

The Emergence of Coordinated Care

Practical applications to achieve mission-critical collaboration across the multidisciplinary clinical and care management team

Increasingly, coordinated care – which engages patients in preventive and wellness efforts in addition to chronic disease management programs – is regarded as one of the most promising models to address the demanding cost and quality challenges the industry faces today. The fundamental tenet of coordinated care is the ability to share timely and clinically relevant information between and among providers, hospitals, health systems, health plans and payers, and patients themselves. In essence, this approach allows participants along the care continuum to break through data silos with the goal of achieving collaboration – which, in turn, measurably increases efficiency, promotes effective care management, enhances quality of care and improves clinical outcomes.

A balance of quality, access and cost

It is imperative for the healthcare industry to embrace a commitment to coordinated care and adopt effective strategies to balance access, quality and cost. A wide range of patient-centric models such as Accountable Care Organizations (ACOs) and medical home are emerging and striving to achieve this equilibrium. Becoming an ACO, for instance, will require organizations to expand their focus from care delivery to include care management, and will entail taking on greater financial risk. ACO standards will require a degree of clinical integration that few healthcare delivery systems currently achieve, even those with advanced health information exchange (HIE) and electronic health record (EHR) systems.

At its core, coordinated care is regarded as a method for organizing the delivery of healthcare that both 1) benefits the patient through increased safety and quality, and 2) eases the financial burden on the healthcare system. While intuitively recognized as beneficial, coordinated care has long represented a

central struggle among physicians, hospitals, payers and patients – and lack of collaboration is acknowledged as a significant cost driver. Nevertheless, effective and efficient care coordination has been shown to eliminate redundant testing, reduce costly readmissions, decrease the incidence of medication errors and harmful drug interactions, improve the management of chronic disease, and pre-empt many kinds of acute care episodes.

The intent of the coordinated care approach is for providers to consider all services their patients receive – sharing information with one another in order to gather the most comprehensive view of the patient episodically and longitudinally – and, therefore, to provide the most effective care. These models enable providers to develop care plans fed by current and historical patient information, factoring in diagnoses, treatments and recommendations from a mix of providers, data sources and sites of service. The result is not simply a snapshot depicting the immediate episode of care, but a complete picture of the patient's health within the context of a current event or preventative alert.

The value of this approach is no more apparent than with disease management. According to an analysis by the 1996 Medical Expenditure Panel Survey, the sickest 1% of the American population accounts for 27% of aggregate healthcare spending. Additionally, a 2006 article published by *Health Affairs* stated that in 2002 more than 76% of Medicare dollars were spent on individuals with five or more chronic diseases. Equipped with tools for comprehensive clinical and care management, a team of healthcare professionals is able to better assess a patient's status and implement evidence-based care plans that address current and anticipated symptoms or complications. The ability to collaborate and share information becomes even more vital as chronic cases become increasingly complex and larger numbers

of multidisciplinary providers become involved in the patient's care. This degree of coordination, however, is not easy to achieve, and can be enabled only by access to powerful and flexible information technologies that go beyond traditional EHR and HIE tools.

Meaningful use of health information technology

Coordinated care is likewise vital to the essence of “meaningful use” of health information technology (HIT). While acknowledging the core benefits that HIT could bring to the healthcare delivery system, the Centers for Medicare and Medicaid Services (CMS) likewise recognizes and emphasizes within the ARRA stimulus incentive program that the real value comes not simply from digitizing paper records, but from enabling health information to be used in meaningful ways through interoperable EHR systems.

EHRs assuredly play a vital role – although not in isolation. Clinical and care management functionality that supports multidisciplinary access and workflows must augment an EHR, either through solutions that directly integrate with or run on the platform of an existing health information exchange (HIE) infrastructure. These tools will add a new and critical layer of value across the care continuum, regardless of the level of EHR adoption at hospitals and physician offices.

