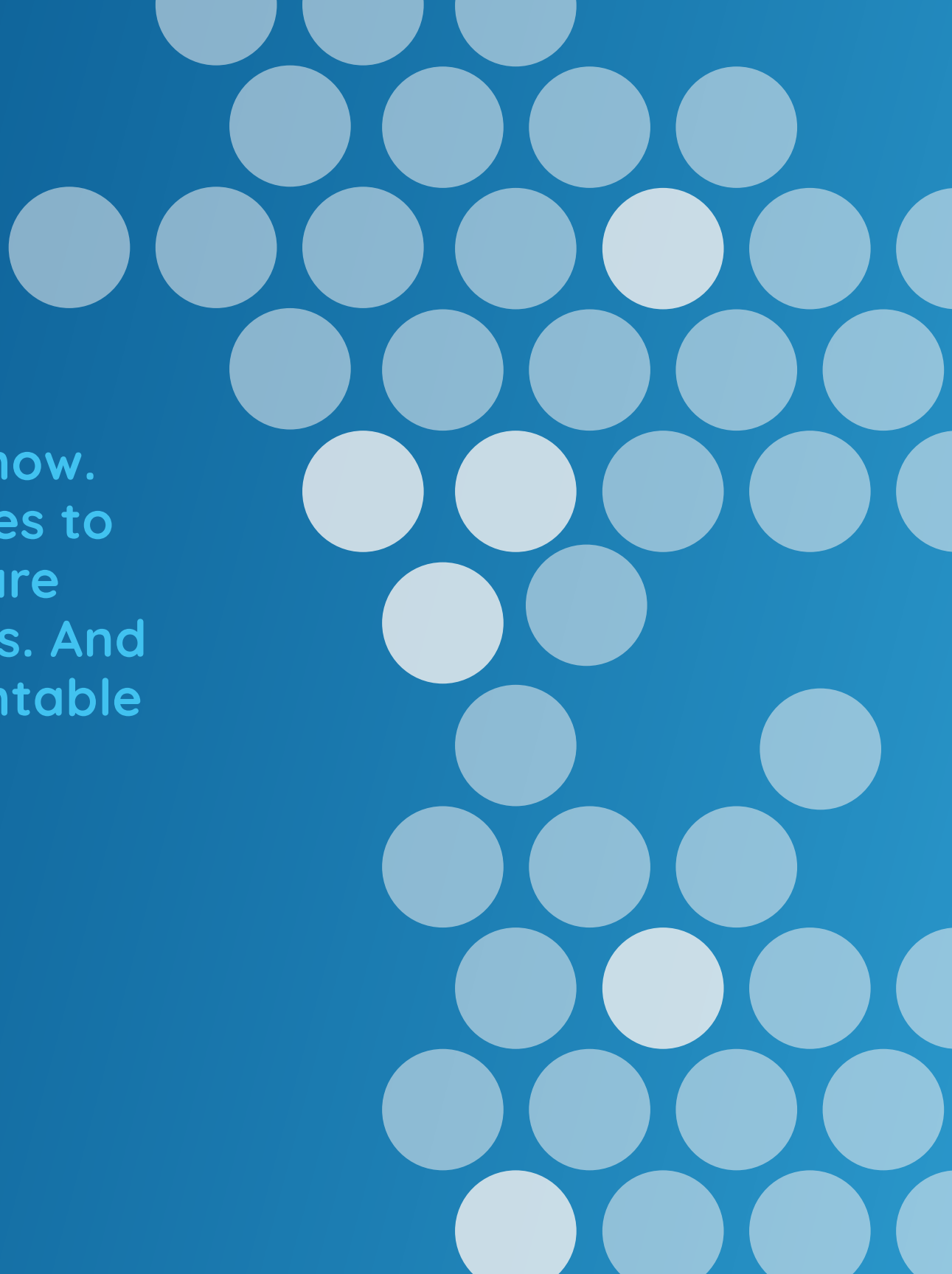


Creating Better Patient Outcomes by Closing Care Gaps

By Riaan Van Der Merwe



Health systems are experiencing a shift right now. Moving from a focus on the quantity of services to the quality of those services, health systems are promoting a higher quality of care for patients. And one way they're doing so is by forming Accountable Care Organizations (ACOs).



