STREAMLINING CARE COORDINATION

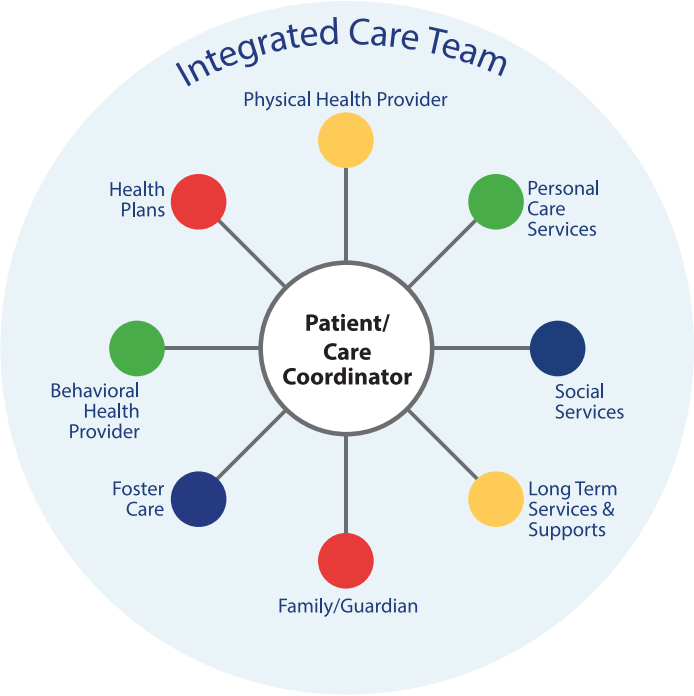
USING CONSOLIDATED-CLINICAL DOCUMENT ARCHITECTURE (C-CDA)

THE GROWING NEED TO STREAMLINE CARE COORDINATION

A patient-centered care plan is at the heart of improving care coordination. It is essential for a care plan to include those conditions, goals, and interventions agreed upon by both the patient and the patient's designated care coordinator. A strategy to address personal needs, supportive services, and other social determinants should also be a part of the plan. This more comprehensive care plan expands the care team to include family members, social services, behavioral health providers, and long-term services and supports. Increasing the scope of the care plan and care team, and making sure the care plan and team have the most up-to-date and relevant information adds a new layer of complexity to the care coordinator's responsibilities.

THE SOLUTION

Altarum Institute has developed a solution to reduce the burden for care coordinators and streamline the process for creating, updating, and sharing patient-centered care plans with members of the care team. We developed an electronic care plan using the consolidated-clinical document architecture (C-CDA) and paired it with a complimentary rendering tool for a customized view of the care plan for members of the care team. The solution enables care team members to view the care plan within electronic health records (EHRs). For care team members without an EHR, the care plan is configurable to view and print via a secure portal. This approach facilitates real-time integrated and coordinated care.



Patient-centered care coordination is multifaceted.

For further information, please contact:

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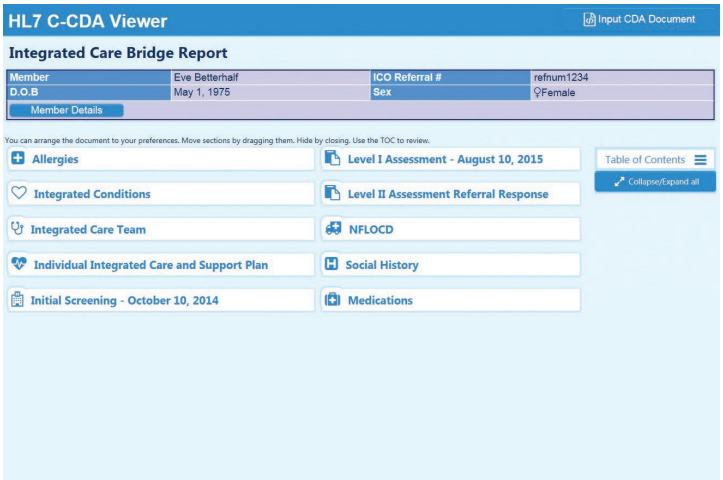
```
<addr use="HV">
        <streetAddressLine>1007 Health Drive</streetAddressLine>
        <city>Portland</city>
        <state>OR</state>
        <postalCode>99123</postalCode>
        <country>US</country>
    </addr>
<telecom value="mailto:e-mail@example.com" />
<telecom value="tel:+1(555)555-2003" use="HP" />

<!-- HP is "primary home" from HL7 AddressUse 2.16.840.1.113883.5.1119 -->
<patient>
    <id root="1.2.3.4" extension="cks1234" /> <!-- Member Common Key -->
    <id extension="refnum1234" root="2.16.840.1.113883.3" /> <!-- ICO Referral Number -->
    <effectiveTime value="19880501" />  <!-- ICO Referral Date -->
    <!-- The first name element represents what the patient is known as -->
    <name use="L">
        <given>Eve</given>
        <!-- The "SP" is "Spouse" from
             HL7 Code System EntityNamePartQualifier 2.16.840.1.113883.5.43 -->
        <family qualifier="SP">Betterhalf</family>
    </name>
    <!-- The second name element represents another name
         associated with the patient -->
    <name>
        <given>Eve</given>
        <!-- The "BR" is "Birth" from
             HL7 Code System EntityNamePartQualifier 2.16.840.1.113883.5.43 -->
        <family qualifier="BR">Everywoman</family>
    </name>
```

A snippet of the C-CDA care plan complex code.



The translation of C-CDA code into a readable format.