QRTIPS
Health Care Agency • Behavorial Health Services • CYS Quality, Review & Training

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Coordination of Care

What is coordination of Care?

Coordination of care could be defined as communication and collaboration between providers, and within organizations, regarding a client's care. Information might be shared verbally, in writing or with electronic health records.

- **Coordination occurs at several levels and might include the following:**
  - An understanding of the primary treatment plan and goals for a client.
  - Open communication among the various programs/individual providers that are providing services for a given client.
  - Effective caregiver collaboration. This means involving family members and significant others in the client's treatment.
- **Why is coordination of care important?**
  - Coordinated care prevents redundant care processes and keeps providers informed of significant developments in the client's life. For example, a clinician in an agency outside of the location where the client receives primary treatment may become aware of client's side effects with respect to a certain medication. This would be important information to share with the primary case carrier if the client is receiving psychotropic medication.
  - It prevents the duplication of services which wastes the patient's time and uses up the Mental Health Plans resources. A client is likely to become frustrated and confused if he, or she, is receiving similar treatment across providers.
  - It increases the odds of an accurate diagnosis and effective treatment because all providers receive relevant diagnostic and up-to-date treatment information from all other providers caring for a patient.
- **How is coordination of care achieved?**
  - It is important that timely sharing of information occurs among providers. This might include prompt responses to phone calls for record requests but also should include frequent updates on the client's condition among providers.
  - Keep in mind that care coordination is not achieved by merely transmitting service plans and other clinical documents to a requesting agency. Regular follow-ups should occur among providers.
  - Family members/significant others are a key component of successful care coordination.
- **Obstacles to Coordination of Care:**
  - The other program doesn't respond to requests for information.

    If the exchange of information does not occur despite repeated requests, the clinic director can contact their contract monitor to facilitate the release of the requested information.

- Two agencies in the MHP involved with the same client have a different diagnosis and a different treatment plan.

  Both programs clinicians should meet to discuss their treatment. If the treatment goals are generally similar it is important the treatment plans supplement one another and are not similar. Duplicate services are not only a waste of MHP resources, but services become confusing to the client.

- The psychiatrist's diagnosis and the primary clinician's diagnosis are different.

  This becomes a challenge when medications are prescribed. Primary clinicians are urged to meet with the psychiatrist to resolve their differences. The clinic director can also be consulted to mediate the differences. Typically, the M.D./O.D. diagnosis will prevail in cases where medication is prescribed.

- Two programs involved with the same client fail to follow guidelines established by the Mental Health Plan. For example one program is delivering therapeutic behavioral services, while another program is performing rehabilitation services.

  It becomes incumbent on clinicians in both programs to consult with one another and determine what services are being delivered for what treatment goal. Discussions between both clinicians should occur to examine the treatment plan and what goals are being addressed. Ideally services offered by each program should be different and targeting different issues. Documentation should clearly reflect those differences in treatment. If conflicts cannot be resolved, the clinic directors can consult with their respective contract monitor for additional assistance.

- **Important Reminder: Programs in the same Mental Health Plan** can coordinate care without a release of information. However, be aware that HIPAA confidentiality rules apply for programs that fall outside the mental health plan. Typical examples include private/public hospitals and private providers.

For list of contract/county programs within the mental health plan see the list at the CYS QIPC website:

http://ochealthinfo.com/bhs/about/cys/qrt/sites