myCareGPS

CARE COORDINATION:

Improving Patient Satisfaction, Achieving Better Outcomes, Creating New Revenue Opportunities

Care Coordination is the talk of the health care industry, especially in regard to patient satisfaction and improved outcomes that happen when the coordination of patient care is effective and all the moving parts work well together. If managed properly, Care Coordination can be the difference in how a patient responds to treatment and care, as well as the patient's overall quality of care and life. And, for hospitals and healthcare organizations, the benefits are many including the ability to manage costs and realize value-based bonuses.

But, there are many challenges to the efficacy of care coordination and the authenticity of the process. These challenges can cause **Care Fragmentation**, involving multiple physicians and health care practitioners who are treating the patient and not effectively communicating and sharing information amongst themselves, as well as with the patient's family and even, with the patient.

This white paper outlines the opportunities and the challenges to Care Coordination for people with multiple health needs, and it reviews potential opportunities that arise as a result of a more effective care coordination process and paradigm.

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What is Care Coordination?

By definition, "care coordination is the deliberate organization of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of health care services." Effective care coordination happens when all the patient's providers share important information and have clear, shared expectations about their roles. And, the situation works best when all communicate regularly with each other, and also with the patient and their families, ensuring that everyone is on the same page.

75%
of people 65 and above, live with two or more chronic care diseases

Today's health care has shifted dramatically towards people who are living longer with chronic illnesses, therefore creating a need for better care coordination solutions. The Center for Disease Control (CDC) reports that three out of four, or 75% of people 65 and above, live with two or more chronic care diseases and will need to interact with any number of physicians, hospitals and home care organizations.

The increasingly complex state of providing care, as well as increasing numbers of people living with chronic diseases, and skyrocketing healthcare costs, all emphasize the importance of Care Coordination. Improving patient health outcomes and keeping costs down while maintaining open and organized communication between all parties stand as its biggest challenges. In fact, an estimated $25 to $45 billion in wasteful spending has been linked to avoidable complications and unnecessary hospital readmissions related to inadequate care coordination, as reported by the National Coalition of Care Coordination.

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Care Coordination vs. Care Fragmentation

Care fragmentation is the direct result of poor coordination among providers and organizations. Medication errors, unnecessary tests, and avoidable emergency room visits are lapses in coordination that can be problematic for the patient, as well as costly to all. A recent Commonwealth Fund International Survey found that "23 percent of

their respondents with chronic conditions saw four or more doctors over the last year. Medication management for these patients was complicated with 46 percent saying that they were taking four or more prescription drugs on a regular basis. Not surprising, given this complexity, the survey found problems with care coordination. Patients reported that they often experienced problems obtaining medical records and test results, which increased with the number of doctors seen; 30 percent of U.S. adults with chronic conditions who had four or more doctors reported a coordination problem with tests or records, compared with 24 percent of those with one or two doctors."

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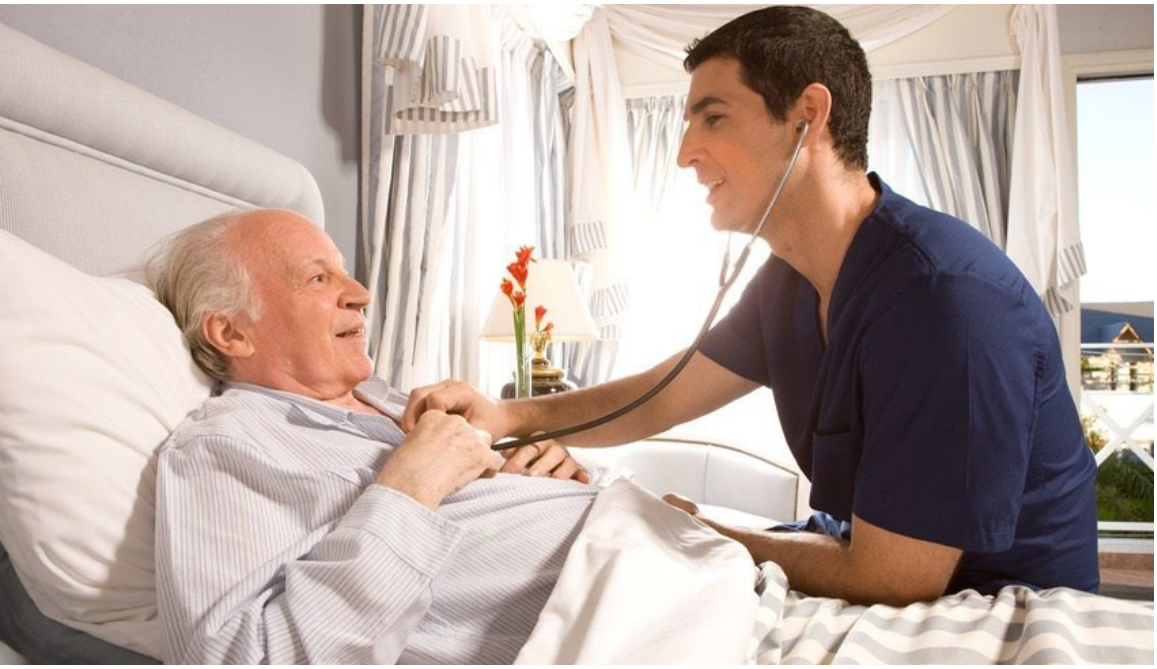

