

TRANSFORMING CARE COORDINATION: WHAT TO DO NOW

A Checklist for Creating a More Efficient Care Coordination Program

It's time to change the way patient care is handled.

The American healthcare system is disjointed with processes varying between primary care physicians, specialists, hospitals, and long-term care facilities. However, it doesn't have to be this way. Many of these problems can be easily fixed.

Too often, there's a lack of communication with patients being unclear about why they're being referred to a specialist, and specialists not receiving clear reasons for the referral or information on what tests have already been done. Furthermore, primary care physicians often aren't told what happened in the referral visit and frequently aren't notified when their patient is seen in the ER or hospital. Care becomes inefficient as a result.

Putting a good care coordination program in place will remarkably improve your quality of care, patient satisfaction, and the financial bottom line. From assigning accountability to developing agreements to maximizing electronic health records, you can start improving care coordination today. Here's a checklist designed to help you with the process:

Assign Accountability

When primary care doctors, specialists, and hospital physicians aren't sharing their findings, test results, and recommendations with each other, care becomes fragmented. Lack of communication hurts patient care, can lead to unnecessary and duplicate tests, and confuses patients who may be receiving conflicting information from different doctors. A study of information transfer at hospital discharge found that direct communication between hospital-based and primary care physicians was uncommon, occurring in only three to 20 percent of discharges. Here are five steps you can take to improve accountability and prevent care from becoming fragmented:

| becoming fragmented: | | |
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| | Assign a team of people to be accountable for managing patient care. | |
| | Define the extent of their responsibilities for key activities such as following up on test results, communicating information to other physicians, etc. | |
| | Establish when specific responsibilities should be transferred to other care providers – whether that means specialty physicians, long-term care facilities, or home care providers. | |
| | Share background information and findings about patients who are in the hospital. | |
| | Ensure that referrals to specialist physicians are made and completed. | |
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| Improve Referral System Referrals are happening more frequently than ever. The likelihood of being referred to a specialist nearly doubled from 1999 to 2009 with doctors sending their patients to other | | |
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| doctors 9.3 percent of the time in 2009 compared to 4.8 percent in 1999. Tracking referrals and following through are essential to ensuring the best medical care for patients. This is especially critical for conditions such as cancer, which require early diagnosis and treatment for the best outcome. Here are seven ways to make referrals work better for everyone: | | |
| ☐ Develop a referral tracking system to internally track and manage referrals and transitions including consultations with specialists, hospitalizations and ER visits, and referrals to community agencies. | | |
| ☐ Generate periodic reports by physician, including type of specialist referred to, patient name, and diagnosis. | | |
| ☐ Establish referral guidelines for all physicians. | | |
| ☐ Notify referring primary care physician of no-shows and cancellations. | | |
| ☐ Inform primary care physicians when inappropriate referrals are made to prevent future recurrences and unnecessary appointments. | | |
| ☐ Ensure patients are well prepared for their referral visit and know what to expect afterwards. | | |
| ☐ Follow-up with referral provider about findings, next steps, and treatment plans. | | |
| | | |
| Build Relationships and Agreements Primary care physicians, specialists, area hospitals, and long-term care providers need to have relationships and agreements on the roles they will play in providing care. Care coordination agreements have been associated with decreased costs and increased quality of care since they reduce unnecessary referrals, avoid duplicate assessments, and provide optimal care. Here are five ways to establish clear agreements and relationships with other providers: | | |
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| Provide a Patient Support System Transitions such as being discharged from the hospital or moved to a long-term care factor and be dangerous when patients are not prepared to manage their own care. This can be unclear discharge instructions, conflicting information from different providers, and do or conflicting medications. Providing patient support leads to improved patient satisfact and better health outcomes. Here are six ways to improve quality of care for patients: | e due to uplicate |
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| ☐ Set up a practice team whose duties will be to support patients and their families. | |
| ☐ Make sure patients understand why they are being referred to specialists or care fact what they can expect, and what resources are available to them. | ilities, |
| ☐ Follow-up with patients after they complete their referral visit or transition to a hos long-term care facility. | pital or |
| ☐ Give a discharge checklist to patients preparing to leave a hospital or long-term care | facility. |
| ☐ Communicate patients' needs and preferences to all staff providing care. | |
| ☐ Identify problems and intervene with patients who failed to keep a referral appoint | ment. |
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| Maximize Electronic Health Record (EHR) Systems EHRs have the potential to integrate patient health information such as current medications, lab and imaging results, etc. and instantly distribute important medical data to all medical specialists involved in a patient's care. This is especially important for patients who are seeing multiple specialists, receiving treatment in emergency settings, and moving between care settings. EHRs facilitate communication and reduce unnecessary tests, medical errors, and the chance that one specialist may not know about a condition being managed by other specialists. The use of EHRs is rapidly increasing. In 2013, 78 percent of office-based physicians used EHR systems, up from just 18% in 2001. Here are six ways to make your EHR more efficient: | |
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☐ Continue to have actual conversations with other providers about patients as a way to follow up on information received through EHRs.

| lm | prove Communication |
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| Eff | fective communication is the foundation of any healthcare team. Communication errors can |
| | ve grave consequences in healthcare settings and are often the leading cause of preventable |
| ad | verse events. Almost half of all healthcare-related communication errors occur during |
| ha | ndoffs between care providers. Here are five ways to prevent these errors and maximize |
| COI | mmunication: |
| | Standardize communication by using structured forms to ensure primary care providers, specialists, and long-term care providers all have the same and necessary information. |
| | Ensure that a patient's preferences and goals are communicated to all providers involved in that patient's care. |
| | Ask yourself what you know that others need to know, and share that information with the |

☐ Develop a protocol for filling out patient charts in a standard way so they are easy to

☐ Utilize communication tools like SBAR (Situation-Background-Assessment-

Don't Wait to Implement Changes

interpret and key elements aren't overlooked.

patient's care team.

Everyone in the healthcare community has a role to play by working together to achieve exceptional care coordination. Care providers that continue to hang on to their broken systems will be left behind by those who see the need for change and implement it. Reputations depend on excellent outcomes, and those practicing effective care coordination programs will see huge benefits as a result.

Recommendation) to improve communication between physicians and other providers.

