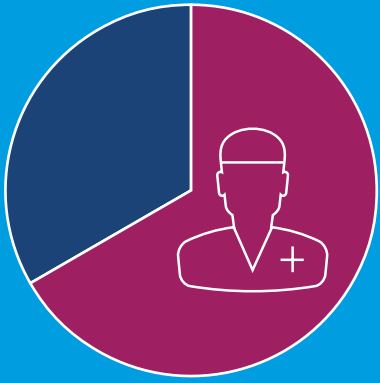


Care Coordination: Provider and Patient Impact



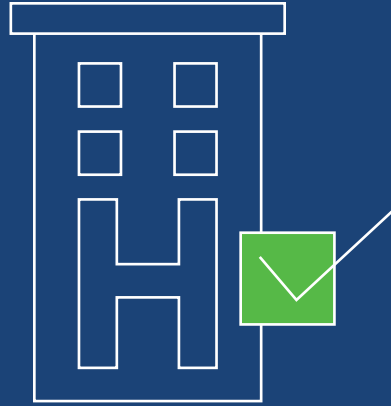
The National Quality Forum defines care coordination as “a function that helps ensure that the patient’s needs and preferences for health services and information sharing across people, functions, and sites are met over time.”

PROVIDER IMPACT



2/3

A majority of patients still rely on health professionals for health information.



87%

of patients who experienced care coordination the most also gave hospitals high ratings.

Insufficient care coordination can increase costs of chronic disease management by more than



\$4,500 / YEAR

per patient

Inadequate care coordination resulted in wasteful spending of

\$25-\$45 BILLION



PATIENT IMPACT

6 out of 10



60% of patients informed of chronic care management options, use them.



A care coordination plan can lead to a 9% reduction in DASH patient readmissions over 3 years.

DASH

READMISSIONS



Without care coordination



81%

of patients are unaware of health resources available.



75% HIGHER PATIENT COSTS



UNCOORDINATED



COORDINATED

On average, patient costs with uncoordinated care are 75% higher than patients with coordinated care.

Providers that engage in care coordination are more efficient, more trusted, and experience far less wasteful spending. Patients are better informed of their care plans, have lower hospital readmission rates, and receive higher quality care at a lower cost. Contact West to learn how Clinically Managed Services can help you.

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SOURCES

Accenture; American Journal of Managed Care; Health Affairs; Joint Commission Journal on Quality and Patient Safety; Press Ganey; The American Nurses Association

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