


# Care Coordination



*An Evidence-Based Approach to Global Health Care*  
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## An Evidence-Based Approach to Global Health Care

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Few disciplines have benefited from the recent, rapid explosion of knowledge mobility as has medical care. From a cardiologist in Florence to a patient in Cleveland, knowledge about conditions and the best practices for how to treat them are almost universally and instantaneously available. Large scale information technology systems are able to aggregate and analyze data as never before. The result: individual episodes of care can now be optimized anytime and anywhere in the world. But the glue that hold this promise together - care coordination - is not so readily apparent or accessible across the global system.

In most cases, the participants of global care coordination are the insurance and assistance companies that underwrite global risk. These companies usually seek to reduce costs by stabilizing patient to the point that he or she can be repatriated to their home country for coverage. The growing availability of data to accurately predict treatment costs and outcomes around the world suggests that this might not always be the best choice in terms of either cost or patient care. The addition of a weak dollar further strengthens the need for informed decision-making when evaluating care in the U.S.

However, treatment in the U.S. is different than treatment in most other countries. The U.S. system is comprised of members, underwriters and providers. Since in most cases the underwriter is the employer, they routinely engage insurance companies and health care companies to “manage” their employees’ care. It is therefore understood between the parties that the health care company’s job is to provide the best treatment pursuant to fiscal standards.

Historically, U.S. health insurers have focused on unit cost reduction as the most effective means of managing health care costs. But, a singular focus on unit costs ignores the entire episode of care, and more importantly, does not have a quality of outcome component built into it. While service preauthorizations and post-service claim adjustments can help reduce over-utilization and overcharging, they do nothing to improve the quality and long term benefits of appropriate care. Fortunately, the availability of data and the knowledge to use it are now enabling a new era of care facilitation that benefits the patient, the payer and the provider.

In the new global health care market, a system of care coordination(sm), which introduces knowledge into the patient - provider relationship, is essential to increase the overall quality of care and to optimize the return on the economic component of health delivery. Care coordination moves beyond unit cost reductions and claims adjudication to manage the entire episode of care.

Implemented properly, care coordination improves the entire health care experience without additional cost to the employer, insurer or member. Under the supervision of a care coordination team, the communications process begins before a patient is admitted and continues through the treatment. This reduces the likelihood of needless treatment, reduces costs and ensures that the patient is not billed for a non-covered item. On a global level, care coordination assures global payers that their members will receive support if they face illness while in a foreign country.

Another misconception involves the characterization of care coordination as “managed care.” Care coordination is not gate-keeping. It does not replace the physician's judgment. It is about delivering the best care at the best facilities at the best price. Care coordination inquires into the clinical treatment process, rather than dictating what the clinical treatment ought to be. It is an examination – employing evidenced-based medicine standards - of alternative methods that may provide better outcomes. Care coordinators understand that in many instances, expensive care options in the short term might actually offer the best path to cost containment and optimal outcomes in the long run. Whether the care involves a transplant procedure or a follow up visit to a local cardiologist, the focus is on locating a specialist with the most experience and a track record of providing the best results for that specific condition.

The insurers and underwriters that utilize data to predict health care outcomes are at the forefront of today's evidence-based medicine. These companies are in the best position to demonstrate the benefits of care coordination. Countries and companies that leverage the available global resources, infrastructure, patient populations and analytical ability to mine and accurately interpret their health care utilization data will emerge as leaders in the care coordination movement.

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