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Medicare expands savings initiative

BY MARSHA SHULER

Capitol news bureau

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A program designed to help some senior citizens avoid quick return trips to the hospital is expanding from the Baton Rouge area to Lafayette, Hammond, Covington and the Northshore.

The federally funded program is aimed at reducing Medicare costs by stopping revolving door hospital admissions. The idea is to curb health-care spending and keep chronically ill patients healthier.

At the heart of the program is a “health coach” who works with patients so they have the information essential to their well-being when they are discharged from the hospital — information that would prevent a quick return because of a relapse.

“We are looking at the patient as the solution, rather than the problem,” said Laurie Robinson, a registered nurse and director of care coordination services for eQHealth Solutions.

Robinson spearheaded eQ Health’s Baton Rouge-area pilot project, which is a three-year program funded through a \$2.1 million grant from the Center for Medicare and Medicaid Services. The community was one of 14 around the U.S. receiving program funding.

The program targets patients who have suffered heart attacks and those diagnosed with congestive heart failure, pneumonia and pulmonary disease. The aim is to reduce the number of patients who return to the hospital within 30 days of discharge by helping them identify early signs of problems and keep up with medicines they are prescribed, the frequency and stop dates.

Prior to the three-year Baton Rouge area project, the 30-day readmission rate per 1,000 Medicare patients stood at 18.8 percent. The project reduced the rate to 13.6 percent for those patients who received coaching from eQHealth.

Five local hospitals participated in the Baton Rouge area project: Our Lady of the Lake Regional Medical Center, Baton Rouge General, Ochsner’s, Lane Regional Medical Center in Zachary and St. Elizabeth’s in Gonzales. Two hundred patients participated in the program over the time period.

Now, Robinson said, CMS has given eQ the go-ahead to move into other parts of the state and the nonprofit organization has received another CMS grant — this one worth \$1.26 million over three years — to do so.

Robinson said she has been doing training sessions around the state at the request of the Louisiana Hospital Association on the “transition coach” model that eQ used in Baton Rouge.

“We know it works,” Robinson said.

Robinson said the Lafayette, Hammond, Covington and Northshore areas were chosen for the EQ project expansion because of the concentration of Medicare patients age 65 and above, the number of hospital discharges among the population and readmissions, as well as interest in implementing the “health coach” system.

The participating hospitals must decide whether they want to use in-house personnel or hire someone new to be their point person, she said. The coaching job should be full-time because of the time required for in-house and follow-up contacts with patients who opt to participate, she said.

A different twist on the new federal grant initiative is that the CMS is challenging eQ to bring patients to the table with hospital officials to get their perspective on what’s wrong with the hospital discharge system, Robinson said.

1) Comment by agagent - Wednesday, December 28, 2011

Medicare and Medicaid readmission rates are much higher than privately insured and even uninsured patients. Education of the patient by the provider can help but readmission rates also vary by age, poverty, race, hospital, and among states. Also, Medicaid patients tend to have more medical complications which increase readmissions. Providers are less successful when patients choose not to follow their providers instructions. Does government-run medicine, especially Medicaid, have the unintended consequences of teaching its participants to be less responsible with their health care and life style choices?