

Trinitas mid-year conversation 4.6.22

Christina Otzan, Ebony, Lucy, John Cooley, Beth HK, Susan

Project: Readmission Reduction Program, specifically pharmaceutical assistance and community health worker.

Ebony sent her report on the Readmission Reduction program, which outlined what Trinitas is doing as well as brief overviews of other programs in NJ and PA. Clearly the Trinitas program is more robust, with a team that visits both in the hospital and at home, over a longer period of time. They see loneliness as a key problem for many patients who live alone. They individualize a plan for each patient, ranging from a single visit to sustained support, and are the only ones who use the PHQ9 for assessment. They also do outreach to the person's primary care doctor whether within or outside the Trinitas system. I had hoped for a stronger presentation and more data to support the concept.

The merger of Trinitas and the Barnabas/RobertWoodJohnson systems became official on January 5, but is slow in implementation. IT is a primary focus now, with a conversion to the EPIC health record in planning stages. I emphasized the importance of pitching the RRP to the new administration, with a hope of full funding, using Ebony's report as a foundation. They can be proactive in advocating for the program before the hospital elects a "discharge planner" model which is cheaper in the short run, but not as effective in reducing readmissions. In response to Lucy's hope that someone will write up their program as a model program, I suggested that she discuss with the Rutgers liaison who might have a student interested in this project, and in presenting at professional conferences.

Lucy and Christina expressed deep gratitude for the connection with Rutgers School of Social Work that brought Ebony, and they hope to continue the relationship with future students.

I noted in the report that they were not transitioning patients into the NJ PAAD program for pharmaceutical assistance, and it turned out they did not know about it. This is the primary program used in NJ and should relieve demand on the pharmaceutical component of our grant (although will still be needed during enrollment period).

We discussed the need for FFA (after 10 years) to make room for new projects. They hope that funding for the CHWs would continue.

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