**Coordinated Care**
Complex and/or chronic conditions are driving increased healthcare costs as provider systems struggle to improve health services for persons with these conditions. Among the most common complex or chronic conditions there is a high prevalence of co-morbid physical and behavioral health illnesses. Most provider systems have not successfully adopted an integrated approach to physical and behavioral health care services and management for this population. New strategies and partnerships are needed to promote care coordination that achieves improved health outcomes. Effective solutions must include resources to identify at-risk populations; promote care planning that supports patient-centered care and fosters engagement and activation; provide established workflows that promote evidence based care coordination; tracking tools that manage utilization and adherence to treatment protocols; and, quality improvement and outcome reporting tools. Care is enhanced when all stakeholders have access to key data elements that promote improved care coordination and health outcomes. Each of the components of this work process supports the next and the overall coordination and management of care.

**Information Solutions Support Improved Quality and Collaboration**
InfoMC’s **Incedo HealthCare Management System** offers a suite of workflow, data exchange, and analytics products for Coordinated Care to health plans, managed care organizations, health systems, and public health agencies (state, county and community health centers). InfoMC’s solution helps our customers to:

- **Engage** – actively manage the care process for members with complex or chronic conditions across multiple providers and caregivers;
- **Exchange** – connect payers, providers, and consumers, facilitating engagement and the exchange of information to enable better decision making; and
- **Analyze** – use business intelligence and analytics to proactively identify individuals and populations to support meaningful interventions.

**An Integrated Coordinated Care Strategy**
InfoMC’s **Coordinated Care** solution promotes a collaborative approach for assessment, care planning, facilitation of services, care monitoring, and risk management of chronic and/or complex physical and behavioral health conditions and populations. InfoMC’s **Incedo HealthCare Management System** provides the tools for Providers and Practitioners across Agencies to collaborate and coordinate care.
This includes the necessary services and community based resources to meet the comprehensive medical, behavioral health and psychosocial needs of the members and their caregivers, while promoting clinically-driven quality care and cost-effective outcomes. InfoMC’s Coordinated Care solution focuses on member-centered and provider-integrated care management – combining Utilization Management and Case Management with an Interdisciplinary Care Team (ICT) approach to support optimal coordination of care and services with the use of community based, least restrictive care alternatives.

At the center of InfoMC’s Incedo Case Management (CM) platform is the Care Plan and the Interdisciplinary Care Team (ICT). The ICT may be comprised of Case Managers, Social Workers, Providers and Practitioners across Agencies, as well as Caregivers and members. The Care Plan provides the care team with the necessary tools to individually and collaboratively identify the member’s problems, interventions, goals, barriers and measures to develop a member-centric plan of care. The Care Plan module captures the member’s medical, behavioral health, pharmacy and social assessments, services and community resources – past, current and prospective – and tracks the member’s accompanying problems, interventions, goals and outcomes. Key features of the Care Plan module include:

- Auto-generated Care Plans
- Automated condition and member-specific care plan content
- Integration with HRAs, Biometric screenings and other assessments
- Medical, behavioral health and pharmacy data capture
- Intelligent workflow and rules-driven decision making
- Automated task generation, alerts, reminders and notifications
- CMS, NCQA and State supported workflows

InfoMC’s Incedo Care Team Portal is a stakeholder portal designed to ensure optimal care coordination via real-time shared care planning. Interdisciplinary Care Team (ICT) members can access the Care Team Portal via mobile devices for the most up-to-date care planning information, including ICT messages, reminders and alerts. Incedo HealthCare Management workflow and rules engine will guide ICT members through standardized processes to promote consistent coordination of care and care management. Using the portal, ICT members can add and update the member’s problems, interventions, and goals; monitor barriers and progress; initiate referrals and request services; send messages and reminders; and track measures and outcomes – during or immediately following the provision of services or other interactions with the member. The Care Team Portal also allows members and caregivers to view the Care Plan, complete assessments and communicate with ICT members.

The InfoMC Incedo Utilization Management (UM) platform promotes medically necessary and cost effective care determinations for members in least restrictive settings. The UM module provides the necessary tools to review requests for service and determine the most appropriate provider, service type and treatment setting based on member and provider data, industry-standard clinical guidelines
and/or client-customized criteria sets. InfoMC’s Incedo Provider Stoplight provides valuable information required to route members to the most clinically relevant and cost effective providers. The Provider Stoplight utilizes a variety of criteria including location, accessibility, contracted rates and quality indicators and outcomes to successfully match members with providers.

**Strategies for Improved Care Coordination and Outcomes**

In order to provide effective care for individuals and populations with complex or chronic physical and behavioral health conditions, a range of solutions are necessary. An information driven strategy supports member-centered care that is coordinated by providers who are able to engage and activate those with complex or chronic illnesses. It also promotes the management of care and population health outcomes by payers who can provide support and resources to assure effective and efficient quality outcomes. A quality driven approach is built with timely, actionable, and practical information and tools.