NATIONAL TRANSITIONS OF CARE COALITION

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IMPACT NEWSLETTER

NTOCC's 2009 Goals . . . A Convergence of Foundational Work

The National Transitions of Care Coalition Advisory Task Force was developed in late 2006. Groundwork for improving transitions in care was laid with approval of our Concept Paper in 2008. Tools began to roll out in 2008, and in 2009, these prior elements will converge with a focus on improving communication during transitions between patients, caregivers, and providers.

George Bernard Shaw, Nobel Prize Laureate noted that, "The problem with communication ... is the illusion that it has been accomplished." This edition of IMPACT highlights NTOCC's goals to remove illusion(s) and improve outcomes in the transitions of care in our health care system.

The year 2009 looks to be a challenging and interesting one as NTOCC moves forward.

DC Visit Promotes Safe Transitions of Care

by Margaret (Peggy) Leonard, MS, RN-BC, FNP; President Elect, Case Management Society of America; Member, NTOCC Policy & Advocacy Work Group; Senior Vice President Hudson Healthcare

On April 28, a large delegation of the Case Management Society of America's Board of Directors, Public Policy Committee and grass roots Legislator Liaisons gathered in Washington, D.C., for their third annual Public Policy Day.

CMSA, through its association of over 11,500 members, 73 chapters and 11,000 subscribers strives to positively impact and improve the health outcomes and well-being of consumers by educating physicians, providers, pharmacists, payers, legislators and regulators, and other health care participants about improved patient outcomes through the services provided by case managers.

The day began with an informational meeting hosted by Betsy Clark, Executive Director of the National Association of Social Workers, and guest speaker Mark Coin, Director of Government Affairs for sanofi-aventis.

Coin gave an overview of the political landscape surrounding health care reform and some of the opportunities for case managers and care coordinators presented in President Obama's stimulus package. Margaret Leonard, Chair of the CMSA PPC, outlined strategies to the group of 30 plus attendees for educating legislators about safe transitions of care.

The message included information about CMSA; who case managers are and how they contribute to the safe, quality, cost-effective delivery of care to all through the CMSA Standards of Care; the need to standardize interstate nurse licensure and align payment incentives for care coordination services; and the promotion of smooth transitions of care. To this point, these CMSA senior leaders met with over 70 legislators and their staff to discuss NTOCC's work.

Made up of over 30 diverse organizations representing more than 200,000 health care experts, 11,000 employers and 30 million consumers, NTOCC's members are dedicated to educating legislators about NTOCC and its mission to improve transitions in care. Medical history, medication lists, and discharge communication are examples of error-prone areas in a transition which can negatively impact patient safety and care.

CMSA members shared that NTOCC is working to promote the following considerations:

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About the National Transitions of Care Coalition

The National Transitions of Care Coalition (NTOCC) was formed in 2006 bringing together thought leaders, patient advocates, and health care providers from various care settings dedicated to improving the quality of care coordination and communication when patients are transferred from one level of care to another. Transitions in care include a patient moving from primary care to specialty physicians; within the hospital it would include patients moving from the emergency department to various departments, such as surgery or intensive care; or when patients are discharged from the hospital and go home, into an assisted living arrangements or into a skilled nursing facility. NTOCC is comprised of a diverse group of national associations and organizations addressing the critical issues surrounding transitions of care. NTOCC views transitions of care as a major challenge to health care delivery and realizes it can only be solved by breaking down the silos and barriers between different health care settings and working collaboratively for the good of the patient. Whether you are a patient, care giver, health care professional, policy maker or media representative, NTOCC can provide you with information and tools to better understand, and improve, transitions of care challenges.

NTOCC is chaired and coordinated by CMSA in partnership with sanofi-aventis, U.S.

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IMPACT EDITOR: Debbie White, NTOCC Project Coordinator, dwhite@acminet.com

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NTOCC CONSIDERATIONS

- Improve communication during transitions between providers, patients and caregivers
- Implement electronic medical records that include standardized medication reconciliation elements
- Establish points of accountability for sending and receiving care, particularly for Hospitalists, SNF Physicians, Primary Care Providers and Specialists
- Increase the use of case Management and professional care coordination
- Expand the role of pharmacists in transitions of care
- Implement payment systems that align incentives
- Development of performance measures to encourage better transitions of care

Care coordination is a much discussed issue on Capitol Hill as the new administration works toward a health care reform plan. The CMSA Public Policy Day is just one aspect of CMSA's year round, multi-faceted strategic plan to move CMSA's agenda forward and support the work of The National Transitions of Care Coalition.