The healthcare industry is seeking the tools and technology needed to facilitate access and coordination of information within a community – not just between a hospital and affiliated providers,

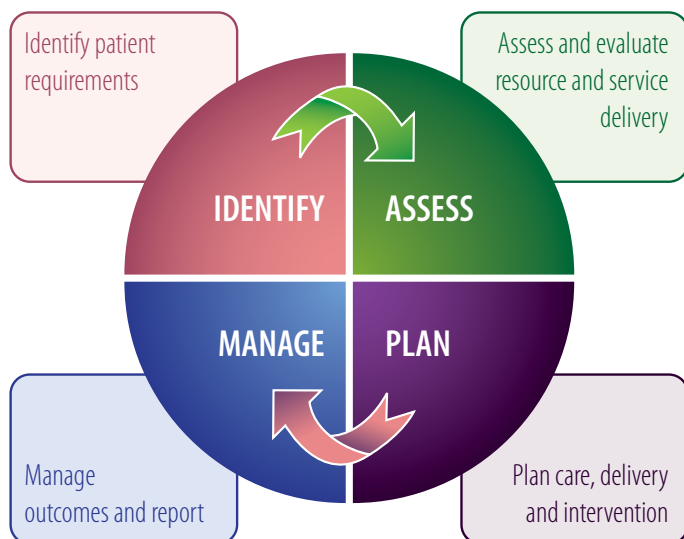


Figure 1.

but across all caregivers and data sources that contribute to the health and wellbeing of the local or regional population.

To accelerate progress towards the ideals of coordinated care, integrated solutions are emerging that help stakeholders across the care continuum manage both the quality and the cost of care. At the forefront of this movement are technologies that provide clinical and care management tools delivered over a coordinated care platform. These advanced solutions are designed to improve connectivity and collaboration among healthcare providers and payers across the care continuum – with the goal of streamlining workflows among them. By putting clinical best practices in the hands of clinicians while promoting dialog between provider and payer, a coordinated care platform will help drive better clinical and financial outcomes, as well as reduce costs and inefficiencies.

Improved connectivity and collaboration among patients, providers, payers

Best-of-class coordinated care models typically are patient-centric and delivered via the Web so physicians, hospitals and health systems, and health plans can more easily connect, collaborate and tightly coordinate delivery of healthcare. Modules comprised within these innovative technologies may include interoperable electronic health records; electronic prescribing; personal health records; care management software; automated pre-authorizations or pre-certifications; case management and utilization management software; clinical care guidelines; disease management programs; and analytics and reporting capabilities.

To optimize performance and results, these modules are underpinned by an integrated HIE framework to support access to continuity of care documents (CCD) and referral management, as well as secure messaging among patients and providers.

In other words, a coordinated care platform will provide all of the building blocks to deliver enterprise- and community-wide solutions in a secure, collaborative environment. Integrated modules allow healthcare stakeholders to make a seamless transition from case management to complex care delivery solutions – along a continuum encompassing both clinical and

financial accountability. In short, these solutions enable providers and payers to collaborate in order to:

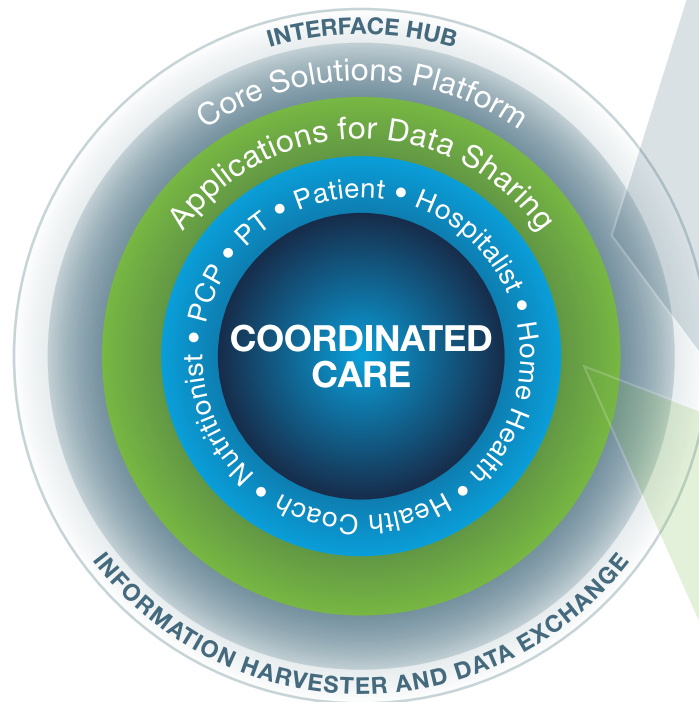
- Identify and share real-time clinical information
- Assess, track and report clinical events
- Plan clinical actions and service intervention
- Manage and evaluate clinical team and population health outcomes

Health Access Solutions: 10 years of supporting coordinated care

The key to effective coordinated care, of course, is ensuring that the right information is delivered to the right place, at the right time and to the right people. Health Access Solutions has dedicated itself to this standard since it was founded in 2000. For the past 10 years, it has successfully supported independent physician associations and managed healthcare organizations in achieving genuinely coordinated care. In fact, Health Access Solutions currently supports more than 31,000 physicians and 110 hospitals that collectively serve more than eight million patients and health plan members across the U.S., U. K. and Puerto Rico.