What are ACOs?

ACOs are groups of doctors, hospitals, and other health care providers who voluntarily contract to share responsibility for the quality, cost, and coordination of care for a defined population of patients.

To share a patient's care across all of the members of an ACO, communication and coordination are essential. Seamless communication not only ensures that every doctor, hospital, and health care provider knows exactly what's going on with the patient and the services the patient needs, but strong communication creates efficiency within the health system itself and ultimately creates a better outcome for the patient by giving them the right care, at the right time.

Strong communication that leads to better care coordination amongst an ACO is also helping to address gaps in patient care. These “care gaps” currently exist when there are multiple services being used to manage a patient's care and connections are missing between the services themselves. Take, for example, a patient going into a hospital for a procedure, and though they are planning to be an inpatient for three days, they get released one day early. Without interconnected care coordination services, there may not be transportation booked for the patient to move to their living arrangements or an outpatient rehabilitation center, creating a gap in their care. Now the patient and their health care providers must scramble to get the patient to where they need to go next for proper recovery, impacting the patient's outcome and their overall healthcare experience.



Where else do these care gaps happen?

As patient care is highly complex, the gaps in their care can develop in several ways, such as:

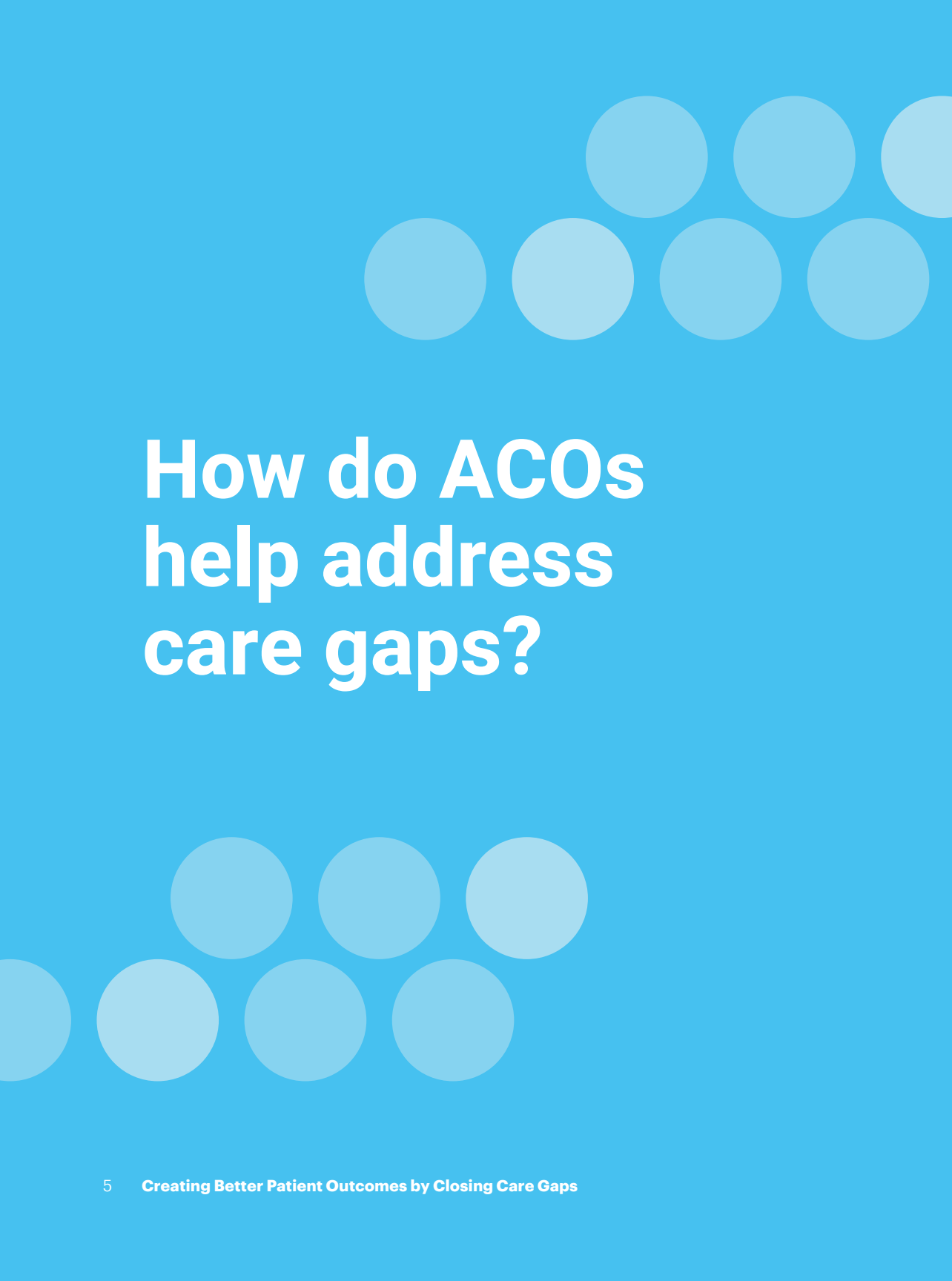
A patient receives a new diagnosis, but it isn't shared with their primary care physician due to it only being noted locally on the specialist's record of the patient, thus requiring the patient to either be diagnosed or miss out on treatment entirely.

