

Baystate Medical Center

Case management's pursuit of post-acute quality with CarePort



About Baystate Medical Center

Location: Springfield, Massachusetts

Solution in use: CarePort Guide

Profile:

- 716-bed academic medical center
- Medicare Bundled Payment participant

Baystate added **CarePort Guide** to its discharge planning process in 2013 to provide a richer patient experience and improve post-acute patient outcomes. The CarePort solution enables patients to choose clinically appropriate, high quality providers at discharge.

The situation

Baystate recognized a need to improve postacute outcomes by engaging patients in discharge planning and helping them select high quality post-acute providers with lower readmission rates.

- However, case managers lacked an up-todate provider directory that accounted for a provider's quality scores, clinical capabilities, and ever-changing insurance contracts.
- Thus, in practice, patients primarily chose providers using a generic paper list of names and addresses without any information on quality of care.

The opportunity

- CarePort Guide includes a searchable database on all Medicare-certified providers, including skilled nursing facilities (SNFs), home health providers, long-term acute care hospitals (LTACHs), and inpatient rehabilitation facilities (IRFs).
- CarePort collects and maintains up-to-date information on post-acute providers including bed availability, accepted insurances, clinical services, virtual tours, amenities, and quality scores.
- 16 preferred skilled nursing providers vetted by Baystate – are highlighted in the search results.





The implementation

- Because CarePort Guide does not require any integration with a hospital's information technology system, Baystate's implementation was seamless and unobtrusive.
- CarePort's implementation team works with the post-acute providers to collect thousands of data points on insurance contracts, clinical services, amenities, photos, and other important information.
- Post-acute providers can update their profile at any time through the tool.
- Prior to kickoff, case managers were trained on CarePort Guide in a one-hour group session.

How CarePort is used

- Case managers access CarePort Guide through existing technology including a referral management tool; no additional logins or passwords are required.
- Case managers search for care based on a patient's insurance, desired geography, and necessary services.
- In a few minutes, customized search results are generated and can be printed for the patient or shared via the preferred choice of web-enabled device, such as an iPad or other tablet. Search results can also be emailed to out-of-the-area family members.
- Patients and families are able to review all available options on their own and make informed decisions prior to the case manager returning to finalize the plan.

The impact

For Christine Scibelli, RN, manager of case management at Baystate Medical Center, CarePort has become a key component of the discharge process.

- Case managers share vetted and highquality preferred providers with patients while complying with Medicare patient choice and the IMPACT Act.
- Baystate delivers a richer patient experience at discharge that empowers the patient.
- Including information such as bed availability accelerates discharges, which will become increasingly important with ACO waiver patients in the emergency department (ED).



"CarePort is the first of its kind - it's really patient driven. The patient can picture themselves eating

in that dining room. They can picture themselves in that rehab facility.

In the ED, they have hours to do what we may have days to do in discharge planning [on the floor]. This maximizes their time — they won't even consider a facility if they don't see a bed available."

CHRISTINE SCIBELLI, RN

Manager, Case Management **Baystate Medical Center**



Learn more! Contact a CarePort® representative for more information.



