

## Population Health Forum

### Collaborating for Regional Impact: Improving Care Transitions in Southeastern Pennsylvania

**Kate J. Flynn, MBA, FACHE,**  
*President, Healthcare Improvement Foundation*

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Kate Flynn is President of the Healthcare Improvement Foundation (HCIF), an organization dedicated to building partnerships for better health care in the Delaware Valley area through initiatives focused on patient safety, outcomes, and patient care experiences. As a regional non-profit organization, HCIF is positioned as a neutral, expert resource, with the leadership stature and capabilities to engage multiple stakeholders.

Flynn first provided an overview by defining transitions of care and identifying the multiple layers and factors that contribute to quality of care. Transitions of care refers to the “movement patients make from one health care practitioner or setting to another as their condition and care needs change during the course of a chronic or acute illness.”<sup>1</sup> Flynn explained that transitions occur at many levels both within settings (i.e. primary care, specialty care); between settings (i.e. hospital, sub-acute facility, hospital, home); and across states from curative care to hospice and personal residence to assisted living.

Care transitions in southeastern Pennsylvania have unique challenges

due to compact geography and density of hospitals and physicians, explained Flynn. The ER is a major access point to care. However, a 911 call is often directed to transport a patient to the nearest hospital, which may not necessarily be the patient’s primary hospital. Many readmitted patients “return” to a different facility than the one they were discharged from.

In an effort to reduce hospital readmissions, HCIF initiated a collaborative project, Preventing Avoidable Episodes: Smoothing the Way for Better Transitions (PAVE). The model for PAVE consisted of an advisory panel, baseline survey and data collection, webinar series, train the trainer program, collaborative workgroups, and post-project data collection and analysis. PAVE project participants included 53 organizations representing hospital and health care systems; specialty hospitals; home care; payers; and primary care practices. Workgroups were formed to focus on medication management, care transitions, and personal health records.

Flynn shared qualitative and quantitative data from the PAVE project which

showed that many individuals valued the collaboration with other institutions and the information shared at educational programs, particularly best-practice examples and checklist tools. PAVE participating hospitals are showing a slight decrease in readmissions.

Flynn went on to describe SEPA Reads which stands for the **Southeastern Pennsylvania (SEPA) Regional Enhancements Addressing Disconnects (READS) in Cardiovascular Health Communication**. This important HCIF initiative, in collaboration with Thomas Jefferson University and Hospitals, addresses the health literacy needs of healthcare consumers in SEPA through partnerships with hospitals, health systems, and community organizations serving diverse populations. This project is aimed at enhancing health care providers’ capacity to respond to health literacy needs specifically related to cardiovascular information for adults aged 50 and older. The program provides specialized training and support for providers; consumer education; a shared portal and website; and cardiovascular health literacy coalition events. ■