



## eQHealth's Care Transitions project featured in New York Times, USA Today, CBS, NBC and others

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### **Groups Try Simple Steps to Avoid Hospital Rebound**

New York Times, Dec. 8, 2009

By THE ASSOCIATED PRESS

WASHINGTON -- Talk about unnecessary misery: One in five Medicare patients winds up back in the hospital within a month -- even worse, one in four patients with heart failure.

A major push is under way around the country to cut rehospitalizations, in part by arming patients with simple steps to keep their recovery on track -- like getting past harried receptionists for quicker follow-up doctor visits, and reducing medication confusion.

Less than a year into a Medicare-sponsored "Care Transitions" project in 14 states, participating hospitals already are seeing readmissions start to inch down, says Dr. Barry Straube, chief medical officer of the Centers for Medicare & Medicaid Services.

One of those projects, in Baton Rouge, La., sends health coaches to five area hospitals to guide high-risk patients through discharge and check how they're faring through that critical first month. Of the first 145 patients coached so far, only seven had to be rehospitalized.

The key: Support, so that weakened seniors don't backslide merely because they couldn't get a timely doctor's appointment or had no ride to the drugstore to pick up a prescription, says coach DeeAnn Broussard with Louisiana Health Care Review, a quality-improvement company leading the project.

Consider her heart failure patient who sought a doctor's appointment, saying he couldn't sleep. The doctor's booked all month and his receptionist doesn't realize the man has heart failure and really was describing shortness of breath when he laid down, due to worsening fluid build-up.

"He needs to say, 'I can't sleep because I can't breathe,'" explains Broussard, teaching a phrase that cues receptionists to squeeze patients in. A quick drug change might get rid of that fluid and avert a rehospitalization.

"This generation tends to be very obedient and does not want to be pushy," she says. "No, it's your body, it's your life, let's be a little pushy. That's what the doctors are there for."

Rehospitalizations ought to be handled with the same urgency as an epidemic, says Dr. Harlan Krumholz of Yale University.

He helped the American College of Cardiology begin a "Hospital to Home" program this fall, signing up hundreds of hospitals to share solutions, with the goal of cutting heart patients' readmissions by 20 percent within three years.

"Somehow this idea of one in four people landing back in the hospital in a month is treated as business as usual, that it's part of being sick in America. It doesn't have to be that way," he says.

The top risks:

- Medication problems. Patients on a dozen or more drugs forget which ones they're supposed to toss when given new ones in the hospital, or can't afford the new ones, or have no way to pick them up.
- Not getting a follow-up doctor's visit within a week of discharge. Waiting longer is proven to increase rehospitalization. Yet even if patients have a primary care doctor, getting a rapid appointment can be tough.
- Not realizing early signs of trouble and knowing what to do about them.

Rehospitalizations aren't just bad for patients, but for taxpayers, too. They're costing Medicare \$17 billion a year, a recent study estimated. Hospitals make more money when patients have to return.

Last summer, Medicare started posting hospital readmission rates for the three worst conditions -- heart failure, heart attack and pneumonia -- on its Web site, peer pressure for hospitals to improve. And either as part of Congress' pending overhaul of the health care system or its own regulations, Medicare eventually hopes to cut payments for rehospitalizations in ways that encourage better up-front care.

"Even the best hospitals have room for improvement," says Straube, who hopes to expand the Care Transitions program to all states in a few years.

As for the payment debate: "Shame on us for paying you for things that should really in many cases not have happened," he says.

Not every rehospitalization is preventable, says Yale's Krumholz, and there's no one solution that will help every hospital lower the rate.

When discharging heart patients, "you hold your breath a little bit," he says. "They're vulnerable, they're tired, they heard messages from a bunch of different people."

Nor is it an issue just for Medicare. At Duke University Medical Center, trauma nurse Jo Ellen Holt takes photos with patients' own cell phones to guide them through the home care required to avoid infection and rehospitalization.

It started with a man in his 50s whose arm was rebuilt with muscle and skin from elsewhere on his body after a machine accident. The discharge nurse cleared the man to leave, assuming his wife could clean his arm and change his bandages -- only to have Holt discover right before the couple left that the woman couldn't stomach the task. So Holt snapped a photo of each step, helping the man remember the order of each solution and ointment and type of gauze. One-armed, he cleaned his own wound fine.

