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The Michigan Primary Care Transformation (MiPCT) Project

Transition of Care and Introduction to LACE tool

April 24, 2013

MiPCT Transition of Care and the LACE Tool

- Current state of Transition of Care intervention
  - MiPCT Care Manager feedback
  - MiPCT TOC workgroup
- Background of the LACE Tool
  - Evidence based
- Results of the MiPCT PDSA
  - test use of LACE Tool in ambulatory care
- Potential benefits of the LACE tool

Transition of Care Workgroup

- Participants

Karen Bennett	Jan Pund
Peg Jacobs	Barb Thomas
Carrie Coombs	Sue Viviano
Lynn King	Sue Vos
Joan Kirk	Anna Marie Wolf
Jane Kropf	Donna Mimikos
Diane McLeod	Kim Nuyen

- Initial meeting
  - What is your experience?
  - What has worked?
  - What has not worked?

MiPCT Transition of Care (TOC) Workgroup

- Areas identified to address
  - High Volume of TOC
    - Some care managers have high volume of patients discharged from the hospital
      - Not able to consistently call every patient within 24-48 hrs. post hospitalization
      - Challenge: balancing TOC, following up on new referrals, and managing caseload
  - Documentation
    - Week 2,3,4 follow up phone call - some care managers have developed a soap note documentation tool

Criteria used to identify a tool

- Evidence based tool to stratify patients at high risk for hospital re-admission
  - tool can be used in ambulatory care setting
  - Care Manager is able to collect the data elements for the tool by reviewing the patient's hospital discharge summary
  - ease of use, time to complete - supports efficiency

LACE Tool

- L - Length of hospital stay
- A - Acuity of admission
- C- Comorbidities
- E - Emergency Department visits

Background of LACE Tool

- LACE tool used in Canada, U.S.
- To date, has been used in the hospital setting
- Validated
- Used to stratify a patient's risk of hospital readmission
- Not a stand alone assessment tool

Results of PDSA of the LACE Tool

- LACE Tool
  - Is quick to complete
  - Accurately identifies MiPCT eligible patients at high risk for hospital readmission
    - Compared the care manager's "clinical judgement" to the LACE tool stratification of patients at high risk hospital readmission.
    - Findings: The LACE tool stratification matched the care managers assessment

LACE Tool

- LACE tool has been endorsed by the MiPCT Clinical Subcommittee
  - The use of the LACE tool is optional
- PO Leaders, Practice Leaders and MiPCT Care Managers can consider use of the LACE Tool
  - to prioritize MiPCT eligible TOC follow up phone visits

LACE tool – benefit for MiPCT Care Managers?

- Assists the Care Manager
  - Prioritize patients at high risk to ensure - same day TOC follow up; in conjunction with care manager/clinician judgment
  - Prompts focused discussion with patients on the areas that the extent/severity of the issue was not previously disclosed

LACE tool – Why consider using the tool?

- What is your MiPCT patient caseload?
  - If you have days with high volume of patients discharged from the hospital and you are having difficulty
    - incorporating new patient referrals
    - balancing a caseload of moderate and complex patients for the hybrid care managers
    - conducting follow up visits for patients currently enrolled
    - completing the follow up TOC phone calls within 24-48 hours

Questions?