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WHITE PAPER

From Hospital to Home and All Points in Between

The Importance of Transition of Care Planning in Driving the Best Possible Outcomes

You Can't Do

EVERYTHING

Our Case Managers Can

FROM SIMPLE TO COMPLEX,
WE'VE GOT YOU COVERED

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Transition of care planning is a crucial component of healthcare that facilitates a patient's successful recovery after hospitalization.

In the context of workers' compensation, understanding and addressing the social determinants of health (SDoH) that may complicate recovery is particularly important. This paper explores how transition of care planning is one mechanism to uncover potential SDoH that may affect recovery post-hospitalization for injured employees. Additionally, the advantages of transition of care planning are discussed, and recommendations for when it should be initiated are provided.

What is Transition of Care Planning?

Transition of care planning refers to the process of ensuring continuity and coordination of care for patients as they move between different healthcare settings, providers, or home[1]. A successful transition of care can significantly impact a patient's recovery and reduce the risk of complications or readmission. Readmissions in the first 30 days after hospital discharge are common, and approximately 27% of adult 30-day readmissions are estimated to be preventable[2]. Factors associated with hospital readmissions include medical complexity[3], clinical comorbidities[4], and social determinants of health[5]. In the context of workers' compensation, timely recovery and return to work are crucial, making the identification and addressing of SDoH particularly important.

1 in 5

readmissions after surgery are potentially preventable and account for nearly $300 million in costs.

Uncovering Social Determinants of Health through Transition of Care Planning

Comprehensive transition of care planning involves evaluating an injured employee's health status, needs, and preferences, as well as identifying potential barriers to recovery[6]. This assessment enables case managers (and others) to develop a tailored care plan that addresses potential SDoH, such as:

Home Environment

The home environment refers to the physical, social, and psychological aspects of a person's living space. It plays a crucial role in determining an injured employee's overall health and well-being. A supportive and safe home environment can contribute to better health outcomes, while an unhealthy or unsafe home environment can have adverse effects on physical and mental health. Factors such as air quality, access to clean water, sanitation, safety, and housing stability all contribute to the home environment's impact on health. A lack of stable housing can hinder an injured employee's ability to adhere to their treatment plan, access follow-up care or maintain a healthy living environment.

Food Insecurity

Limited access to nutritious food can negatively impact an injured employee's ability to recover from illness and injury, manage chronic conditions and maintain overall health.

Financial Instability

Financial stressors, such as loss of income or increased medical expenses, can negatively impact an injured employee's mental health and delay recovery.

Access to Appropriate Care

Limited access to specialized care, rehabilitation services, or workplace accommodations can prolong the recovery process and hinder an injured employee's ability to return to work[7].

