

Healthcare Coordination: Transferring Information and Accountability

With each visit to the doctor, a patient is asked to fill out a clipboard full of medical forms requesting personal information and details of their medical history.

Some say better healthcare coordination not only helps alleviate the strain of filling out forms, but provides healthcare providers with useful and accurate information about the patient.

According to the Agency for Healthcare Research and Quality, healthcare coordination can mean different things depending on whether it's viewed from the perspective of a patient or their family member, healthcare professional, or health system representative. Therefore, the agency broadly defines care coordination as “the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient’s care to facilitate the appropriate delivery of healthcare services.”

“To individual patients, care coordination is any activity that ensures that their needs and values are incorporated in the delivery of healthcare and that there is good information sharing,” says Dr. David Meyers, director of the Center for Primary Care, Prevention, and Clinical Partnerships at the Agency for Healthcare Research and Quality.

Healthcare professionals may view care coordination not only as a patient- and family-centered activity, but as a team-based activity designed to also help patients and families navigate effectively and efficiently through the healthcare system. They are likely to notice failures in care coordination when the patient is directed to the “wrong” place in the health system or has a poor health outcome as a result of insufficient information exchanges and handoffs, reports the Agency for Healthcare Research and Quality.

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Patients with chronic conditions often receive care from multiple physicians. Difficulty in sharing and keeping track of patient information is a result of the fragmentation between solo physicians, hospitals, clinics, nursing facilities, and other healthcare providers. A goal of care coordination is to avoid the waste of conflicting plans of care and the overuse of prescribed medications, tests, and treatments.

In addition, some say payment mechanisms encourage healthcare providers to provide more and more care that is often costly and unnecessary.

“As many tiers of providers attend to a patient, each provider uses the patient as a platform to earn money and thus do not share the health discoveries readily,” says Kalai Mugilan, program director of Healthcare Management at South University – Montgomery. “Agencies are therefore attempting to change this mode of operation to the health outcome of the patient as a whole and not each episode of care.”

The quality of care usually suffers when healthcare providers don't have the right information or think that someone else is taking care of a patient's needs.

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Systems representatives may perceive coordination as their responsibility to align the personnel and resources needed to carry out the care activities.

“The reality is that in our country, people receiving care are walking into not one system, but many small systems,” Meyers states. “So transfer of information and accountability is critical.”

Health information technology is helping to improve the transfer of data. But, technology alone will not improve care coordination. That's where accountability comes in.

"Who is responsible?" Meyers asks. "Really, we all have a role to play. It is about making sure everybody, including patients, physicians, and the whole team is involved."

Improving care coordination has become a priority for government and healthcare systems, and in turn, many healthcare delivery models are starting to gain traction. One is the patient-centered medical home, described by the Patient-Centered Primary Care Collaborative as "a healthcare setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family."

"Patient-centered medical homes are redesigning how we deliver care and make it a team-based approach," Meyers says. "The model is really taking off across the country and knitting the different parts of healthcare delivery together."

Accountable care organizations (ACOs) seek to link healthcare provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients. A group of coordinated providers form an ACO, which is designed to improve the quality of care for Medicare beneficiaries. The Medicare Shared Savings Program will reward the ACOs that lower healthcare costs while delivering quality healthcare.

"With care coordination, the patient is not seen as the platform to earn money and costs are decided based on how well the patient recovers," Mugilan says.