COMMUNICATION: A Key Strategy for Effective Transitions of Care

by Hussein A. Tahan, DNSc, RN, CAN, Executive Director, Internal Health Services, New York-Presbyterian Hospital; Member, NTOCC Measures Work Group

The NTOCC Care Coordination Hub

It is virtually unlikely that an individual accesses and exits an episode of care without experiencing one or more transition of care activities. If these activities were not managed properly, patients would experience poor outcomes and untoward events.

Communication during transitions of care (TsOC) is critical. Inadequate or absent exchange of information among the parties involved, regardless of site(s) of care, results in preventable medical errors, some of which can be fatal.

The Measures Work Group of the National Transitions of Care Coalition recently developed a white paper addressing TsOC measures. The work group found that the literature reviewed lacked a framework that describes what constitutes TsOC. The work group developed a conceptual model for TsOC (see Figure) based on consensus of the participating experts.

The work group would then use this model to determine how best to measure TsOC and their consequences. No surprise, the work group identified communication as the main driver for effective TsOC and, therefore, a central focus of the conceptual model. Key elements of this model are described below.

Sender: The health care professional who is accountable for the exchange of key information necessary for ensuring continuity of care and the safe transition of a patient to the next care setting or provider.

Receiver: The health care professional who is accountable for the receipt of the key information shared by the Sender about the patient undergoing transition. This individual, usually present at the next care setting or is the next provider of care, applies own judgment regarding how best to use this information and act upon it.

Key Information: Critical medical and health-related information when available in a clear, complete and timely manner allows health care professionals to ensure safe and effective TsOC. Examples include medical history, medications list, discharge summary and results of tests/procedures.

Act Upon: Obligations and tasks the Receiver of the key information executes to maintain continuity of care and services for the patient affected by the transition. Timing of these activities is critical to ensuring safe transitions. Examples may include changing an intravenous medication to its oral form, testing a patient's Digoxin level after initiating treatment, and documentation of the TOC activity.

Verify: A necessary action assumed by the Sender to ensure that the key information sent has been appropriately received and acknowledged by the health care professional intended to receive it.

Clarify: A necessary action assumed by the Receiver to ensure that the information was clear and if concerns were present the Receiver would pose appropriate questions to the Sender and obtain relevant answers.

Care Coordination Hub: The context in which TsOC activities occur and are managed. The central focus of this "hub" is timely, complete, accurate and effective communication among the health care providers, the patient and family, and across the care settings involved in a patient's transition. In addition, the primary aim of this care coordination hub is patient's safety. Case managers tend to be key participants in this hub.

Two other integral components of the TsOC conceptual model are accountability of the health care providers and active engagement by patients/families. Health care providers responsible for ensuring effective and safe TsOC must be clearly identified and demonstrate ownership and accountability in their roles as Senders and Receivers of the key information while they execute their roles.

As for patients and their families, instead of being passive recipients of health care services, in this model they are encouraged to actively participate in making decisions regarding treatment options and the settings where care can be best provided. The Senders and Receivers are also expected to educate the patient and family about the necessary TsOC activities, answer their questions, relieve their anxieties, and facilitate their participation in care.

The work group believes that implementation of the TsOC conceptual model, with special emphasis on communication, will facilitate safe transitions. The model can also be used to develop measures for TsOC.

For more information on this model and the measures, visit NTOCC's website at www.ntocc.org.

ABOUT THE AUTHOR

Mr. Tahan has over 20 years of knowledge and experience working with patients, hospital administrators, nursing and case manager staff, quality/customer satisfaction consulting, redesigning of patient care delivery systems and developing new programs/services to improve patient care. Hussein's research in the field of case management and care coordination, mainly in the areas of service delivery provided valuable insight as the NTOCC Measures Work Group defined the elements needed in a successful care coordination hub.