Coordinating Care

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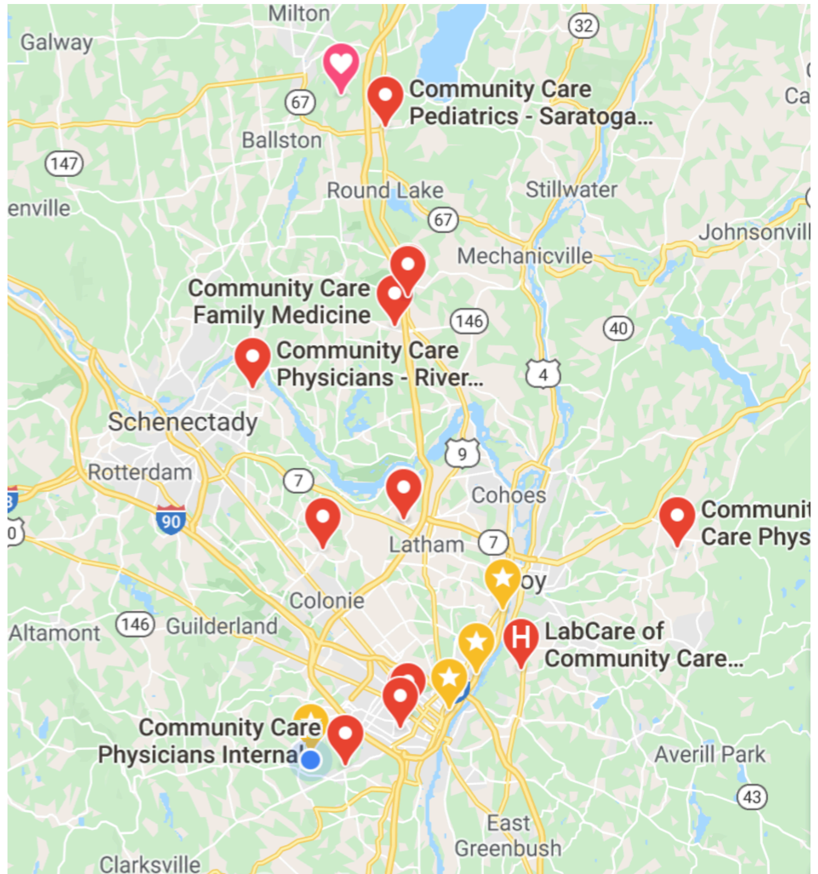
I have no relevant financial

relationships to disclose.

Community Care Physicians

Physician owned and governed.

- **2,000** employees
- **420** practitioners
- **80** locations
- **30** specialties

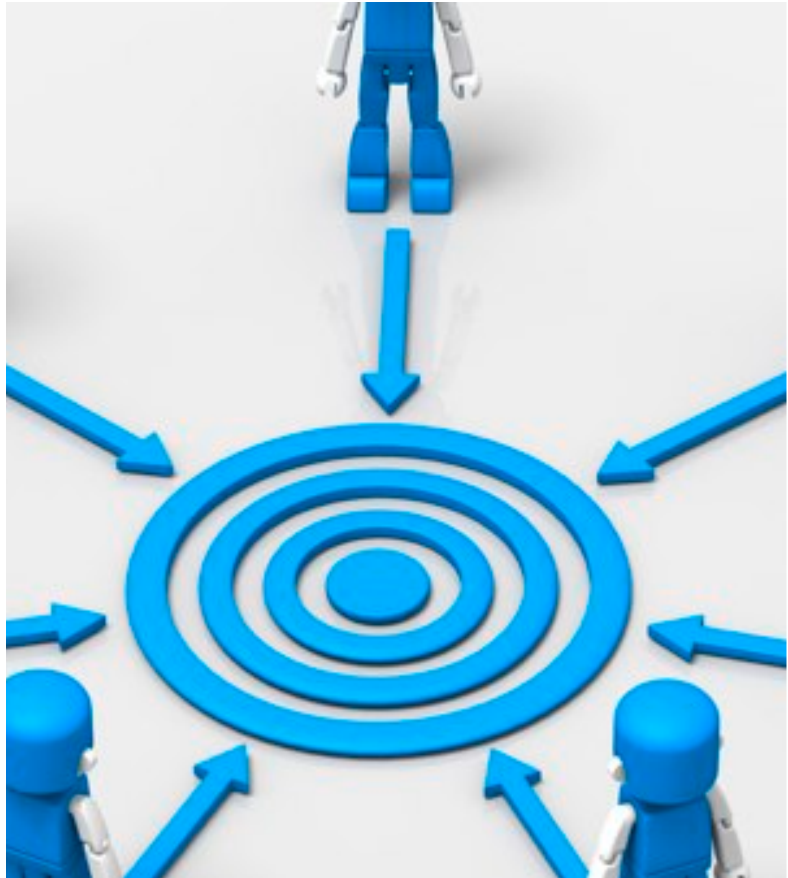


Primary Care

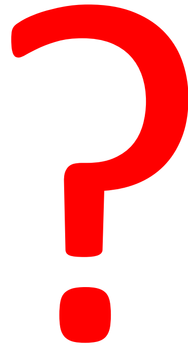
- 39 Practices
- 28 Practices participate in CPC+
- 26 Are recognized under the NYS PCMH Standards

What does “care coordination” mean to us?

