EXECUTIVE SUMMARY

For accountable care organization (ACO) arrangements to succeed, healthcare organizations need good working relationships and continual communication.

- Organizations should be transparent with data and outcomes.
- They need to embrace innovation, learning new ways to do things.
- In building relationships, it’s wise to survey stakeholders to learn what they think and need.
network, it’s possible to ensure a good handoff and transition of care throughout the care continuum, she says.

“In the nursing home, we have weekly meetings to review cases, including the home health agency and Innovation Care partners,” Vanaskie says. “They make sure everybody is talking and there’s good collaboration.”

Handoffs focus on providing patient education, pre-visits to the patient’s home, and therapy. The goal is to reduce the patient’s stay in the nursing home.

**Transitional care managers are communication conduits.** Independent case managers develop care plans, while the transitional care manager shares information about the plan, ensuring safety in care transition.

The transitional care manager’s role is to communicate with community providers, keeping them updated on what is happening in the hospital with their patients, Vanaskie explains.

“So, the transitional care manager has a lot of information to give the inpatient case manager that she might never have known without our ability to communicate with the primary care provider,” she says. “The transitional care manager is the communication conduit between the hospital and outpatient care.”

Transitional care managers also visit with patients, meet their families, and stay in contact after patients are transferred to post-acute care. They also contact the primary care provider office and conduct home visits. They’ll stay closely in touch with patients for 30 days, but are available for patients to contact after that, as well, she says. ■