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Starting in 2026, the Centers for Medicare & Medicaid Services mandatory Transforming Episode Accountability Model (TEAM) will hold over 700 selected hospitals responsible for Medicare patient costs and outcomes for a 30-day period. That means providers will need to have better visibility into patients' post-acute care.

Do you have a post-acute strategy ready for TEAM?

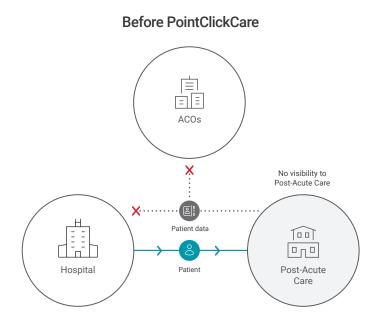
With TEAM, hospitals are now accountable for Medicare fee-for-service patient costs and outcomes not just during their stay, but for a full 30-days post-procedure.

Staying ahead of this new model is crucial for hospitals, as they prepare to reduce readmissions and control lengths of stay, to succeed in an increasingly value-based healthcare environment.

To thrive under TEAM, hospitals must prioritize care coordination, effective discharge planning, and seamless transitions to post-acute care providers which requires visibility into post-acute care.

TEAM Episodes of Focus

- · Lower extremity joint replacement
- Surgical hip femur fracture treatment
- Spinal fusion
- Coronary artery bypass graft
- Major bowel procedure



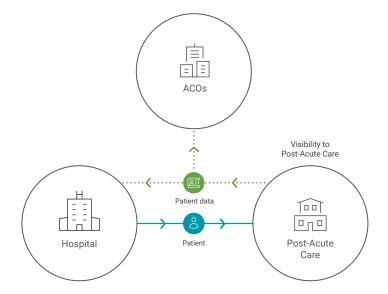
Today, Hospitals and ACOs lose sight of patients once they discharge from the hospital and enter post-acute care.

Prepare for TEAM with PointClickCare

Improve clinical and financial outcomes through increased visibility and collaboration with post-acute care providers, powered by an unparalleled post-acute data set.

PAC Management by PointClickCare arms physicians and care managers with key patient information as they move to post-acute care, enabling TEAM-mandated hospitals to better monitor their post-acute populations, quickly identify patients of concern, provide timely intervention, and better manage value-based performance.

Real-time hospital readmission risk scores are informed by our Predictive Return to Hospital (pRTH) machine learning model, trained from the largest senior care dataset in North America. This helps care teams zero in on patients requiring immediate attention, allowing for proactive care collaboration between acute and post-acute settings.



With PAC Management, Hospitals and ACOs receive deep, real-time clinical insights — including therapy notes on their patients throughout their post-acute journey.

How PointClickCare Helped



68% reduction in readmissions due to PAC Management

PAC Management helped us to reduce readmissions by 68% and at the same time stimulated more meaningful working relationships with our post-acute partners.

But what makes this solution so valuable to every nursing facility, is that it not only impacts outcomes and drives success, but helps us all fulfill our purpose of caring for vulnerable patients.

Lori Baker

Director of Population Health Care Management and Post-Acute Network, TriHealth





PointClickCare is a leading healthcare technology platform enabling meaningful collaboration and access to real-time insights at every stage of the patient healthcare journey.

After PointClickCare