- Clarify and align the team around the patient’s goals
- Share information
- Organize
  - Right care
  - Right person
  - Right place
  - Right time
- Make care safe and effective



Whose job is it?



The History

Taking a step back – this is not a new topic or concept. It is as important now as it ever has been. Some would argue more so.

Early 1900s as a public health initiative

Post WWII to coordinate multidisciplinary care for returning soldiers

1970s demonstration projects through Medicare and Medicaid

HMOs – Social Service settings – Cost became a component

Modern Day – It is a key process in the healthcare delivery system

IHI Quadruple Aim

Key component of the Comprehensive Primary Care Initiative and CPC+ and the Patient Centered Medical Home Model

Strategies

REDUCE

REDUCE overtreatment and low value care

MAXIMIZE

MAXIMIZE HEALTH by delivering only high value services

SHARE

Effective care coordination can help

How Care Coordination can help

SHARED VISION

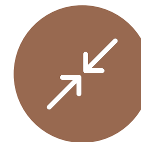
BLENDING OF TALENTS

COLLABORATION INFORMATION SHARING

PATIENT-CENTERED CARE

INDIVIDUALIZED PLAN OF CARE

CLOSING THE LOOPS



REDUCING DUPLICATION OF SERVICES

Care Coordination within CCP

Shared Electronic Health Record

Common practice management system

Multiple methods of communication

Expanded care team

TEAMWORK

"Teamwork is the ability to work together toward a common vision. It is the fuel that allows common people to attain uncommon results."

- Andrew Carnegie

The Care Team

- Patient & Family/caregiver
- Practitioner
- Practice clinical team
- Practice clerical team
- RN Care Manager
- Clinical Pharmacist
- Behavioral Health Clinician
- Diabetes Educator
- Registered Dietitian
- Social Worker
- Care Navigator

Tactics

Understand transitions of care are two way

Develop a multidisciplinary care plan

Provide care in different ways

Outreach and follow-up

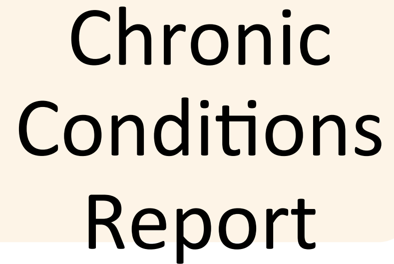
We have patients who can’t or don’t come to the office

Make it easy for the patient to make good choices

Tactics

- Huddles – beginning of each session
- Frame the visit
- Satisfaction is derived from having expectations met
- Every member of the care team can help shape the visit
- We talk about quality and cost but, the third arm of the quadruple aim is patient satisfaction
- Address gaps in care
- Do we have the right team?
- What might we be missing?

Daily Discharge Report


Chronic Conditions Report

Tools

Do we make a difference?

Diabetes

- 230 patients seen by PharmDs
- Average A1c reduction of **2%**
- **52 %** of patients reached their A1c goal

Pharmacoeconomics

- Savings $130,000

Pharmacy Services

- **1,500** Medication Recommendations
- **90%** Acceptance Rate

Breaking down barriers

How do we best serve the needs of the individual when various clinicians may have differing goals for the patient?

Who considers what the patient wants?

What do we do when the surgeon feels surgery is the best option and the PCP doesn't agree?

What do we do when the sub specialist prescribes the most expensive drug, but the PCP believes there is an effective alternative?

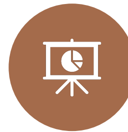
How do we work with our hospital partners to balance the need for a reduced length of stay with the risk of a readmission or an unsafe discharge?

Health Information Technology

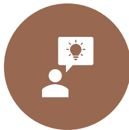
Allows understanding of populations

Beyond registries to analytics

Home monitoring – Interfaces with EHR



More than an EHR which is good for data in – not for data out



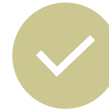
Artificial Intelligence

What's next at Community Care?

Increased use of data to drive decisions

Incorporate a more population-based approach

Develop performance dashboards



Define/refine best practice

Consistency

Establishing a presence in key hospitals

Partnering with Community Based Organizations

Whose job is it?

EVERYONES!

Thank you