

Post-discharge support decreases readmissions for patients with depression; implementation barriers must be resolved

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New research published in the *Annals of Family Medicine* examined whether an enhanced 12-week post-discharge telehealth program would

lead to reduced hospital readmission among patients who were hospitalized for a medical illness and tested positive for moderate to severe depressive symptoms while being cared for as in-patients.

Among patients hospitalized for acute conditions, comorbid [depressive symptoms](#) jeopardize a safe transition from hospital to home.

Participants were randomized to either a nationally disseminated readmission reduction program, the Re-Engineered Discharge (Project RED) program, or to an enhanced version of the same discharge program (RED-D). This expanded version of Project RED offered patients the standard support services with additional telehealth support, including patient navigation, [cognitive behavioral therapy](#), and self-management support over a 12-week period after being discharged from the hospital.

The study found that patients in the enhanced 12-week RED-D program were as likely to be re-hospitalized as patients in the standard program. Secondary analyses suggest that implementation barriers, such as the perception of recently discharged patients that they did not need counseling (particularly when the reason for recommending counseling services was unrelated to the admission primary diagnosis) may have reduced the effect of the intervention. Patients who participated in at least three sessions of the RED-D intervention saw a greater reduction of 30-day readmission rates compared to those patients who participated in the standard RED group. Further work is needed to identify and address barriers to implementation of the RED-D program to realize the full potential of the enhanced discharge program.

More information: Suzanne E. Mitchell et al, Reducing Readmission of Hospitalized Patients With Depressive Symptoms: A Randomized Trial, *The Annals of Family Medicine* (2022). [DOI: 10.1370/afm.2801](https://doi.org/10.1370/afm.2801)

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