Transportation Barriers

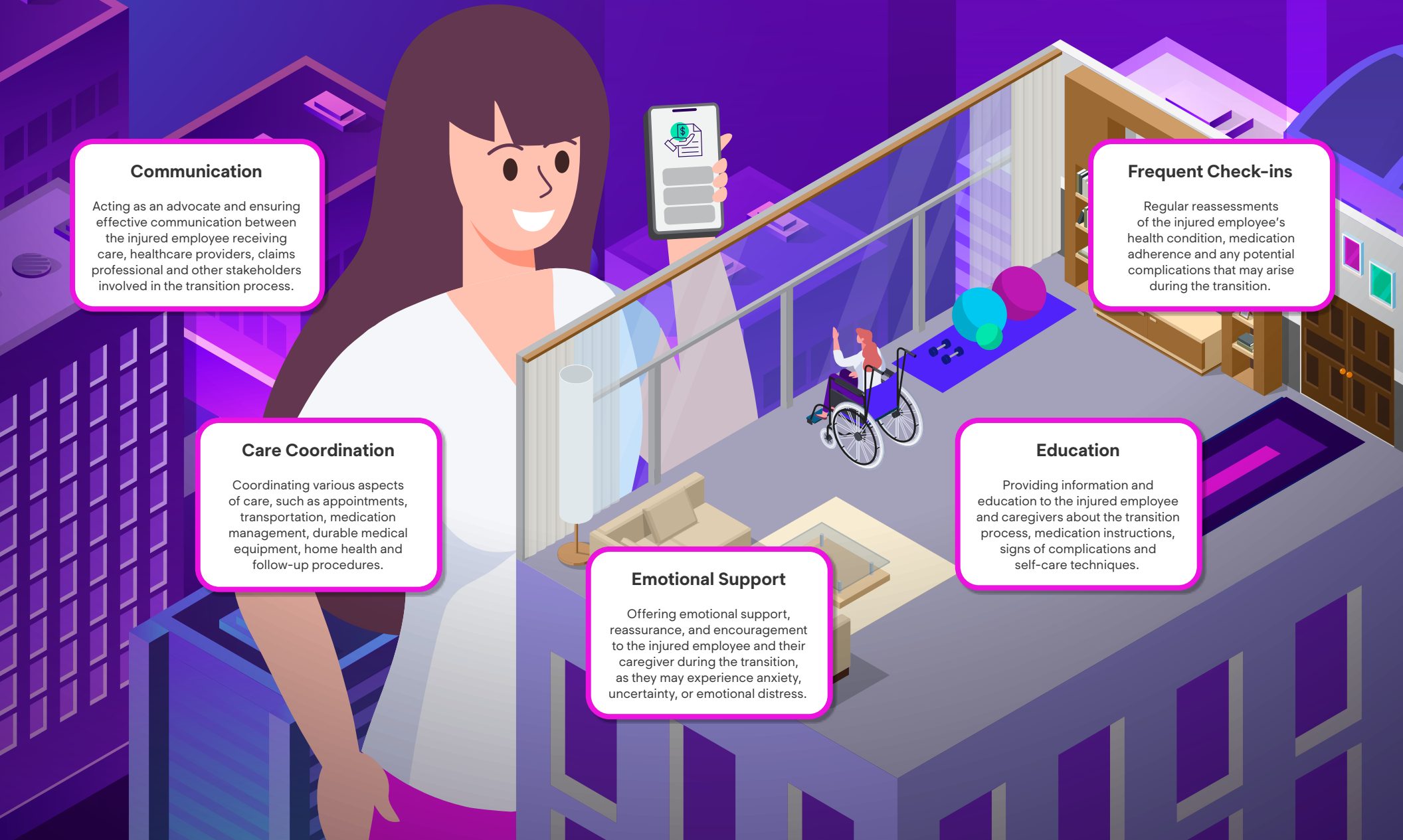
Limited access to reliable transportation can impede an injured employee's ability to attend follow-up appointments, access healthcare services and obtain necessary medications.

Workplace Environment

A work environment with inadequate safety measures, high physical demands or psychosocial stressors can hinder an injured employee's ability to return to work and increase the risk of reinjury or chronic disability[8].

Social Support

A lack of social support from family, friends or colleagues can exacerbate the psychological burden of recovery and impact a patient's adherence to their treatment plan[9]. Social support often necessitates a designated caregiver. The specific duties of a caregiver during the transition of care may vary depending on the individual's needs, the complexity of the transition and the healthcare setting involved. Having an experienced case manager engaged allows the caregiver to focus on emotional support while the case manager ensures a seamless and safe transition of care. In the context of transition of care, the case manager is responsible for:



Communication

Acting as an advocate and ensuring effective communication between the injured employee receiving care, healthcare providers, claims professional and other stakeholders involved in the transition process.

Frequent Check-ins

Regular reassessments of the injured employee's health condition, medication adherence and any potential complications that may arise during the transition.

Care Coordination

Coordinating various aspects of care, such as appointments, transportation, medication management, durable medical equipment, home health and follow-up procedures.

Education

Providing information and education to the injured employee and caregivers about the transition process, medication instructions, signs of complications and self-care techniques.

