



Transitions in Care

How to better ensure patients navigate the health system safely

Transitions in care are the most critical component in preventing quality and safety issues in health care. Whether a patient is moving around a hospital, transitioning from one type of care to another like going from a hospital to nursing home, or heading home under self-care — this internal or external hand-off is the time when more mistakes are made.

Orders might not be communicated properly. Patients might not receive the right medication or dosage. There can be a lack of treatment or delay in care.

Both the government and regulatory agencies have put improving transitions in care high on their radar screen, says Diane Nichols, manager II of Case Management & Support Services in HealthLink's Medical Management.

“It's important that we have processes in place so we're all speaking the same language and have the same understanding of what's happening with a patient and what we need to do to help them improve their health,” Nichols says.

What is case management and how does it improve care?

Whether they are self-insured or fully insured, employers have the option of purchasing case and/or disease management. The case managers are advocates for the members, managing patients that have significant conditions or multiple, complex conditions that show instability.

Case managers act as an advocate and educator for patients to ensure they are getting all of the treatment they're enabled to receive under their benefits. The case managers coordinate care by working with all of the different providers, such as hospital case managers, physicians, specialists, etc., to make sure care is being provided correctly and everyone is on the same page.

They can make sure patients — or their families — understand discharge orders, set up follow-up appointments and have a way to pick up new medications. Case managers also help with medication reconciliation — creating an accurate list of all medications a patient is taking, which is one of the biggest problems with transitions in care.

Not only does this kind of care coordination improve outcomes, it also keeps costs in check because patients are able to get better quicker, and back to work sooner. For example, a patient was supposed to have a dressing changed, but the home care agency scheduled to take care of it never showed up. This can cause a wound to become infected, which requires additional medication, and the person could end up being readmitted to the hospital. In this instance, the case manager intervened, preventing the care disruption and unnecessary complications from occurring.

Every time your recovery from an illness is disrupted and you become sicker and debilitated — especially when it's related to a medical error due to poor patient handoff — not only is it possible that you are ill longer but it also impacts your quality of life, and your ability to work and pay the bills.

How does case management work when switching from one health plan to another?

Most insurers have a continuity of care policy, which is related to the transition of care. If a health plan group is switching networks, the case manager can help ensure there's continuity of care for significant treatments. If a woman is in her third trimester of pregnancy, she'll be able to continue with her current doctor. If an employee receives chemotherapy or has a chronic disease like diabetes, then the case managers would work with him or her over a period of months to transition over to the new network with no negative effects.

Is there anything else employers can do to improve transitions in care, beside signing up for case or disease management?

Employers can help with ongoing communication to ensure their employees or union members are utilizing these services.

A lot of patients have great experiences navigating the complexity of the health care system with the help of their case manager. The employee can even take that feedback and share it with the health plan's members.

In today's health care environment when employers and members face increased costs, it's more important than ever to ensure members don't fall through the cracks of their prescribed treatment and prolong recovery time.

