

IMPACT NEWSLETTER

THERE HAS TO BE A BETTER WAY



History documents many improvements in health care that started with “small” advances.

James LeVoy Sorenson, born in Rexburg, Idaho, in 1921 grew up in California during the worst years of the Great Depression. He was a child slow of speech and dyslexic. His first grade teacher told his mother he was mentally deficient and would probably

never be able to read.

If you’ve ever used a paper surgical mask or modern intravenous catheter, you can thank Mr. Sorenson for his observation and determination.

As a young pharmaceutical salesman, he closely observed health care delivery problems routinely encountered by physicians and began to ask himself, “Isn’t there a better way? There’s got to be a better way!”

This simple, persistent inquiry drove his creative problem-solving and led to the invention and development of breakthrough health care devices that helped pioneer today’s biotechnology industry.

As the Patient Protection and Affordable Care Act was under construction and then was signed into law, it presented a new “platform” due to extensive media coverage and congressional debate which NTOCC seized upon to heighten the importance of good transitions of care. Language was included in the Act that calls for improvements in transition of care and care coordination.

This small amount of verbiage will translate into implementation of extremely valuable elements, such as improved care plans, accountable communication of information, and more consistent education for patients and family caregivers.

One of the “smallest” advances occurred in an NTOCC Measures Work Group teleconference. A Work Group member thought, “Isn’t there a better way? There’s got to be a better way,” and voiced the recommendation that a heading within a document be changed from “Discharge Planning” to “Transitional Planning,” resulting in excited health care professionals chiming in agreement in quick succession.

NTOCC sincerely hopes this is a breakthrough of sorts with “big” potential, transforming the way patients and family caregivers, along with their health care providers, manage a “transition of care.”

2010 NTOCC TOOL DEVELOPMENT

◆ Compendium of Evidence & Essential Elements Crosswalk

A helpful searchable database of 280 published evidence-based articles on various transitions of care models. Accompanying the compendium is a bundle of seven transitions of care essential elements.

◆ Health Information Technology White Paper

This paper includes information to support safer transitions of care in the information technology environment in an actionable manner.

The NTOCC HIT Work Group collaborated with the NTOCC Measures Work Group to address the importance of outcomes and the ability to measure the quality of transitions of care, inclusion of the patients and family caregiver roles, expectations, trust, functionality, infrastructure and standardized data element, timeliness of communi-

cation, accountability, system monitoring, increasing use of case managers and pharmacists roles and work flow.

◆ Patient Bill of Rights on Transitions of Care

The purpose of this tool is to inform patients and family caregivers of their rights during transitions of care and was developed in collaboration with the National Association of Social Workers and the National Family Caregivers Association.

Extensive research was taken into consideration and developed into a document containing easy-to-understand and specific transitions of care language.

It includes information regarding potential risks and benefits, designation of a decision maker, knowing associated cost, spiritual needs, options for care and services tailored for personal circumstances, inclusion into the care tran-

sition plan, communication with the care transition team, next steps and privacy.

◆ Key Findings of the “Vision of the National Transitions of Care Coalition”

This is an addendum to the NTOCC Concept Paper containing updated information and references in regard to key areas of The Affordable Care Act.

Included are these “briefing-sized” topics: *Health and Economic Costs of Poor Transitions of Care, Consensus on the Need to Reform, Improving Transitional Communications, Medication Reconciliation through Electronic Health Records* and an *Expanded Role for Pharmacists, Points of Accountability, Case Management and Care Coordination, Payment Systems Incentives and Performance Measures*.

All tools will be available in second quarter of 2011 on www.ntocc.org.

Dear NTOCC Coalition Member:



I want to take this opportunity to thank each of you for your continued support of the National Transitions of Care Coalition (NTOCC). Our community today is over 2,500 health care stakeholders committed

to improving transitions of care for patients and their family caregivers.

At the close of 2010, we look to the new year. NTOCC will continue to bring new tools and resources to the website for health care professionals and consumers to utilize in shared decision making. As providers, consumers, family caregivers, legislators and media stakeholders, we know that providing better transitions across the continuum is improving patient safety, quality of care, and communication and reducing preventable readmissions.

I want to thank the NTOCC Advisory Task Force for their strategic leadership and our funding partner sanofi-aventis U.S. for their continued support.

Here's wishing each of you a Happy New Year. I look forward to working with all of you in 2011.

Best Wishes,

Cheri Lattimer

Cheri Lattimer, RN, BSN
NTOCC Director, CMSA Executive Director

2010's Most requested tool now under development

By H. Edward Davidson, PharmD, MPH

Over the last two years, NTOCC undertook development of a series of quality improvement initiatives aimed at providing institutions with examples of how to improve transitions of care.

These documents were developed under the framework of an evaluation and were intended to provide examples of evaluation plans that health care providers and institutions could use to establish their own best method of providing good transitions of care.

Three transition of care scenarios were provided:

- ◆ Nursing home to hospital
- ◆ Hospital to home
- ◆ Emergency department to home

These evaluation plans became immensely popular.

In the midst of interest in the plan documents, institutions began to express frustration with documenting their own evaluation efforts and the ability to demonstrate intervention value.

In order for institutions to substantiate cost savings, patient-care improvement, and patient satisfaction, NTOCC will oversee development of a web-based toolkit. This will assist institutions in the evaluation, design, data management, analysis, and presentation of results and will bring the evaluation tools already developed and in use, "full circle."

This toolkit will facilitate and include:

- Data entry
- Data analysis
- Report generation in a web-driven application



- Easy input and visualization of data, collectively, and on demand
- Ability for users, e.g., individual health care providers or hospital to access the application, communicate data and manipulate their account quickly and easily from virtually anywhere
- Will be secure member access to the application via the internet
- Will be a repository database stored on NTOCC's servers

This tool will provide NTOCC the ability to catalog and quantify how NTOCC tools and resources are being used to improve transitions of care. NTOCC will also have the opportunity to aggregate data that shows the types of successes

NTOCC tools offer the community. This is one step further in NTOCC's support of the health care community and its commitment to providing useful tools and resources to individuals and institutions interested in improving transitions of care.

Stay tuned for release of this tool on www.ntocc.org in the summer of 2011!

Dr. Davidson is Assistant Professor of Clinical Internal Medicine, Eastern VA Medical School and a partner in Insight Therapeutics, LLC. He serves on several NTOCC committees, including the Advisory Task Force, Tools and Resources Work Group, and HIT Work Group.

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

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

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.