It’s a familiar quandary — one that healthcare organizations have faced for as long as hospitals have existed. Once a patient is ready for discharge, where does she go next to receive the most appropriate care to complete her recovery – and how does she go about making such an important decision?

In an era when providers are being consistently pressed to improve outcomes while reducing costs, the answer to this question has arguably never been so important.

Research reinforces the important role that such decisions can have on both outcomes and costs. Case in point – 2013 Institute of Medicine research found that 73 percent of variations in Medicare spending were due to cost variations in post-acute services such as skilled nursing and inpatient rehabilitation, home healthcare and long-term acute care. Interestingly, emerging payment and service delivery models, which in part aim to protect patient choice when it comes to post-acute care options – have in many ways placed a spotlight on this age-old challenge for patients, caregivers and providers alike.

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