Two Ways Tech Can Support Care Coordination and Improve Outcomes

Erin Jospe, MD

To support integrated care teams, organizations need to look at where there are gaps appropriate for technology to fill

As health care organizations seek to deliver the highest quality of care to their communities while containing health care costs in the process, coordinating patient care effectively across the continuum is more crucial than ever. The mix of providers involved in a given patient's care has grown as medicine has become increasingly specialized. As providers, we have an obligation to understand what each episode of care offers the patient and to ensure those episodes are not viewed in isolation, but rather as part of an arcing narrative with the patient at its center.

And yet, given the overwhelming demands on our time, how can we as providers gain a true sense of the other potential contributors to our patients' care? And how can we begin to collaborate around that care when we don't always know or have an effective means of communicating with the other providers on a given care team? When deployed correctly, these are two areas in which technology can be an ally to both health care organizations and providers while also supporting better outcomes for patients. Of course, the care continuum for a given patient frequently encompasses a wider network of caregivers, such as social workers, physical therapists and home health aides, that technology can also help integrate, but this piece focuses on the initial core of providers partnering around patient care.

Constructing optimal care teams

When it comes to referrals, the prevailing strategy for clinicians is to to build a personal network of a few trusted providers with whom they have worked reliably over time. While this model fosters trusting relationships among providers, especially if they interact on a regular basis, it may not always be in the best interests of their patients. There are certainly benefits to providers being familiar with each other, but a clinician's go-to provider for a given specialty may not be the best option for every patient. For example, the gastroenterologist one happens to know who performs colonoscopies exceptionally well may not be best suited to treating a patient with hepatic steatosis.

Providing the best care requires creating teams with provider expertise tailored to each individual's clinical needs. Therefore, health care organizations maintain "rosters" of providers with different areas of expertise. These tools, also called provider directories, give organizations visibility into their provider networks and the skill sets of the providers therein.

A provider directory is a key part of the foundation for effective care coordination. When evaluating an organization's directory, leaders should consider the following questions:

- Is there one central directory for the organization or are there multiple directories?
- How do providers and others involved in facilitating care (e.g., call center staff) access it?
- Is the directory static or updated on a regular basis?
- What level of detail does it contain about providers, clinical and otherwise? Does it give referring providers the information they need, including the depth and breadth of other providers' clinical expertise, to make appropriate care decisions?
- What are the sources of information for the directory? When there are discrepancies, what's the process for reconciling them?
- Are providers involved in contributing to or verifying their information?
- What are the organization's processes for determining which providers should have which clinical areas of expertise listed? Who has ultimate accountability for the accuracy of the information?
- Are there vetting processes in place to validate that a given provider should (or shouldn't) have a particular area of expertise listed?
- Do providers and others have a clear understanding of how to submit profile updates?

A provider directory has an essential role to play in enabling providers to look beyond their personal network for referrals. Thus, when looking to drive behavior changes and facilitate collaboration around patient care, organizations must take a close look at what information they make available to their providers.

Enabling communication within care teams

Ensuring that providers can build and understand their care teams is the first key step in facilitating integrated care teams and an area where technology can be a powerful enabler. After that, it's equally important to enable providers to communicate with each other, stay informed about their patient's care activity and close the loop on care events.

To maximize the effectiveness of integrated care teams, once clinicians have selected a provider they must be able to send referrals using a modern process. However, provider networks are continuously evolving; widespread variation in their infrastructure curtails the potential for electronic health records to enable this communication. Providers can sometimes find it a challenge to communicate efficiently, close the loop or understand what's happening next for the patient. Did the patient show up? What did the provider determine? What's the patient doing next? The inability to answer such questions easily is not only frustrating for providers but also hinders intervention by referring providers when necessary (e.g., if a patient doesn't show up to an appointment). Similarly, it prevents the receiving providers from being able to ask questions or request more information without calling.

To be sure, there is still a place for phone-based communication among providers. In some instances, this is actually the best option, and technology shouldn't aspire to replace it. Rather, technology should supplement these interactions when there is both an actual need and tangible benefit to deviating from traditional communication methods. To support integrated care teams, organizations need to look at where there are gaps appropriate for technology to fill, such as secure text messaging, e-consult solutions and referral mechanisms.

Making technology work for care teams

Building a truly coordinated and continuum-focused approach to patient care requires a fundamental shift in both how health care organizations think about constructing care teams and how they facilitate care coordination within them. Technology has a powerful role to play here, first by enabling organizations to enhance their provider directories and second by facilitating communication between often geographically dispersed providers. Both areas are critical; without the first, providers are limited in their ability to identify the right providers for each patient's specific needs, and without the second they are limited in their ability to communicate effectively with the other providers involved in a patient's care.

While both of these technology initiatives start at the organizational level, a proactive effort to include providers in their planning and implementation is essential for achieving the desired impact on care delivery. Technology can serve as a powerful enabler, but any effort to enhance how integrated teams form, collaborate and deliver care must involve the humans who will ultimately deliver that care. With appropriate technology, and the support of those who will use it, health care organizations can overcome key barriers to care coordination and help teams achieve better outcomes for their patients.