

Call to Action for Continuum of Care in Foreign-Born Populations

Abstract

BACKGROUND: Continuity of care post-discharge allows for a seamless transition between the inpatient care that was received and any post-discharge care such as filling prescriptions and visiting a primary care physician. The literature to date on continuity of care has not focused on foreign-born populations who can be at risk of poor transitions following an inpatient stay. There is limited information regarding the factors that represent barriers to a successful transition from hospital to home. The objective of this pilot project is to explore perspectives on the barriers to adequate post-discharge transitional care among foreign-born patients and identify ways to improve the quality of the transition from hospital to home.

METHODS: We recruited physicians who provided care in a suburban hospital that serves a significant foreign-born population. We conducted in-depth key informant interviews (KIIs) with providers who self-identified as knowledgeable about inpatient and post-discharge care for foreign-born individuals. We explored barriers to adequate post-discharge, identified reasons for hospital readmission, and asked about approaches to improve the quality of the transition from hospital to home among FB patients. We conducted a preliminary coding of the interview data and report results to date.

RESULTS: The KIIs included 4 physicians. The distribution according to specialty: 2 hospitalists, 1 family medicine physician, 1 emergency room physician. The distribution according to gender: 1 woman and 3 men. Three of the physicians were African immigrants. The following factors were common across the interviews: language barriers, limited transportation, lack of trust, poor mental health, and unreliable community support leading to inadequate post-discharge care and hospital readmissions. The health care providers identified the following options for improving the transition from hospital to home: increase access to community health programs, provide education at discharge in a foreign language, provide access to health care providers from similar ethnic groups, and familial support interventions.

CONCLUSION: Participants in key informant interviews indicated that a number of factors represented barriers to post-discharge care, some of which were modifiable. The findings from this study identified areas for further exploration in a larger, more definitive study that includes patients and healthcare providers.