Emotional Support

Offering emotional support, reassurance, and encouragement to the injured employee and their caregiver during the transition, as they may experience anxiety, uncertainty, or emotional distress.

The average cost of hospital readmissions is over

$15,000

Advantages of Transition of Care Planning

Transition of care planning offers several advantages for injured employees, healthcare providers and payers, including:

1. **Improved Recovery Outcomes:** Identifying and addressing potential SDoH can enhance recovery, reduce complications, and expedite return to work[10].
2. **Patient-Centered Care:** Transition of care planning prioritizes the injured employee's needs, preferences, and values, promoting their engagement and satisfaction with care[11].
3. **Enhanced Coordination and Communication:** Transition of care planning fosters collaboration among healthcare providers, case managers, injured employees, employers, and payers ensuring that relevant information is shared, and care is coordinated effectively[12].
4. **Cost-Effectiveness:** By reducing readmissions and complications, transition of care planning can lead to cost savings for payers[13]. Numerous studies have been conducted analyzing readmission rates within 30 days post discharge and one study revealed that the overall 30-day readmission rate across all orthopedics was 5.4 percent[14]. Preventative measures such as prophylactic antibiotics, early mobilization, adequate pain management, patient education and careful postoperative follow-up can help reduce the risk of these complications and readmissions.

80% of serious medical errors involve miscommunication during transfer of patents

Initiation of Transition of Care Planning

To maximize its effectiveness, transition of care planning should be initiated early in the hospitalization process[15] or before pre-hospitalization or surgery. Early engagement of a case manager creates an opportunity to identify potential SDoH, develop a comprehensive care plan and engage injured employees and their caregivers in the transition process. Moreover, involving injured employees and caregivers in the early planning process can foster their understanding, satisfaction, and adherence to the care plan[16]. Comprehensive transition of care planning is a critical component of the catastrophic case management process; but may often be overlooked on lower severity claims. Given the potential cost of complications and readmissions, consider at a minimum the assignment of a case manager during the surgical episode as a preventative measure.

Healthcare providers, case managers, employers and payers should prioritize the implementation of evidence-based transition of care interventions to enhance injured employees' outcomes and ensure a successful recovery. Some practical implications include:

1. Training claims professionals to recognize the need for case management to facilitate effective transition of care planning, including the identification of SDoH and the development of tailored care plans for injured employees.
2. Encourage a multidisciplinary approach to transition of care planning that involves collaboration among healthcare providers, case managers, employers, payers, and other relevant stakeholders. This approach can help ensure a comprehensive understanding of each injured employee's unique needs and facilitate the development of tailored care plans.
3. Engaging injured employees and their caregivers in the transition of care planning process, ensuring that their needs, preferences, and values are taken into consideration.
4. Educating injured employees and their caregivers on their diagnosis and treatment plan including surgery, what to expect post-operatively, medication adherence and the impact comorbid conditions can have on recovery can help them make informed decisions and be better prepared for transition of care.
5. Collaborating with employers to address identified SDoH, such as workplace accommodations and support services.

Postoperative complications can lead to readmissions following orthopedic surgery. The most common complications include:

- Surgical site infections
- Deep vein thrombosis
- Complications from anesthesia
- Post-operative pain
- Prosthetic complications in joint replacements
- Fracture around implants
- Bleeding or hematoma formation
- Issues related to comorbid conditions
- Non-compliance with postoperative care instructions or rehabilitation

In conclusion, thorough transition of care planning can have a significant impact on injured employees' recovery outcomes and overall well-being.

By addressing SDoH and promoting care coordination, healthcare providers, case managers, employers and payers can work together to create an environment that supports the health and safety of injured employees. As the evidence supporting the effectiveness of transition of care planning continues to grow, it is essential that stakeholders remain committed to implementing these practices and refining them to better serve the needs of and improve the health and wellbeing of the injured employee. Timely engagement of case management resources for proper transitions of care planning can improve your claim outcomes and streamline the claims process on complex claims, so ensure you are planning ahead to avoid unnecessary costs and complications.

