

Practices can take steps to improve care transitions

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(HealthDay)—Implementation of a rigorous process can improve transitions of care, according to an article published March 10 in *Medical Economics*.

The author of the article, Elizabeth W. Woodcock, M.B.A., notes that the most frequent failings in the transition of care between settings or providers are poor communication, insufficient engagement by [patients](#) and caregivers, and failure of the medical community to demand and designate strict accountability for managing the transition.

Woodcock suggests seven steps a practice can take to improve transitions for its patients: (1) formalize inbound patient referrals, including using an electronic consult form and a timeline to process the data; (2) concentrate on logistics of external referrals, including providing requested information and what information the practice

wants back regarding the patient's conditions and treatment; (3) file for payment for the transition of care using two new Current Procedural Terminology codes; (4) collaborate with other [health care providers](#) to find common goals; (5) improve performance, including particularly hospital readmissions; (6) identify prevention strategy opportunities; and (7) contemplate participation in a patient-centered medical home.

"Ideally, a care transition is a value-based, patient-centric event that does not disrupt the continuity of care," Woodcock writes.

More information: [More Information](#)

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