



\$1.47M

TOTAL PROJECT COST

\$1.2M

HPC AWARD

Target Population & Aims

TARGET POPULATION

Patients with a personal history of high utilization of the hospital or ED

INPATIENT:

454

discharges per year for 91 unique patients

ED:

1,607

ED visits per year for 143 unique patients

PRIMARY AIM

Reduce 30-day readmissions by

15%

SECONDARY AIM

Reduce 30-day ED revisits by

20%

Summary of Award

Aiming to reduce 30-day readmissions by 15%, UMass Marlborough Hospital created the Complex Care Team (CCT), a multidisciplinary team responsible for developing and implementing individual care plans and coordinating linkages to care in the community for patients with high utilization of the hospital and Emergency Department (ED). The CCT assists in transition planning, care coordination, and provides in-home, skilled nursing facility, and rehab follow-up services, ensuring warm handoffs and appropriate follow up for at least 30 days. Pharmacists perform medication reconciliation upon admission and at discharge and educate high risk patients on medication adherence during follow-up visits.

Complex Care Team

A patient with serious mental illness frequently presented to the Marlborough ED, sometimes multiple times per day. The CCT worked with the patient to increase medication compliance and develop coping skills, and participated in all discharge planning meetings. The CCT performed home visits and encouraged the patient to engage in calming activities when anxious like journaling, walking, and listening to music, rather than seeking hospital care as appropriate. Since engaging with the CCT, the patient's ED and hospital utilization has dramatically decreased.

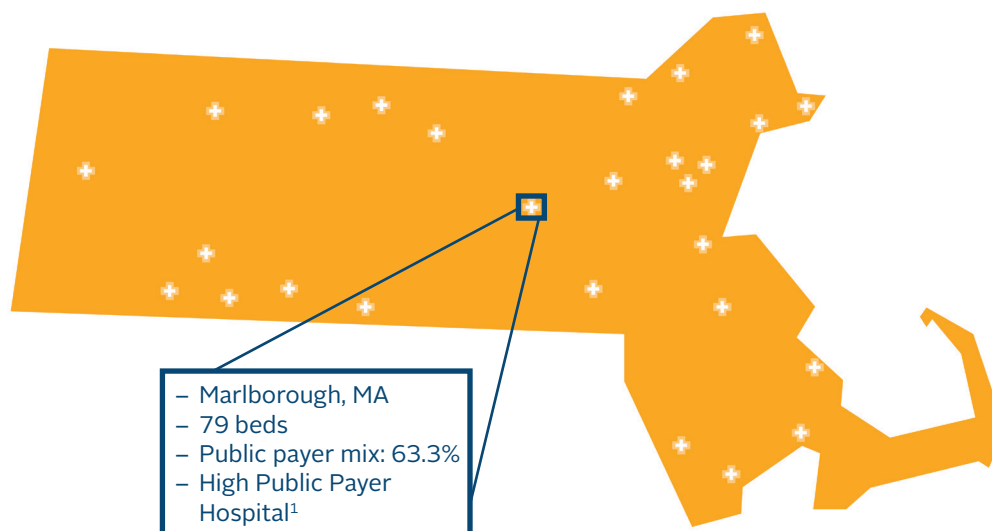


CHART & HPC Background

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, 2017.