Project: Care Transitions Intervention Model to Reduce 30 Day Readmissions for Chronic Cardiac Conditions

- Utilizing Coleman Model, attributed inpatients are identified for program placement.

- Expanding to include attributed patients discharged from any hospital by using the Camden HIE
Partners

- Lourdes Medical Associates (OLLMC) 6467 Attributed Lives
- Lourdes Cardiology Services (LMCBC) 1373 Attributed Lives
Traditional Hospital Service Areas

Defined as the zip codes that comprise top 80% of our hospital inpatient admissions)
Expanded Health System Service Area
(defined as the zip codes that our outpatient visits come from – this includes hospital based outpatient services, visits to LMA and LCS practices and our ACO clients)
Lourdes Medical Associates (OLLMC)

- 33 Primary Care Physicians
- 90 Specialists
- Osborn Clinic
- 31 Office Locations
Lourdes Cardiology Services (LMCBC)

- 53 Physicians

- 18 Office Locations

- 4 Heart Failure centers
  - Willingboro
  - Cherry Hill
  - Woodbury
  - Sewell
Communication with Partners

- DSRIP Quarterly Meetings
- LCS Quarterly Meetings
- LMA Quarterly Meetings
- Integration with Lean Initiatives to treat the Heart Failure Population
Why Partners were selected?

- Relationship of partners to our health system
- Staff other nearby hospital health systems
- Use of Heart Failure Centers staffed by LCS
- Opportunity to improve communication and care transitions between hospital and outpatient areas for this population group
- Alignment of partners with other population health initiatives
Benefits to Partners

- Development of relationships
- Internal process changes
Successes

- Designated office space in practices for coaching.
- Priority post-discharge appointments.
- Follow-up in HF Clinics.
- Coordination of office visit and coach follow-up.
- Ability to touch attributed outpatients.
- Successful completion of metrics
- Beginning identification of recent LMA and LCS office visits with Cardiovascular diagnoses on attribution list to offer assistance
Challenges

- Different electronic medical records at LCS and LMS.
- Practices utilizing paper records
- Sample methodology was complex (multiple locations)
- Utilized outside vendor to develop programs and match attribution list.
- Practices involved in multiple Population Health initiatives that involve metric collection.
- Lack of HIE in Burlington County
Moving forward

- Expanding to include attributed patients discharged from any hospital utilizing the Camden HIE.

- Expanding to include attributed patients seen in the outpatient offices and admitted to any hospital using the Camden HIE.

- Coordinating care transition that includes timely follow up doctors appointments.