A patient cannot schedule an appointment for a specific doctor, so they leave to make an appointment with a different provider, splitting their care between multiple locations.

A patient is unable to find the care they need in their network or area, and turn to outside sources instead, adding multiple service providers who aren't communicating with one another to their care team.

A patient is at-risk for a chronic illness but fails to schedule regular check-ups, falling behind on their care which could result in additional health repercussions.

Addressing care gaps helps protect patients from the risks of not getting the services they are eligible for and the services that they may need. In addition to helping patients, closing these gaps helps providers better manage the cost of services and the quality of care. Better managing services also protects providers from last-minute costs and service provisions, ultimately creating a positive impact on providers' bottom line.



How do ACOs help address care gaps?

As ACOs require each entity to maximize the efficiency of their care delivery to maintain margins, the individual parties who make up an ACO are motivated to communicate and coordinate with one another as much as possible.

When an ACO is successful, it creates better patient care coordination, which in turn bridges information and communications, and monitors the gaps in care to minimize them as much as possible. Successful ACOs deliver high-quality care and spend healthcare dollars more wisely, thus sharing in the savings it achieves for the payor, such as Medicare or private insurers.



Creating a holistic patient view to close care gaps

To help ACOs fulfill their purpose and create seamless patient care coordination, Neudesic's Care Management Platform combines patient data across multiple platforms and allows ACOs to get a holistic view of their patients and their care journeys.

The Care Management Platform allows ACOs to understand how their specific patient outcomes can be tied back to behavioral health, and allows them to see how plans can be created and predicted to allow for better patient outcomes and satisfaction.

Along with minimizing care gaps in the patient journey, the Care Management Platform enables ACOs to work toward their ultimate goal: ensuring patients get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

About Neudesic

Neudesic is the trusted technology partner in business innovation, delivering impactful business results to clients through digital modernization and evolution. Our consultants bring business and technology expertise together, offering a wide range of cloud and data-driven solutions, including custom application development, data and artificial intelligence, and comprehensive managed services. Founded in 2002, Neudesic is headquartered in Irvine, California.

To learn more about Neudesic, please visit:

www.neudesic.com