References

[1]Naylor, M. D., Hirschman, K. B., Toles, M. P., Jarrín, O. F., Shaid, E., & Pauly, M. V. (2020). Adaptations of the evidence-based Transitional Care Model in the U.S. Social Science & Medicine, 246, 112735

[2]Auerbach AD, Kripalani S, Vasilevskis EE, et al. Preventability and causes of readmissions in a national cohort of general medicine patients. JAMA Intern Med. 2016;176(4):484-493. doi:10.1001/jamainternmed.2015.7863ArticlePubMedGoogle ScholarCrossref

[3]Hannan EL, Racz MJ, Walford G, et al. Predictors of readmission for complications of coronary artery bypass graft surgery. JAMA. 2003;290(6):773-780. doi: 10.1001/jama.290.6.773

[4]Calvillo-King L, Arnold D, Eubank KJ, et al. Impact of social factors on risk of readmission or mortality in pneumonia and heart failure: systematic review. J Gen Intern Med. 2013;28(2):269-282. doi:10.1007/s11606-012-2235-xPubMedGoogle ScholarCrossref

[5]Goldfield NI, McCullough EC, Hughes JS, et al. Identifying potentially preventable readmissions. Health Care Finance Rev. 2008;30(1):75-91

[6]Naylor, M. D., Hirschman, K. B., Toles, M. P., Jarrín, O. F., Shaid, E., & Pauly, M. V. (2020). Adaptations of the evidence-based Transitional Care Model in the U.S. Social Science & Medicine, 246, 112735

[7]Hoskins, S., Wasiak, R., & Swannell, M. (2022). Barriers and facilitators to return to work following injury: A qualitative study of injured workers and their case managers. Work, 71(2), 307-316.

[8]Schulte, P. A., Pana-Cryan, R., & Schnorr, T. (2022). Total worker health®: A framework for integrating occupational safety and health with health promotion. American Journal of Public Health, 112(1), 37-47

[9]Sundstrup, E., Jakobsen, M. D., Brandt, M., Jay, K., & Aagaard, P. (2021). The role of social support in rehabilitation among patients with musculoskeletal disorders: A systematic review and meta-analysis. Disability and Rehabilitation, 43(24), 3403-3414.

[10]Naylor, M. D., Hirschman, K. B., Toles, M. P., Jarrín, O. F., Shaid, E., & Pauly, M. V. (2020). Adaptations of the evidence-based Transitional Care Model in the U.S. Social Science & Medicine, 246, 112735

[11]Kuluski, K., Peckham, A., & Williams, A. P. (2021). Supporting care transitions for complex patients: A scoping review. BMC Health Services Research, 21(1), 1039

[12]Brewer, K., Smith, K., & Piantanida, N. (2021). Improving care transitions for injured workers: A case study. Journal of Occupational Rehabilitation, 31(3), 357-366.

[13]Naylor, M. D., Hirschman, K. B., Toles, M. P., Jarrín, O. F., Shaid, E., & Pauly, M. V. (2020). Adaptations of the evidence-based Transitional Care Model in the U.S. Social Science & Medicine, 246, 112735

[14]Bernatz, James T., Tueting, Jonathan l, Anderson, Paul A. (2015). Thirty-Day Readmission Rates in Orthopedics: A Systematic Review and Meta-Analysis. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0123593

[15]Naylor, M. D., Hirschman, K. B., Toles, M. P., Jarrín, O. F., Shaid, E., & Pauly, M. V. (2020). Adaptations of the evidence-based Transitional Care Model in the U.S. Social Science & Medicine, 246, 112735

[16]Kuluski, K., Peckham, A., & Williams, A. P. (2021). Supporting care transitions for complex patients: A scoping review. BMC Health Services Research, 21(1), 1039

