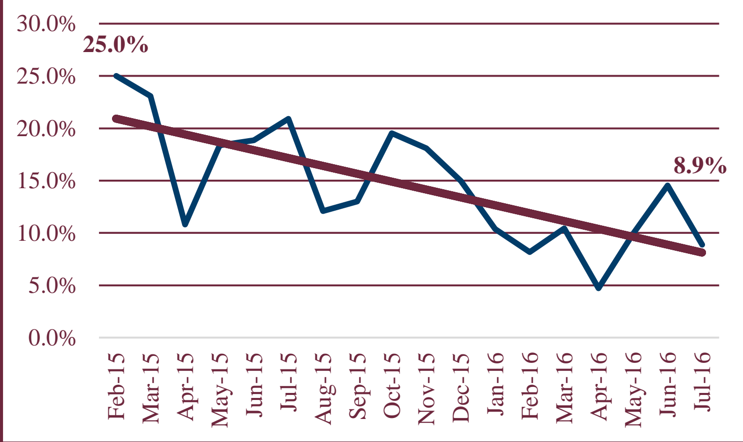
Maxim Transition Assist in Action:
Reducing Hospital Readmissions in Partnership with the University of Maryland St. Joseph Medical Center

In February 2015, Maxim Healthcare Services, Inc. began partnering with the University of Maryland St. Joseph Medical Center on a program to reduce preventable 30-day hospital readmissions in Maryland through our Maxim Transition Assist program. Borrowing from leading academic research, the partnership focuses on the psychosocial factors and medical complexities that reduce patients' engagement, adherence, and access to care leading patients to return to the hospital within 30 days of discharge. In July 2016, our agreement was renewed and expanded to include additional behavioral health components and referral sources.



Method

- *Technology Assessment*: Beginning early in a hospital stay, each incoming patient is assessed for their post-discharge readmission risk based on concurrent health issues, evidence of depression, caregiver availability presence, and mobility.
- *NP Assessment*: For patients deemed to be at high risk for readmission, the initial technology-based assessment is followed up by a more detailed in-person assessment conducted by a nurse practitioner at the patient's bedside, which then results in a personalized care plan for the patient.
- *RN Assessment*: Following patient discharge, a Maxim nurse visits each patient at home to validate the in-patient assessments, modify the care plan if necessary, and assess the patient's home environment.
- *CHW Introduction*: At this time, the patient is also introduced to a Maxim Community Health Worker (CHW), who will work with the patient for 30 days after the hospital discharge to execute the care plan by driving engagement, providing education, and coordinating care across pharmacies, primary care, specialty care, and other available community resources based on the patient's need and the care plan.

- **1,800+ NP Assessments**
- **1,100+ RN Assessments**
- **11,800+ CHW Hours**
- **18 Months of Results (Feb. 2015 to July 2016)**

Maryland Hospital Payments

Maryland's All-Payer Model modernization plan gives hospitals a unique incentive to prevent readmissions. The plan was developed with the Centers for Medicare and Medicaid Services (CMS) Innovation Center, approved in January 2014, and phases in over several years. Maryland operates under a 36-year old CMS waiver, exempting the state from the Inpatient Prospective Payment System and Outpatient Prospective Payment System rate-setting methods used by many other states. Under the waiver, Maryland can set rates for hospital services and all third-party payers pay the same rates. The modernization plan uses the existing system to explore whether an all-payer system for hospital payment that is accountable for the total hospital cost of care on a per capita basis is an effective model for advancing better care, better health and reduced costs as encouraged by the Affordable Care Act.

Community Health Workers

Front-line public health professionals who are trusted members of the community they serve. They provide essential services:

- **Patient Engagement & Activation**
- **Reinforce Health Education**
- **Care Coordination**
- **Psychosocial Support**
- **Community Empowerment & Barrier Mitigation**