

Beth Israel Deaconess Hospital – Plymouth

PLYMOUTH COUNTY



\$5.2M

TOTAL PROJECT COST

\$3.7M

HPC AWARD

Target Population & Aims

TARGET POPULATION

All patients with dual eligibility and/or all ED patients with a primary behavioral health (BH) diagnosis

DUAL POPULATION:

849

discharges per year

2,481

ED visits per year

BH POPULATION:

1,322

discharges per year

2,963

ED visits per year

PRIMARY AIM 1

Reduce readmissions for patients with dual eligibility by

10%

PRIMARY AIM 2

Reduce ED revisits for patients with a primary BH diagnosis by

20%

SECONDARY AIM

Reduce ED length of stay for ED BH patients by

10%

Summary of Award

In BIDH – Plymouth's Complex Patient Program, patients with dual eligibility are screened and assessed by a nurse care manager for healthcare services and social support needs. A member of the multidisciplinary care team provides home visits and patient needs are managed across the continuum of care, including collaboration with skilled nursing facilities, primary care, hospice, and palliative care service providers. Care plans are developed, implemented, and reassessed on an ongoing basis. The Integrated Care Initiative (ICI) uses a community-wide approach to care for behavioral health patients: behavioral health services are co-located in primary care practices, with social workers providing care during PCP visits. In the ED, the behavioral health team works with ED staff and community providers to help stabilize patients, assess needs and access necessary supports, and ensure continuity of care in the community.

Beyond the ED

The ICI collaborates with the Plymouth Police Department to send clinicians to patients' homes following an overdose reversal with the goal of enrolling patients in detoxification services, and/or transporting patients directly to detoxification services if desired.¹ ICI clinicians additionally provide referrals to the Plymouth Drug and Mental Health Court for patients with open charges that appear to be related to addiction.

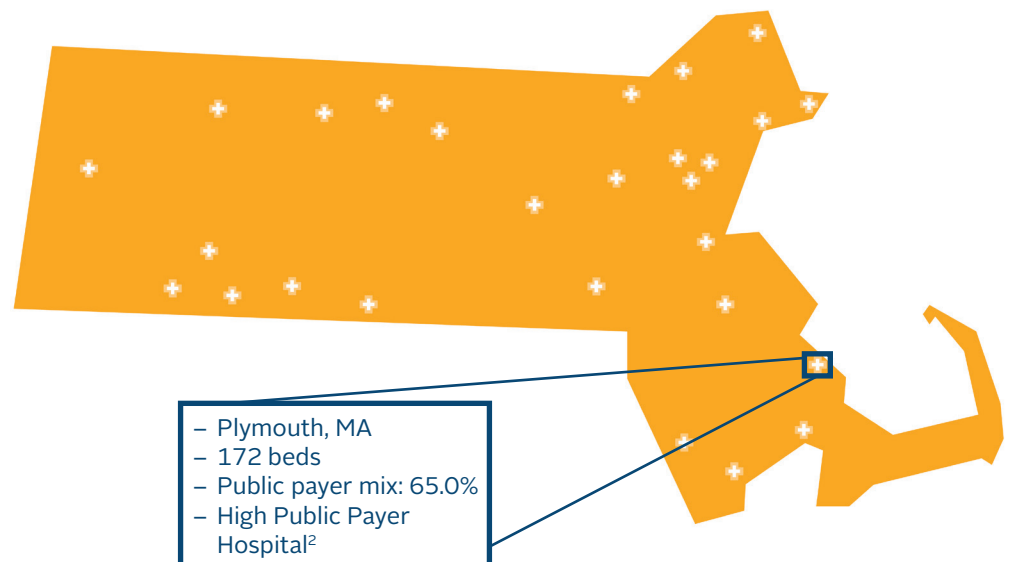


CHART Background

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.

1. Detoxification services secured by High Point Treatment Center or Gosnold on Cape Cod.

2. Source: Center for Health Information and Analysis, 2017.