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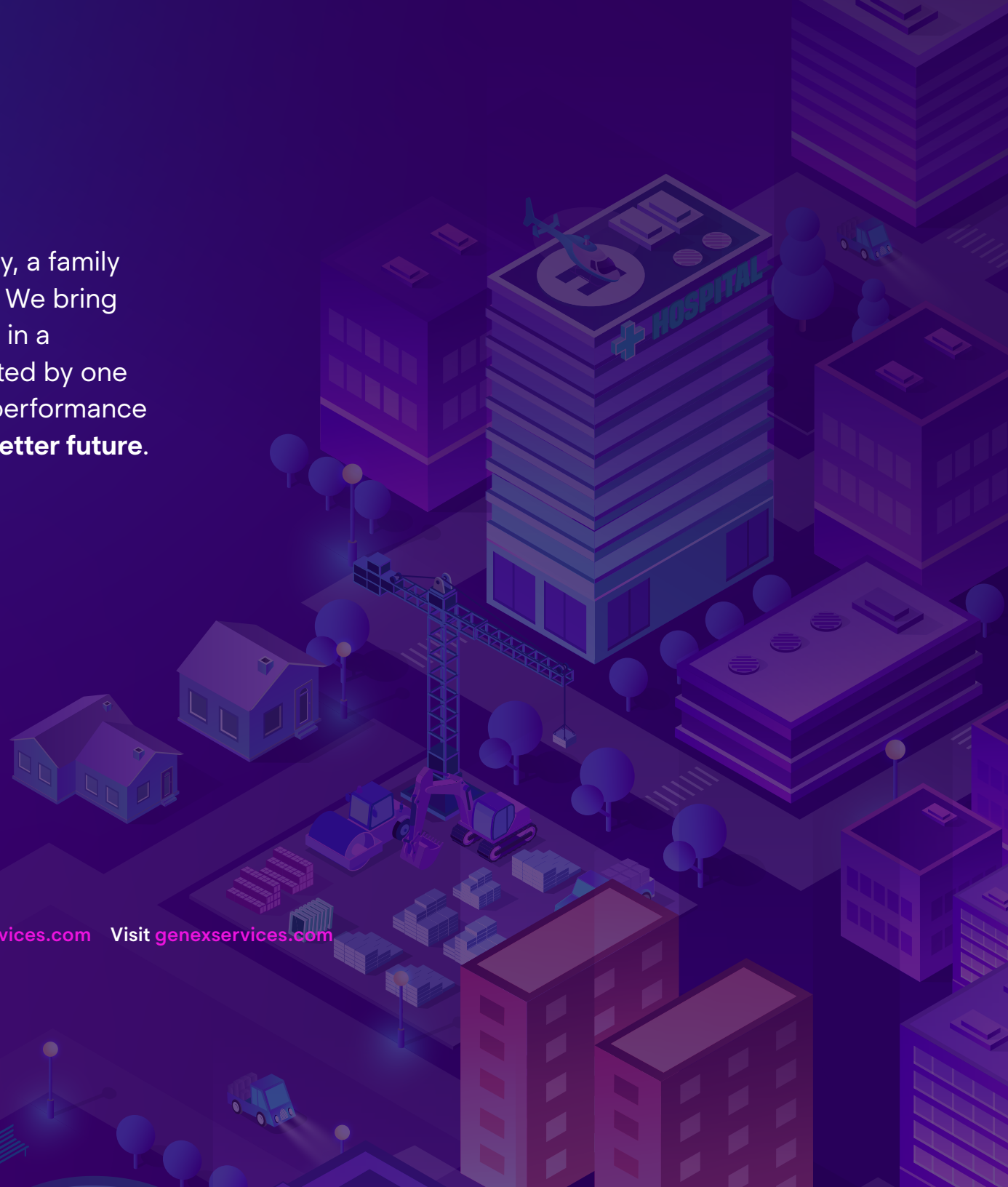

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