

Transitional care interventions cut risk of readmission in CHF

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primary care can incorporate these results with their own health care context to determine the optimal balance between intensity and duration of TCIs," the authors write. "High-intensity interventions seem to be the best option."

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(HealthDay)—For patients with congestive heart failure, transitional care interventions (TCIs), especially high-intensity TCIs, are effective for reducing the risks of readmission and emergency department visits, according to a review published in the November/December issue of the *Annals of Family Medicine*.

Isabelle Vedel, M.D., Ph.D., and Vladimir Khanassov, M.D., from McGill University in Montreal, conducted a systematic review and meta-analysis to examine the impact of TCI on all-cause hospital readmissions and [emergency department visits](#) in patients with [congestive heart failure](#). Data were included from 41 [randomized trials](#).

The researchers found that TCIs correlated with significantly reduced risks of readmission (relative risk, 0.92; $P = 0.006$) and emergency department visits (relative risk, 0.71; $P = 0.04$). Readmission risk was reduced with high-intensity TCIs (combining [home visits](#) with telephone follow-up, clinic visits, or both), regardless of the duration of follow-up. If implemented for a longer duration (at least six months), moderate-intensity TCIs were efficacious. Low-intensity TCIs, including only follow-up in outpatient clinics or by telephone, were found not to be efficacious.

"Clinicians and managers who implement TCIs in

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