Without effective Care Coordination, here's what Care Fragmentation can look like:

- **Hospital Readmission Rate is High** due to confusion about the treatment plan and medication error
- **Confusion about whether to see a Specialist or Primary Care Physician** prompts unnecessary trips to the ER.
- **Patients Stop or Postpone Treatment** when there is conflicting information from physicians on their care team and everything becomes too complicated
- **Access to medical records and receiving test results is difficult;** not having access to this information or a care

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coordination plan in place, can results in duplicate testing, medication error, confusion with follow-up appointments and treatment, etc.

- **Specialists and Primary Care Physicians Not Communicating** can result in information about tests, treatments and medications that are not properly understood and coordinated

What are the Challenges to Care Coordination?

The following are some of the most common challenges to a coordinated care plan:

- **Who's In Charge?** When there are multiple doctors and the process is shared, there is usually no one who leads the process and is ultimately responsible for effective coordination.
- **Limited Use of Electronic Records** makes it difficult to access patient information, test results, etc.
- **Primary Care Physicians and Specialists** don't know each other and are too busy to share information
- **Primary Care Practices** do not have enough staff for a formal Care Coordination plan

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Care Coordination: Who Benefits and How?

The benefits of Care Coordination extend beyond patient satisfaction and better outcomes. Physicians and Provider Groups, Home Health Aides and the patient's family receive an abundance of benefits from an effective Care Coordination plan.

Among the benefits of effective Care Coordination to the patient and family:

- Improved patient satisfaction
- Better quality of care
- Better outcomes

- Consistent care plan from hospital to home and beyond
- Reduced costs
- Less hospital time, ER visits and readmissions
- No medication error and lowered medication costs

Among the benefits to Physicians and Provider Groups:

- Better quality of care and improved outcomes
- A comprehensive 360-degree view keeps eyes on patient when not in office
- Increased efficiency managing care for patient base reduces costs and improves margins Chronic care management from Medicare billings creates new revenue stream
- Greater patient satisfaction yields increased referrals
- Hospitals are incentivized to ensure faster recovery time for patients as payment models move from volume-based to outcome-based

Setting the Wheels in Motion: Reduce Costs & Provide Better Care

Studies show that a small percentage of patients actually account for the majority of healthcare spending. The following changes to your system and an implementation of Care Coordination strategies can significantly reduce costs, add revenue and improve the quality of care provided leading to greater patient satisfaction.

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- Use of electronic health records and health information exchanges so that each physician on the care team has access to the patient's test results, visit reports, medications, etc.
- Establish accountability and responsibility among all members on the patient's care team
- Create a communication sharing strategy
- Develop an overall patient needs assessment and care plan
- Share follow-up comments and observations in order to immediately respond to changes in the patient's health needs

- Utilize new technology that integrates information from multiple providers and bio medical devices, reconciles medications and facilitates real-time communications among doctors, caregivers, patients and their families to coordinate care effectively, including care plans, protocol and best practices
- Seek a 360-degree view of the patient that integrates clinical, financial, utilization data and social determinants (vis a vis new technology now available)

An implementation of Care Coordination strategies can significantly reduce costs, add revenue and improve the quality of care provided leading to greater patient satisfaction.

New Revenue Opportunities for Physician Groups

There are many financial incentives for physician groups, healthcare organizations, and hospitals based on effective care coordination. Medicare's Chronic Care Management program reimburses providers up to $50 per month for the care management of patients who suffer from two or more chronic conditions. In addition, the Hospital Readmissions Reduction Program levies high penalties for poor care coordination, further emphasizing the need for successful care coordination plans as connected to financial success.

Conclusion: Care Coordination Opens the Door to New Opportunities

Care coordination has become the most effective patient-centered care model-physician engagement tool available today. An effective Care Coordination plan helps physicians have more effective communications with patients and the ability to provide them with better care, leading to greatly improved patient satisfaction and therefore, new patient acquisition and increased revenue.

Further increased collaboration among the relevant healthcare practitioners results in team problem-solving and a quality of care not possible with a disjointed care plan where physicians deliver care without any communication with each other.

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