

Lawrence General Hospital

ESSEX COUNTY



\$1.9M

TOTAL PROJECT COST

\$1.48M

HPC AWARD

Target Population & Aims

TARGET POPULATION

Patients identified by one or more of the following:

- Medium or high biopsychosocial risk
- A personal history of 30-day readmissions

~2424

patients (October 2015 data of 202 unique patients)

PRIMARY AIM

Reduce 30-day readmissions by

20%

SECONDARY AIM

Reduce 30-day ED returns by

20%

Summary of Award

Lawrence General Hospital aims to reduce 30-day readmissions by 20% for target population patients by providing transitional services for the highest need patients. CHART services vary in intensity based on patient risk segments and include longitudinal and interdisciplinary medical and social care. Follow-up phone assessments are designed to evaluate symptoms and compliance with the discharge plan. Culturally relevant patient education and teaching to empower patients to better manage their care is also a part of these enhanced services. Additionally, coordination of a variety of community-based social support services including prescription assistance, transportation, mental health counseling, are available to the target population. Care plans are developed and shared with all of the patient's providers across the care continuum. Additionally, transition coaches from Elder Services of the Merrimack Valley (ESMV) provide follow-up services for 30 to 90 days post-discharge.

Care Transition Coaches

~\$170,000 CHART funding

- 1.5 Elder Services of Merrimack Valley (ESMV) provided full time equivalent care transition coaches

“The partnership between Lawrence General Hospital and Elder Services of the Merrimack Valley (ESMV) has been the most successful partnership of the program. The success is a result of mutual respect and engagement. The [Care Transition Coaches] at ESMV are considered a part of the core CHART team, attend operations meetings, interdisciplinary care meetings, and are constantly communicating with the social workers and registered nurse. ESMV, while a contracted service, is not viewed as an outside entity which has led to successful collaboration and implementation of the partnership.”

- Lawrence General Hospital CHART team member

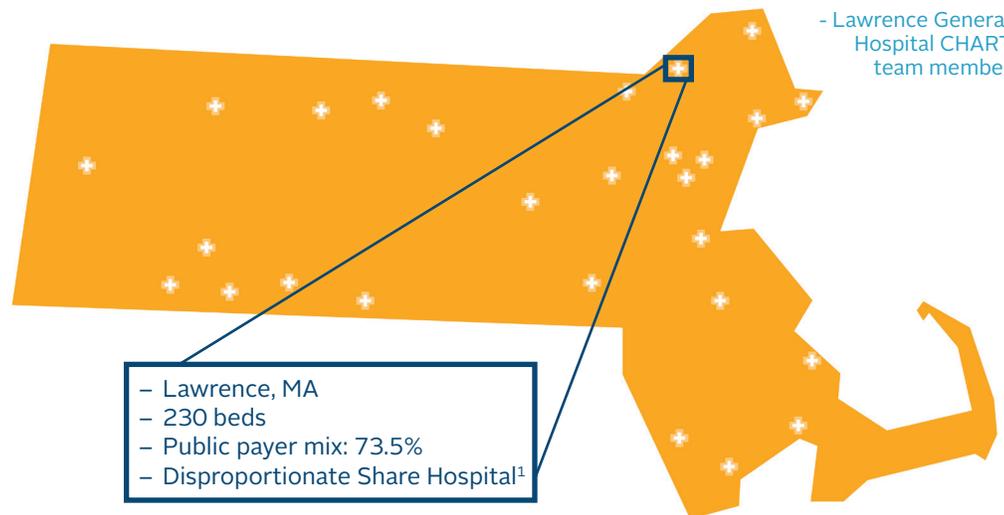


CHART & HPC Background

The Community Hospital Acceleration, Revitalization, and Transformation Investment Program (CHART) makes phased investments for certain Massachusetts community hospitals to enhance their delivery of efficient, effective care. The goal of the program is to promote care coordination, integration, and delivery transformations; advance electronic health records adoption and information exchange among providers; increase alternative payment methods and accountable care organizations; and enhance patient safety,

access to behavioral health services, and coordination between hospitals and community-based providers and organizations.

Established through the Commonwealth's landmark cost containment law, Chapter 224 of the Acts of 2012, the HPC is an independent state agency that monitors reform in the health care delivery and payment systems and develops policies to reduce overall cost growth while improving the quality of patient care. To learn more, please visit www.mass.gov/hpc or follow us on Twitter @Mass_HPC.

1. Source: Center for Health Information and Analysis, 2015.