



Reducing All-Cause Readmissions

Quick Reference Guide

2026

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PCP-LED READMISSION REDUCTION

Primary care practices can **reduce avoidable readmissions** by engaging before discharge, identifying high-risk patients quickly, and **coordinating one reliable transition plan** across the hospital, post-acute setting, pharmacy, specialists, patient, and caregiver.¹⁻³ The operating model **begins with real-time admission and discharge visibility** and ends only after the **patient is clinically stable in longitudinal care**.^{4,5}



AAVBC PERSPECTIVE

The PCP practice should function as the **longitudinal command center**.⁶ **Pair automated admission-discharge-transfer alerts with:** a transitions team, early medication reconciliation, risk-stratified follow-up, high-performing inpatient and post-acute partners, and shared review of **every** clinically important return.^{1,4,7-9}

Core Operating Sequence

PHASE	PRIMARY ACTION ^{10,11}	VALUE PROTECTED ^{10,12}
Admission	Receive alert; contact inpatient team; communicate: baseline, medications, vulnerabilities, goals, prior workup, and previous hospital utilization	Fewer information gaps and duplicate services
First 48 hours	Contact patient or receiving facility; verify: medications, services, symptoms, and escalation plan	Early detection of transition failure
Days 3 to 7	Complete high-acuity PCP or TCM evaluation and resolve root cause: clinical, functional, and social barriers	Rapid treatment correction and plan reinforcement
Days 8 to 30	Monitor high-risk conditions; coordinate home or SNF care; respond through triage; complete root-cause learning	Reduced avoidable deterioration and repeat utilization
Discharge planning	Apply objective risk score; confirm stability; schedule follow-up; reconcile medications; secure destination and services	Executable transition before departure

ABBREVIATIONS: PCP = primary care physician; SNF = skilled nursing facility; TCM = transitional care management

Primary Outcomes

- **Lower 30-day all-cause readmission and avoidable emergency use**

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