Top 5 Considerations for Your Care Coordination Program

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It is well understood that a small percentage of patients account for the largest proportion of health care expenditures. Systems have achieved remarkable success in keeping patients healthier and out of the hospital by employing case managers to identify opportunities, make connections, close gaps and troubleshoot problems. In a fee-for-service payment world however, hospitals and physicians are punished by fewer visits and lower admissions. Value-based payments and ACO initiatives, on the other hand, increasingly make the business case of having a care coordination program less muddled and punitive. While nurses have traditionally filled care coordinator roles, many important tasks can be performed by a 'middle-skill' workforce with certified training appropriate to the responsibilities, but at a far lower cost structure. If you are strategizing an ambulatory care redesign or including a care coordination initiative at your health system, we offer these considerations:

1. Scrutinizing the business case critically for value-based payment contracts to determine when to "make the leap" and what the financial impact will be.

2. Developing a sufficient concentration of risk-based or value-based payment contracts that decrease traditional hospital use.

3. Developing the components of interdisciplinary team-based care around a core of skilled clinicians and non-licensed navigators.

4. Emphasizing the necessity for the primary care physician and health system staff to maintain oversight and control of care coordination initiatives to minimize patient and member confusion.

5. Introducing an in-house, standardized care navigation certificate program for both licensed and non-licensed staff to provide care coordination and patient ambassador services under clinical staff supervision.

To view these considerations in greater detail, read our white paper, "Our customized care coordination strategies fill workforce gaps and put a human face on health systems."