THE ROAD TO EFFECTIVE CARE COORDINATION: SEVEN ESSENTIAL STEPS

Understanding and removing barriers to health and barriers to coordination is the key to successful care coordination.

1. Find the Right Patients
   - Create a registry of patients sharing common attributes
   - Registry should be created using advanced analytics applied to good data

2. Stratify a Patient’s Risk Factors
   - Create a registry of patients sharing common attributes
   - Registry should be created using advanced analytics applied to good data
   - Apply analytics to a patient’s longitudinal health history to determine risk factors or barriers to his or her health. Risk factors can be any combination of the following:
     - Gaps in care
     - Health-related barriers
     - Functional barriers
     - Cognitive barriers
     - Socioeconomic barriers
     - Environmental barriers
   - Understand the underlying components that make up the risk factors
   - Develop patient-centered interventions
   - Work with the care teams and coordinate with caretakers
   - Include patients in care planning, incorporating their goals into the care plan objectives
   - Develop a plan that addresses clinical needs as well as high-priority barriers to care

3. Prioritize Opportunities for Intervention
   - Determine not only the risk factors that are the most significant, but also those that can benefit the most from intervention.
   - With the aid of a care management platform or module, determine the effectiveness of the intervention:
     - Set a baseline for patient status, knowledge of condition and behaviors related to condition
     - Compare post-intervention status, knowledge and behaviors with baseline
     - Assess accomplishment of care plan goals

4. Develop a Care Plan
   - Understand the underlying components that make up the risk factors
   - Develop patient-centered interventions
   - Work with the care teams and coordinate with caretakers
   - Include patients in care planning, incorporating their goals into the care plan objectives
   - Develop a plan that addresses clinical needs as well as high-priority barriers to care
   - Implement care plan using specific interventions
   - Use the setting best suited for success:
     - In office
     - At home
     - Telephonic
     - Mobile-enabled medical device
   - Utilize the right care team members:
     - Physicians
     - Nurse case managers
     - Therapists
     - Social workers
     - Health coaches
   - Use the knowledge you’ve gained to improve the way you find patients, stratify risk factors, prioritize opportunities, develop care plans and intervene. Always evaluate, always improve.

6. Evaluate Outcomes
   - With the aid of a care management platform or module, determine the effectiveness of the intervention:
     - Set a baseline for patient status, knowledge of condition and behaviors related to condition
     - Compare post-intervention status, knowledge and behaviors with baseline
     - Assess accomplishment of care plan goals

7. Continuously Improve
   - Use the knowledge you’ve gained to improve the way you find patients, stratify risk factors, prioritize opportunities, develop care plans and intervene. Always evaluate, always improve.