

# Beth Israel Deaconess Hospital-Plymouth

PLYMOUTH, MA

**\$243,153**

AWARD EXPENDED

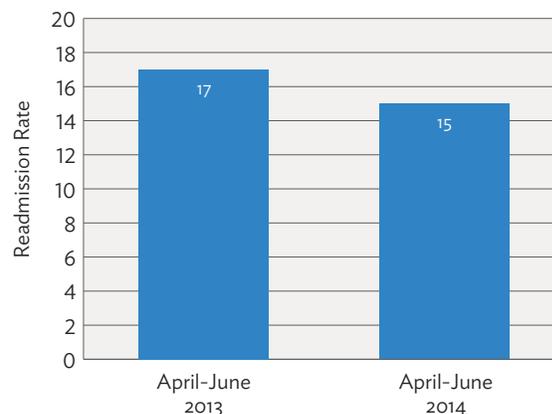
Patients with behavioral health and social needs in addition to physical health issues often both have worse outcomes and are more costly to the health care system compared to patients without these comorbidities. BID-Plymouth sought to meet the needs of its high-risk, high-cost patients with complex social, behavioral and medical needs. Consequently, BID-Plymouth developed a multifaceted patient program for certain high-risk Medicare patients and dual-eligible beneficiaries who were part of their accountable care organization. Targeted patients were dually eligible for Medicare and Medicaid or diagnosed with end stage renal disease, and were seen in the home, at skilled nursing facilities, in physician offices, or in urgent care settings to preempt unnecessary acute hospital utilization.

## RAPID-CYCLE PILOT

The goals of the complex patient program were to reduce costs and unnecessary hospital utilization.

BID-Plymouth built a team comprised of a nurse practitioner, a case manager, a social worker and a community resource specialist. The team focused on actively managing patients to identify potential issues before they were exacerbated to the point of requiring an emergency department visit or inpatient admission. BID-Plymouth reported readmission rates for months they had claims data, compared to the same months in the previous year. The reliance on claims data with substantial time lag prevented the team from having and using data for quality improvement and program management.

**Readmission rates for target population during 3 months of period of performance compared to the previous year**



**397**

PATIENTS SERVED.

**1,923**

ENCOUNTERS.

### CHART PHASE 2 AWARD

BID-Plymouth received a CHART Phase 2 award to expand CHART Phase 1 activities and provide cross-continuum enhanced services to patients with complex needs, including patients dually eligible for Medicare and Medicaid, patients with behavioral health needs, and high utilizers. The Integrated Care Initiative will align allied health providers, social workers, behavioral health programs, and doctors in a coordinated model — in the hospital and the community — to address substance use challenges, in particular opioid abuse.