3 best practices for success in Transitional Care Management

Aledade

Patient care doesn't end in the hospital. Post-discharge recovery plays a crucial role in maintaining patient wellbeing, preventing hospital readmissions and minimizing health care costs.

Transitional Care Management (TCM), an essential part of helping patients recover after hospital visits, does so through efforts including coordinated patient outreach, follow-up medical services and care gap identification. TCM, when successfully implemented, can result in lower readmission rates and improved patient health and satisfaction. TCM best practices include:

- Embracing vulnerable patients as quickly as possible after an escalation in care
- Employing post-discharge workflows to engage patients with primary care resources to prevent readmissions
- Prioritizing Emergency Department (ED) follow-up to call patients immediately after a visit to address health needs, coordinate care and identify barriers to care

While TCM workflows can be time-consuming for clinicians, **population health tools like the Aledade App** integrate patient data to make this process easier and more efficient. The App allows clinicians to identify care gaps, chronic conditions, hospital events and quickly view and follow up with patients who recently visited the ED.

Enhance your patient outreach with the Aledade App: aledade.com/our-solutions/

How can TCM benefit your organization?

$14k*

Average ACO savings generated by each prevented readmission

$2,713*

Average ACO savings generated by each prevented ED visit

"Since joining Aledade, we've been able to identify who's coming out of the hospital and get them into the office...to take that sick patient and really put our arms around them to make sure they're getting the care they need."

Andrew Pieleck, D.O., FAOASM, FACOFP, owner and physician, Access HealthCare Multi-Specialty Group (AHMG)

Data based on performance of Aledade ACOs. Shared savings not guaranteed.

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