

# AFTER HOSPITAL CARE

A World of Difference

*Even though he served as a field medic in the United States Army, Efrain Ortiz admits that he didn't like to take medicine or go to the doctor for check-ups.*

*Shown: Efrain Ortiz, 52, of Edison, was able to take advantage of a recently launched program at RobertWood Johnson University Hospital that is designed to improve the quality of care provided to medically underserved and uninsured populations with the goal of reducing frequent and costly hospital readmissions.*



*Shown above: Andrew Thomas, APN, Director of Care Transitions at Robert Wood Johnson University Hospital, assisted Mr. Ortiz through DSRIP, which serves as a bridge for underserved or uninsured patients between the time they are discharged and the point when they access a primary care physician for a follow-up visit.*

It was this resistance combined with a poor diet and long hours at work that landed the 52-year-old Edison resident in the hospital following a heart attack.

"I am from a Puerto Rican family and we fry everything," Mr. Ortiz explained. "I was working long hours, so I would eat a big, heavy meal when I came home at night and then go to bed. It wasn't good for me."

When Mr. Ortiz experienced the classic signs of a heart attack: chest pressure, nausea and dizziness, he was rushed to Robert

Wood Johnson University Hospital (RWJ) where doctors inserted three stents to open his blocked arteries. He needed two cholesterol-lowering medications to reduce the risk of a second heart attack when he returned home from RWJ. However, there was one problem: the medicines cost more than \$400 for a monthly supply. Mr. Ortiz's health insurance didn't cover the cost and he couldn't afford them.

Thankfully for Mr. Ortiz, RWJ had launched a Care Transitions Program in November 2014 as part of the New Jersey Department of Health's Delivery System Reform Incentive Payment Program (DSRIP) initiative to address problems exactly like his. The program is designed to improve the quality of care provided to medically underserved and uninsured populations with the goal of reducing frequent and costly hospital readmissions. RWJ's program addresses the needs of low-income Medicaid and charity care patients. It has expanded to include uninsured patients, all of whom have a diagnosis that may place them at high risk for readmission.

Each day, the team, which includes a director of care transitions, social worker, performance improvement coordinator and administrative assistant with support from pharmacy, nursing, information systems and finance, receives a report generated by the hospital's patient electronic information management system about patients who recently arrived and who may

be good candidates for enrollment. Candidates are evaluated based on the LACE scoring system, which factors in past and potential length-of-stay associated with the patient's condition, severity of their illness upon admission, co-morbidities and number of emergency department visits the patient has made during the past 6 months. Other issues such as lack of a primary care provider, inability to afford medications, homelessness and lack of transportation to keep appointments are also noted.

According to Andrew Thomas, APN, Director of Care Transitions at RWJ, the DSRIP serves as a bridge for underserved or uninsured patients between the time they are discharged and the point when they access a primary care physician for a follow-up visit. During the "bridge" period, staff coordinates follow-up appointments for patients, links them to programs or funds that help pay for their essential life-sustaining medications, and begins the process of enrolling the patient in Medicaid (if eligible).

In Mr. Ortiz's case, Mr. Thomas and his team sought an alternative to his costly prescription.

"We had the doctors change his prescription to what was essentially the same drug, but much cheaper," Mr. Thomas explained. "We also enrolled him in a prescription discount program and connected him with a primary care physician and cardiologist for follow-up care."

Mr. Ortiz credits Mr. Thomas and the doctors at RWJ with saving his life. Not only did they get him the medications he needed, they counseled him on making lifestyle changes. At the time of his heart attack, he weighed 268 pounds. Today, Mr. Ortiz is down to 190 pounds thanks to a daily exercise routine and healthy diet.

"Andrew has always been there for me," Mr. Ortiz said. "If it wasn't for him, I would be six feet under."

The health care model as providers once knew it is changing, with care extending into individuals' homes.

"I truly believe this may be the only way we can move the needle to provide safe, effective and efficient care while reducing health care costs," Mr. Thomas said.

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