

Transitions of Care

Patient Engagement After Discharge and Medication Reconciliation Post-Discharge Best Practices

We recently shared components of the [Transitions of Care \(TRC\)](#) Healthcare Effectiveness Data and Information Set (HEDIS^{®1}) quality care measure. As we continue to work towards achieving excellence in patient care and supporting the TRC HEDIS measure, we would like to emphasize the best practices for each area below:



Patient Engagement After Discharge: Office, Home, or Telehealth Visit

- Schedule a follow-up visit after hospitalization.
- Document patient engagement within 30 days of discharge from the hospital.

Note: A visit with the patient on the day of discharge does not qualify as patient engagement within 30 days of the discharge.



Medication Reconciliation Post-Discharge

- Documentation in the outpatient medical record must include evidence of medication reconciliation and the date it was performed.
- Document medication reconciliation within 31 days of discharge.
- Medication reconciliation must be completed by a prescribing practitioner, clinical pharmacist, physician assistant, or registered nurse.
- At a minimum, the medication reconciliation should include documentation of the current medication list, with a note that the provider reconciled the current and discharge medications.

By ensuring these processes are completed fully, efficiently, and effectively, we can improve health outcomes, reduce hospital readmissions, and enhance overall care for your patients, our members.

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