"I want to help them be independent," Holt says.

*EDITOR'S NOTE -- Lauran Neergaard covers health and medical issues for The Associated Press in Washington.*

**This story was also reported by:**

USA Today  
CBS News  
MSNBC  
ABC News  
... and hundreds of other newspapers

**Program aims to avoid hospital return**

2TheAdvocate

**By Marsha Shuler**

A federally funded pilot program is reducing readmission rates for some seniors at Baton Rouge area hospitals, an executive of a Medicare quality improvement organization said Monday.

And it appears that a similar program is envisioned to help reduce Medicare health insurance costs as part of U.S. Senate health-care legislation under debate, said Edie Castello, vice president and chief operating officer of Louisiana Health Care Review.

"We believe our activity will have an impact on how Medicare restructures the system," Castello told the Press Club of Baton Rouge on Monday.

The Baton Rouge area initiative is one of 15 "Care Transition" pilot projects being funded around the U.S. by the federal Centers for Medicare and Medicaid Services.

**Think outside hospital to save**

The Opelousas Daily World

**Dec. 3, 2009**

Samuel Broder, a former director of the National Cancer Institute, once described the relationship between government and medical research this way, referring to the National Institutes of Health:

"If you had demanded that the NIH solve the problem of polio not through independent, investigator-driven discovery research but by means of a centrally directed program, the odds are very strong that you would get the very best iron lungs in the world — portable iron lungs, transistorized iron lungs — but you wouldn't get the vaccine that eradicated polio."

In other words, government, or the people paid by government, can refine or even perfect the conventional wisdom. But step outside that wisdom and innovate? Probably not.

The Louisiana Health Care Review is trying to buck Broder's odds, looking for ways to make the Medicare and Medicaid services offered to people here more effective and efficient — in ways that rely on new ideas and not necessarily new drugs or new technology.

The Review is under contract to improve the quality of those services in Louisiana. Along the way, its efforts might save money and make life better for Medicare and Medicaid recipients.

## **Coaches could cut down on rehospitalization, Press Club speaker says**

The Daily Report (Baton Rouge Business Report)

**By Todd Brown**

The days when a physician guided a patient through all manner of health care minutiae are gone, but medical providers can help patients help themselves by using one-on-one coaches during the discharge and after-care process, says Edie Castello, vice president and COO of eQ Health Solutions.

Speaking at Monday's Baton Rouge Press Club gathering, Castello says a regional pilot program reduced hospital readmissions for Medicare patients treated for pneumonia, congestive heart failure and heart attacks through "care transitions" coaching.

From March through October, 145 patients participated in the program, and seven were re-hospitalized. That rate of less than 5% contrasts with an overall rehospitalization rate of 18.86% in the Capital Region and 19.05% in the state, Castello says. Patients in the program had not been assigned home health care.

eQ Health Solutions, formerly Louisiana Health Care Review, rebranded in August to reflect the company's operations in Illinois and Mississippi and helps Medicare and Medicaid programs reduce costs. Castello says if the pilot program was replicated nationwide, it could save Medicare \$12 billion annually from rehospitalizing. The company hopes to expand to Florida and possibly elsewhere, while the local pilot program is ongoing through fall 2011.

Paul Murphree, medical director of quality and patient safety for program participant Our Lady of the Lake Regional Medical Center, says ensuring that patients understand their medication and are engaged in their own healing process can require subtle psychology, such as reminding patients how important it is to get to their grandchildren's graduation by taking proper care of themselves.

## **Baton Rouge pilots health care reform**

Monroe News Star, Alexandria Town Talk, Lafayette Daily Advertiser

**By Mike Hasten**

BATON ROUGE — Buried somewhere within the 2,074-page health care reform bill being debated in the U.S. Senate is a program that is being tested in a pilot program involving several Baton Rouge area hospitals.

If the Louisiana Health Care Review program's initial success continues and "care transition" is applied nationwide, officials at the Centers for Medicare and Medicaid Services (CMS) estimate it could save \$12 billion a year in Medicare funding.

As described by Edie Costello, vice president of EQ Health Solutions, it's basically a simple program that employs "coaches" to help patients follow instructions given by their doctors and hospitals when they're released from hospital care.

She said fragmented or poor communication between health care providers and patients about medications, warning signs and disease prevention and the lack of follow-up visits are the main problems being addressed.