

Lost In Transition: Challenges and Opportunities

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Where Does the Topic Belong?

- It's part of medical errors/patient safety, but the p.s. focus has been intra-institutional
- It's part of care coordination, but c.c. (e.g., disease management) has focused on longitudinal, mostly ambulatory care
- Transitions happen in “real time,” often with staff unfamiliar with the patient



Particular Challenges to High Quality Transition Care

- Patient
- Practitioner
- Health care institution
- Health information technology
- Performance measurement
- PAYMENT SYSTEMS
- Regulatory requirements and oversight



Why Payment is a Barrier

- Current payment approaches give little incentive for collaboration across sites of care, reinforcing “silos” of care
- Similarly, payment approaches exert no penalties to poor transitions
 - No reduced payment for readmissions
 - No CPT code captures the activities that foster a proper transfer/discharge



Regulatory Requirements Focus On Settings, Not Patients

- Different assessment instruments in different types of facilities, e.g., MDS for nursing home patients, OASIS for home health patients
- Accreditation and certification programs focus on structural elements of discharge planning within institution under review



Elements of a Change Agenda

Most important is the need to recognize that this is a unique domain of care that deserves its own research and policy focus, albeit connected to patient safety, quality and care coordination activities



A Change Agenda (cont.)

- Development of performance measurement, focused on process measures
- Improved regulatory oversight, emphasizing whether transitions were successful, using relevant performance measures
- New payment approaches, e.g., bundling, transition planning, pay for performance

