



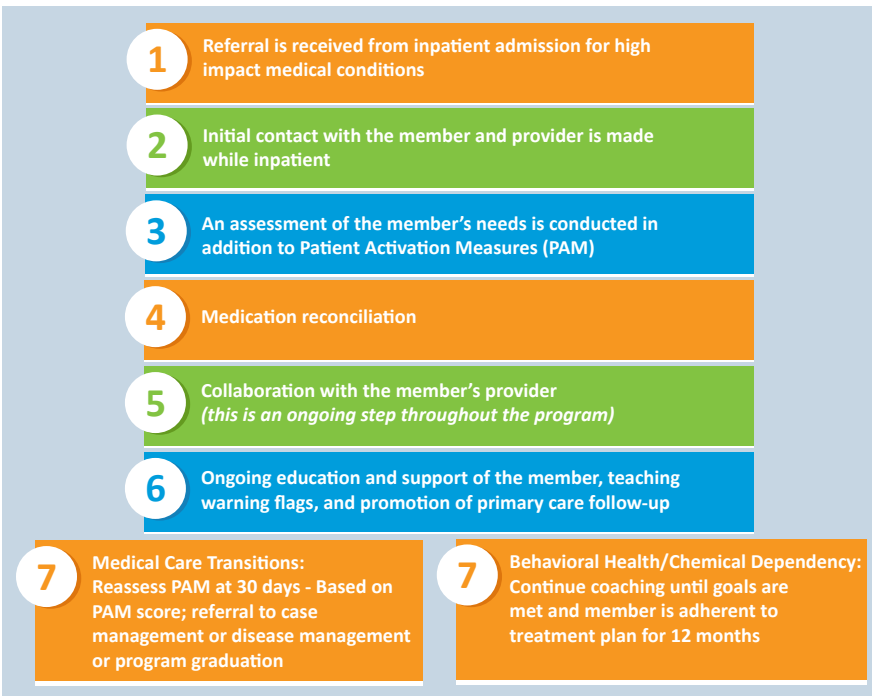
# Telligen Care Transitions Program

## DID YOU KNOW?

Safe care transitions are essential to providing high quality care to members and reducing avoidable adverse events. With the majority of all readmissions occurring within 15 days of hospitalization, Telligen offers an intensive post discharge program. The program assists the member in the transition acute to home to manage the conditions that are high cost “impactable” diagnosis and frequently readmitted conditions.

Telligen’s certified transitional care nurses provide member support as they move between healthcare practitioners and settings as their condition and care needs change during the course of a chronic or acute illness.

## HOW IT WORKS



## INTERVENTIONS

- PAM assessment
- Medication reconciliation / education
- Member and family engagement and education
- Information transfer / care coordination among the health professional involved in the transition from hospital to home
- Follow up care with primary care physician or specialist
- Provider engagement

## PROGRAM GOALS

- Reduction of re-hospitalization
- Help to contain costs for complex member cases
- Improved medical management
- Improved quality of life

## CONDITIONS MANAGED

- Cardiac
- Respiratory
- Diabetes
- Behavioral Health/Chemical Dependency

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