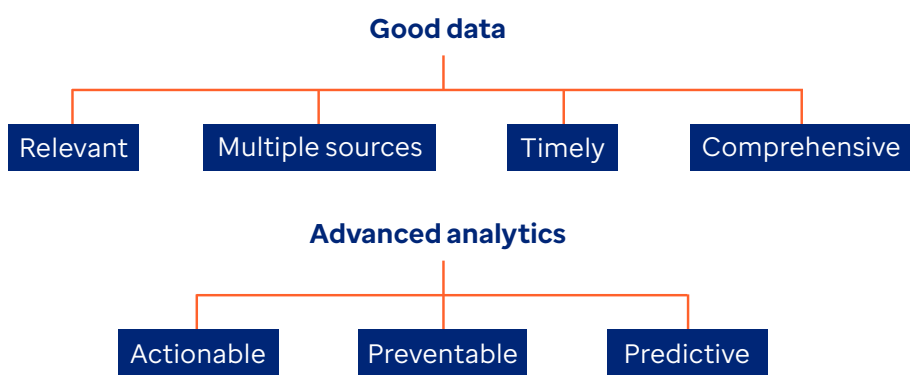


## The road to effective care coordination

7 essential steps to removing barriers in care coordination

### 1 Find the right patients

- Create a registry of patients sharing common attributes
- Registry should be created using advanced analytics applied to good data



1

### 2 Stratify a patient's risk factors

Apply analytics to a patient's longitudinal health history to determine risk factors or barriers to his or her health. Risk factors can be any combination of the following:



- Gaps in care
- Health-related barriers
- Functional barriers
- Cognitive barriers
- Socioeconomic barriers
- Environmental barriers

3

### 3 Prioritize opportunities for intervention



Determine not only the risk factors that are the most significant, but also those that can benefit the most from intervention.

Apply analytics to a patient's longitudinal health history.

4

### 4 Develop a care plan

The Veterans Health Administration's Telephone Lifestyle Coaching (TLC) program is supported by Optum Serve to help Veterans meet health and wellness goals.

5

### 5 Intervene

Implement a care plan using specific interventions that are best suited for success:



- In office
- At home
- Telephone
- Video

#### Utilize the right care team members:

- Physicians
- Nurse care managers
- Therapists
- Social workers
- Health coaches



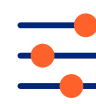
- **Understand** the underlying components that make up the risk factors
- **Work** with the care teams and coordinate with caretakers
- **Include patients** in care planning, incorporating their goals into the care plan objectives
- **Develop** a plan that addresses clinical needs as well as high-priority barriers to care

Develop patient-centered interventions.

6

### 6 Evaluate outcomes

With the aid of a care management platform or module, determine the effectiveness of the intervention:



- **Set a baseline** for patient status, knowledge of condition and behaviors related to condition
- **Compare post-intervention status**, knowledge and behaviors with baseline
- **Assess accomplishment** of care plan goals

7

### 7 Continuously improve



Use the knowledge you've gained to improve the way you find patients, stratify risk factors, prioritize opportunities, develop care plans and intervene. Always evaluate; always improve.

See how Optum® Patient Care Management can support your organization's care management efforts at

[optum.com/patient-care-management](https://optum.com/patient-care-management)