



## Improving Transitions of Care

“...identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system.”

<b>PROBLEM STATEMENT:</b>	
<p>Fragmented care, or limited, disorganized and noncontinuous care, can lead to worsening of chronic conditions, preventable readmissions and increased healthcare costs.<sup>i</sup> Care transitions are vulnerable time frames when accountability or responsibility for some aspect of a patient’s care is transferred between two or more health care entities or maintained over time. Transitional care interventions reduce hospital readmission, emergency department visits and reducing adverse events when implemented in the hospital.<sup>ii</sup> Hospitals in geographic areas with higher poverty rates and higher uninsured population implement less care coordination interventions,<sup>iii</sup> even though care coordination bridging reduces 30-day readmission rates.<sup>iv</sup> In addition, many care transitions occur outside the hospital or after discharge, and impact continuity of care. The National Transitions of Care Coalition (NTOCC) outlined the care transition bundle and seven essential intervention categories – alignment of protocols to address these categories across all care transitions could improve continuity of care for people with multiple and complex needs.</p>	
<b>DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):</b>	
<input checked="" type="checkbox"/> VARIATION IN CARE	<input type="checkbox"/> SAFETY CONCERNS
<input checked="" type="checkbox"/> HIGH COST AND POOR OUTCOMES	<input checked="" type="checkbox"/> EQUITY CONCERNS
<b>PROPOSED SCOPE:</b>	
<p>Scope: Review models of evidence-based components of care transitions (NTOCC Care Transition Bundle Seven Essential Intervention Categories); Payment methodology to improve coordination between care teams, and pay for care coordination role across settings          Outside scope: defining care coordination,</p>	
<b>EVIDENCE-BASED IMPACT STRATEGY:</b>	
<p><i>Clinicians/Care Teams:</i> standardize protocols for coordination of care during transitions referencing evidence-based transition models  <i>Delivery Systems:</i> Designate coordination duties for team members, Identify and track gaps in care delivery  <i>Plans:</i> utilize claims data to identify gaps in care, increase compensation for cognitive services in visits, incentivize communication between providers</p>	
<b>AVAILABLE DATA FOR MONITORING AND EVALUATION:</b>	
Hospital Claims data – readmissions, ED visits; Patient satisfaction, Care Coordination Quality Measures for Primary care	
<b>POTENTIAL PARTNERS:</b>	
WSHA, Comagine, ACHs, local health jurisdictions, DSHS?	
<b>HOW COULD THE BREE UNIQUELY IMPACT THE HEALTH OF WASHINGTONIANS</b>	
The Bree Collaborative could uplift common standards of transitions of care for Washington State pulling from existing resources to facilitate independent coverage of and incentivize coordination activities.	

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<sup>i</sup> Joo JY. Fragmented care and chronic illness patient outcomes: A systematic review. *Nurs Open*. 2023 Jun;10(6):3460-3473. doi: 10.1002/nop2.1607. Epub 2023 Jan 9. PMID: 36622952; PMCID: PMC10170908.

<sup>ii</sup> Tyler N, Hodkinson A, Planner C, et al. Transitional Care Interventions From Hospital to Community to Reduce Health Care Use and Improve Patient Outcomes: A Systematic Review and Network Meta-Analysis. *JAMA Netw Open*. 2023;6(11):e2344825. doi:10.1001/jamanetworkopen.2023.44825

<sup>iii</sup> Chen J, DuGoff EH, Novak P, Wang MQ. Variation of hospital-based adoption of care coordination services by community-level social determinants of health. *Health Care Manage Rev*. 2020 Oct/Dec;45(4):332-341. doi: 10.1097/HMR.000000000000232. PMID: 30489339; PMCID: PMC6536363.

<sup>iv</sup> Effects of Different Transitional Care Strategies on Outcomes after Hospital Discharge—Trust Matters, Too Li, Jing et al. *Joint Commission Journal on Quality and Patient Safety*, Volume 48, Issue 1, 40 - 52