	Likelihood of readmission 22.2% less using adjusted rates at 12-months; Hazard ratio 0.78 (TCM) versus 1.0 (no-TCM): significant $p<.001$	20% reduction: Observed/Expected number of cases	NA
<i>30-day Readmission by Risk</i>	CRG "Striatum 6" - Highest Risk; 1 st 30 days: 39% (no-TCM) <u>23% (TCM)</u> 16% Difference* CRG "Striatum 1" - Lowest Risk; 1 st 30 days: 7% (no-TCM) <u>3% (TCM)</u> 4% Difference*	no data reported	NA

¹CRG = Clinical Risk Group

²TCM provided to 60% of patients + additional "high intensity" services for 26% (highest risk) of patients; 14% received "low-intensity" transitional care: did not receive medication reconciliation, not required to meet with physician posthospital (not full TCM)

³LACE = length of stay, acute admission through the emergency department (ED), co-morbidities, and ED visits in the past six months

⁴LACE ≥ 15 = high-risk patients receiving TCM + additional elements; low-risk patients (LACE < 6) were not called, required to meet with physician posthospital (not full TCM)

* No statistical analyses provided