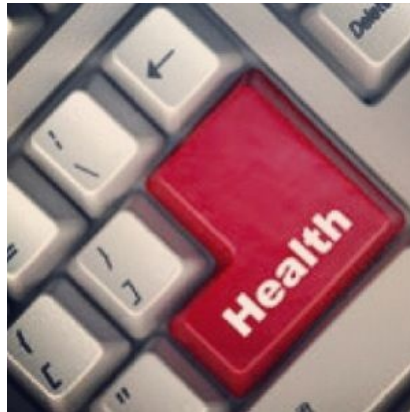




## Better Patient Care Management Needed



Better coordination of healthcare services helps to reduce costs and improve quality of patient care. While electronic medical records guide physicians through patient encounters and facilitate the required documentation for billing purposes, the records don't actively support true care coordination, according to an opinion piece for *MedCity News*.

Healthcare providers need to use a new tool — the Care Coordination Record — to better manage the patient's entire care experience, writes Ted Quinn, CEO and co-founder of ACT.md.

"A Care Coordination Record bridges the gap between an in-person visit (as recorded in the Electronic Medical Record) and everything else that needs to happen across the care continuum and in-between visits," he points out.

He says the Care Coordination Record includes the following:

- **Team:** list of everyone involved in the care of the patient, including patients and their family members, clinicians and their support staff, behavioural/mental health professionals, community supports and the payer's support staff if available
- **Plan:** a comprehensive, up-to-date care plan that addresses the patient's needs
- **Activities:** all tasks associated with the coordination of care — clear roles and responsibilities, reliable handoffs, and documentation of completed tasks
- **Communications:** mechanisms to track communications with all internal and external team members

"Care Coordination Records have the power to connect these elements in a cloud-based, mobile-friendly platform," Quinn writes. "All members of a care team, including external providers, community supports, and family caregivers, can use Care Coordination Records to engage in collaborative care planning, efficiently manage in-between visit care, and make safe, reliable handoffs across the care continuum.

The tool can be likened to the project management platforms used in education and other industries to replace phones, faxes, emails, spreadsheets and sticky notes. "Multistep processes, such as care transitions and referrals, can be readily assigned and managed," Quinn notes, "while real-time communications and analytics monitor the cross-continuum care process and care team interactions."

Previous research has shown that communication — or lack thereof — between hospital clinicians and primary

care providers often results in poor care coordination after discharge and a greater chance of patient readmissions. "A failure to communicate in the healthcare setting is not simply an inconvenience, it can result in delayed diagnoses, unnecessary tests, increased costs, and at times, may contribute to avoidable but disastrous clinical outcomes," according to Mitchell D. Feldman, MD, of the Division of General Internal Medicine, Department of Medicine, University of California, San Francisco.

Source: [MedCity News](#)  
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Published on : Thu, 17 Sep 2015