

Transitional Care Management refers to the coordination and continuity of health care during a movement from one healthcare setting to either another or to home, called care transition, between health care practitioners and settings as their condition and care needs change during the course of a chronic or acute illness. To assist in La Grange/Giddings Family Clinic ability to deliver the best possible care transition, we ask that patients make contact with our clinic the first day they are discharged from a healthcare setting. We will then set an appointment for follow-up with a provider within 7 days of initial discharge. At the Transition of Care Visit the provider will review all healthcare setting discharge paperwork, review medications, review changes in diagnoses, coordinate any care needed with other healthcare providers and make a plan to manage new or acute problems.