Coordination of Care with Other Providers
Coordination of Care

Coordination of care is an old idea that is gradually taking new life throughout the greater health care industry. Coordination of care can include social support and medical services, breaking down boundaries between different systems in order to keep patients at home and healthy. At its core, coordination of care engages clients in the development of their own care plan and links them to health care and other services that address the full range of their needs and concerns. There is an increasing number of individuals with special health care needs that include both psychosocial and medical components. These needs may be multiple and complex, requiring services from many different providers. Ultimately, coordination of care between the various providers involved in an individual’s care is intended to deliver a higher quality of care, better patient outcomes, and cost savings across the overall health care system.

Coordination of care may involve the following: planning treatment strategies; monitoring outcomes and resource use; coordinating visits with specialists; organizing care to avoid duplication of diagnostic tests and services; sharing information among health care professionals, other program personnel and families; hospital discharge planning; advance directives planning; financial planning; patient education; and the ongoing reassessment and refinement of the care plan.

As if this isn’t complicated enough, these providers may not accept the same payer source. One provider may accept Medicare, while another may only accept private insurance, and another still is private pay or out-of-pocket. There is no single entry point to multiple systems of care and complex criteria determine the availability of funding and services among government assistance and private pay resources.

Coordination of care with other providers is designed to:
- Facilitate communication of the services provided and the observations made by all of an individual patient’s providers
- Ensure ongoing, proactive, planned communication between each of a client’s providers
- Use effective communication strategies such as sharing documentation notes among the subset of a client’s providers with a professional
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“need to know”, while remaining compliant with privacy requirements such as HIPAA

• Ensure coordination of schedules and appointments
• Help improve, measure, monitor and sustain high quality client outcomes by working with and referring to interdisciplinary providers when appropriate

As a member of the PCHS team, it is your responsibility to notify your supervisor immediately with any information that your client has when engaging a new health care provider, regardless of the medical discipline of that provider (e.g., a new doctor, specialist, durable medical equipment vendor, hospice organization, or medical or non-medical home care agency). Do not be afraid to introduce yourself and ask from what agency/company they are from, then notify PCHS right away so the records can be updated. This information will allow PCHS to comply with the new Colorado home care agency licensure regulations that require us to contact each client’s other providers in an effort to coordinate care and provide the client with all necessary services. Remember that two providers from PCHS or outside agencies cannot be “on the clock” at the same time.

For PCHS, coordination of care also means that each member of the PCHS team is responsible for looking for signs that indicate that your client may be in need of additional health-related services that they may not currently be receiving. You can do this by carefully observing your client and by reporting and documenting their needs, both within and outside of PCHS scope of service. This allows the PCHS operations staff to refer the client to providers in other specialty areas as appropriate in an effort to ensure that the client’s overall health care needs are being adequately met and appropriately coordinated with other providers.

Although care coordination can be complex, time consuming and sometimes frustrating, it is one of the keys to efficient management of the many complex issues surrounding your client’s care. In this regard, interdisciplinary coordination of care is still the “new frontier,” but it holds much promise as one means of improving the overall health care system. As such, PCHS is committed to doing our part to make it work.