With proven technologies and solutions already in production, Health Access Solutions has the depth of knowledge and expertise to accelerate the deployment of its mission-critical coordinated care platform including integration with existing healthcare IT systems. Serving as a platform to support care coordination, Health Access Solutions' applications integrate effectively with existing healthcare IT systems:

- Providing a mechanism for sharing health information across disparate specialties and technologies, while retaining clinical data standards;
- Supporting real-world considerations about working with multiple organizations;
- Enabling multiple auditing, analytics and reporting requirements, with input and output information mapped to individual requirements.



Core Solutions Platform

- > EMR Framework
- > Analytics
- > Alerts
- > Notification Management
- > Clinical Care Process Modeler
- > Team Management
- > Collaborative Clinical Network Management
- > Access Control
- > Security Framework
- > Interoperability Layer
- > Enterprise Master Patient Index
- > Semantic Mapping
- > IHE Profiles

Applications for Data Sharing

- > CCD Exchange & Repository
- > PHR
- > Ambulatory EHR
- > Specialist Clinicals
- > Chronic Disease Management
- > Utilization Management
- > Case Management

The expansive range of Health Access Solutions offerings has been made possible via a strategic alliance with AxSys Technology Ltd., a partnership that forms the foundation of the most extensive clinical and care management applications available today.

Access Express™ Utilization Management: Patient eligibility, benefits and clinical data drive the authorization and referral rules engine to auto-adjudicate authorizations and referrals entered on-line. Pended authorizations and referrals are routed to the appropriate queue, ensuring the appropriate care is being delivered, and when appropriate, routed to case management queues. A point of service, pay-for-performance dashboard offers reminders for the physician office.

Access Express™ Case Management: All case activity for a patient is captured in a single case record and linked to standard treatment guidelines. User-defined tables enable customization of the list of problems, goals, barriers, interventions, status codes and acuity levels.

Excelicare™ Health Information Exchange: Vendor-agnostic platform delivers a clinician-friendly, multi-disciplinary care record. As a complete solution for coordinated care, it supports all clinical specialties, and includes an electronic health record; electronic prescribing; clinical care guidelines; secure messaging, disease management and analytics. Documents are shared within the Health Information Exchange (HIE) by use of continuity of care documents (CCD).

Excelicare™ Electronic Health Record: Customizable, scalable platform supports work lists, problem lists, progress notes, ePrescribing, secure messaging, laboratory results and media items such as images. It enables visibility into patient status to support review, documentation and collaboration for a multidisciplinary care team.

Excelicare™ Personal Health Record: Patients are assured access to their personal medical history. Robust functionality involves patients in self-care, making them an active participant in the coordination of the care pathway. The EHR-agnostic PHR offers secure messaging, upload of personal information and renewal requests for medications.

Excelicare™ Direct: Interactive telephone-based, patient self-monitoring module is linked directly to the electronic health record. This functionality empowers patients to become more actively involved in their own health and treatment, and provides them 24-hour access to their healthcare provider.

About Health Access Solutions

Founded in 2000, Health Access Solutions delivers coordinated care management IT solutions to healthcare provider organizations and payers. Today the California-based company empowers hospital and physician organizations to achieve multidisciplinary care coordination for the management and improvement of chronic and acute episodes of care across the continuum. With its strategic partners, Health Access Solutions, provides clinical and care management solutions to 31,000 providers and over 110 hospitals that collectively serve more than eight million patients and health plan members throughout the U.S., Puerto Rico and the U.K. The company's integrated care coordination platform was designed from its inception to support patient-centric care collaboration models, such as the medical home and Accountable Care Organization. Marketed under the Access Express™ Care Management and Excelicare™ Clinical Management brands, the Web-based platform offers utilization management, case management, disease management, referral and authorization management, quality reporting, personal health record and a multidisciplinary, contextual Electronic Health Record (EHR) capable of delivering timely evidence-based clinical pathways with gaps-in-care alerts and clinical reminders. Through standards-based interfaces, Health Access Solutions leverages existing health information technology and exchange investments across the enterprise and community to support the interoperability of clinical and care management systems. For more information, visit www.healthaccesssolutions.com