



## TRANSITIONS OF CARE SERIES

This series will take a deep dive into better understanding the multiple facets of transitions of care, the complexities of care that patients can be impacted by, and how best to support patients to ensure effective services. The presenters will be discussing the history of I-MPACT - a prior BCBSM-funded CQI - and their goal to reduce readmissions, the impact of social determinants of health and racial disparities, the identification of gaps in transitions as well as care management strategies for success.

### Virtual Platform

This series will be virtual; please register ahead of time to access Zoom links.

### Target Audience

All PO affiliated care team members and PO representatives welcome!

### Registration

There is no cost to attend the webinars.

**PLEASE REGISTER AT:**

**[WWW.MICMT-CARES.ORG/EVENTS](http://WWW.MICMT-CARES.ORG/EVENTS)**

Please register for each individual session you are interested in attending.

### Continuing Education Details

#### Nursing:

Michigan Institute for Care Management and Transformation is approved as a provider of nursing continuing professional development by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

#### Social Work:

This course is approved by the NASW-Michigan CE Approving Body. Michigan Institute for Care Management and Transformation is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved provider Number: MICEC 110216

#### Registered Dietitians:

Registered Dietitians can use the MICMT Nursing CE certificate for their CPEUs. This only pertains to RDs who attend the event live. Please refer to [www.CDRnet.org](http://www.CDRnet.org) for details about continuing professional education.

#### Community Health Workers:

CHWs can use the MICMT certificate of completion for their CEUs. For details, access the Michigan Community Health Worker Alliance (MiCHWA) CHW Continuing Education Fact Sheet <https://www.michwa.org/continuing-education>

**In need of additional assistance? Please contact MICMT at: [micmt-cares.org/contact](http://micmt-cares.org/contact)**

## Join us for our new four-part series

**Session 1**  
**July 20, 2023**  
**10:00 to 11:00 am**  
[Register Here](#)

### **I-MPACT Readmission Framework and Need for Early Follow-Up and Care Management to Reduce Readmissions**

During this webinar, the presenter will review the history of I-MPACT (a prior BCBSM-funded CQI) and framework for readmission reduction. The presenter will cover an extension of findings through MICMT, and review 7-day scheduled and attended follow-up analyses. In addition, learners will gain an understanding of how care management plays a role in knowing when patients are discharged and ensuring follow-up appointments are made.

**Session 2**  
**August 17, 2023**  
**10:00 to 11:00 am**  
[Register Here](#)

### **Patient Perspective of Care Transitions, Social Determinants of Health, and Health Disparities**

During this webinar, the presenter will discuss I-MPACT's *Patient Related Outcome Survey* article as well as the social determinants of health issues and racial disparity results on transitions of care.

**Session 3**  
**September 21, 2023**  
**10:00 to 11:00 am**  
[Register Here](#)

### **Impact of Medication Discrepancies on Care Transitions and the Care Management's Role**

During this webinar, the presenters will provide insight on how to recognize medication discrepancies between after visit summaries (AVS) and discharge summaries and its association with readmissions analysis. Learners will also better understand I-MPACT Care Management Analyses and other care management strategies through literature.

**Session 4**  
**October 19, 2023**  
**10:00 to 11:00 am**  
[Register Here](#)

### **Gaps in Transition to Post-Acute Care Providers and Consideration of Alternative Sites of Care to Reduce Readmissions**

During this webinar, the presenter will identify gaps in transition to post-acute care (skilled nursing facilities and home health agencies), discuss when readmissions occurring, as well as review I-MPACT's framework and understand alternative sites of care to avoid the ED.