Hallmark Health System

MIDDLESEX COUNTY

$2.8M
TOTAL PROJECT COST

$2.5M
HPC AWARD

Target Population & Aims

TARGET POPULATION 1
Patients with ≥10 ED visits in the last 12 months

2,359
ED visits for 147 unique patients

TARGET POPULATION 2
ED patients requiring a Narcan reversal or obstetric (OB) patients with substance use disorder (SUD)

339
Patients requiring Narcan reversal

46
OB patients with SUD

PRIMARY AIM
Reduce ED utilization by
20%

SECONDARY AIM 1
Increase post-ED contact with patients or families of patients who were seen in the Hallmark Health ED following an opioid overdose with Narcan reversal within 1 week of the index event by
25%

SECONDARY AIM 2
Provide at least 1 COACHH team contact per week for the duration of their pregnancy, for 80% of Hallmark Health OB patients with SUD as referred to the COACHH program

Summary of Award

The Hallmark Health joint hospital program aims to reduce Emergency Department (ED) utilization. Hallmark Health developed the Collaborative Outreach and Adaptable Care at Hallmark Health (COACHH) program to improve care for three patient populations: patients with high utilization of ED services, obstetric patients with active substance use disorder, and patients who experience an opioid overdose. Patients are engaged by a multidisciplinary team of community health workers, supported by social workers, a pharmacist, nurse practitioner, administrator, and primary care physicians to coordinate post-discharge follow-up care. The COACHH team aims to build relationships with patients to understand the root causes of patients' frequent use of the ED, and works closely with them to establish care plans, access to services, and stability within the community.

Patient Story

An elderly woman living alone had over 150 ED visits over the course of 15 months. Following a home visit with Hallmark staff, she enrolled in the COACHH program. The COACHH team made over ten home visits and many follow-up calls with the patient, collateral providers, her primary care provider, and family. The level of engagement with the patient, including assistance with simple logistical issues, has averted a pattern of anxiety and panic that historically resulted in an ED visit. Whereas prior to the COACHH team's intervention she may have had over 30 ED visits since enrollment, she has had only one ED visit lasting for just one hour.

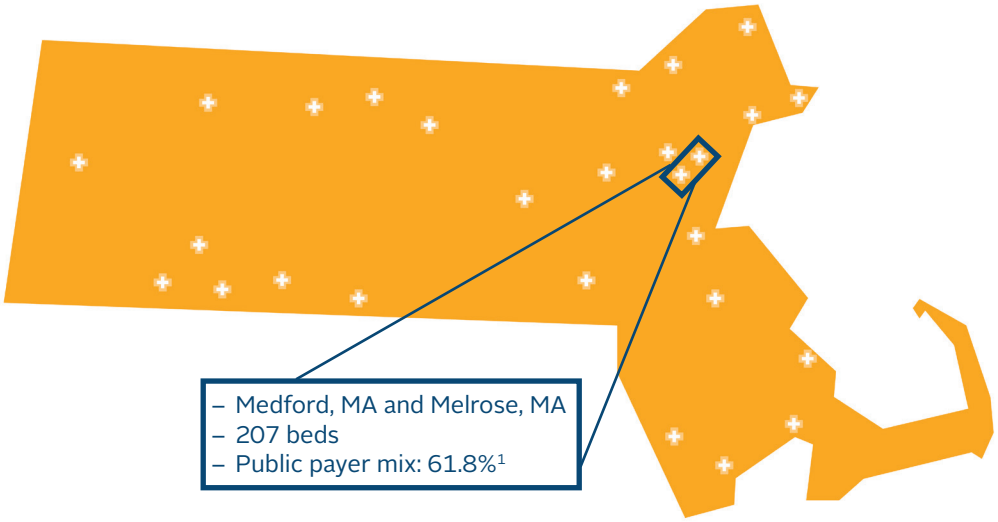

CHART Background

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