



STARFIELD SUMMIT

...where primary care research inspires policy and practice

Coordination of Care

Why this is important (brief description):

[Barbara Starfield](#) declared “*Coordination a hallmark of primary care, the absence of which risked higher cost, lower quality care, and less satisfied patients as a result of redundancy, mistakes, and excess utilization.*” It is a trait of increasing importance, as family medicine residents and family physicians take on older and increasingly complex patients. A vital aspect of primary care, coordination improves effectiveness, safety, and efficiency in a complex and difficult-to-navigate health system. Described by [AHRQ](#) as the important organization of a patient’s care through information sharing among all participants, this process goes beyond simply making sure a patient’s scheduled visits occur at the right times without deleterious overlap. In many ways, coordination of care is the fulfillment of contemporary medicine’s characterization as a collaborative effort. Difficulties in coordination fall on all parties involved: patients often must uncover themselves why they are being referred, physicians must take care to share the right amount of information, and other personnel involved must help manage the process at all steps to ensure the proper care is administered at the right time to the right patient. It is a delicate balancing act that too often becomes more complicated than it should be. In light of ongoing fragmentation in our health systems—secondary to increasing specialization, lack of interoperability between forms of health information technology (especially EHR/EMR between organizations and within them by setting), differential levels of quality or access across space and time, and other factors—primary care as a field must continually evolve as a vital nexus of coordination efforts.

What We Think We Know (Bulleted evidence + Seminal references):

- Measures of care coordination are poorly defined. Specific measurement gaps exist in assessment of coordination in periods of care transition (e.g. pediatric to adult care) and in clinicians' perspectives on coordination models. <https://pubmed.ncbi.nlm.nih.gov/23537350/>
- Greater burden of coordinating care is significantly associated with provider stress. <https://pubmed.ncbi.nlm.nih.gov/28971306/>
- Patient, PCP, and specialist perspectives on coordination vary, and the process may be hampered by lack of procedures or protocols. <https://pubmed.ncbi.nlm.nih.gov/29176459/>
- Care coordination is a significant mediator of improved primary care team dynamics and consequent improvements in perception of safety. <https://pubmed.ncbi.nlm.nih.gov/29788350/>
- Integration of care between health and social services can promote improvements in patient satisfaction, perceived quality of care, and patient access. <https://pubmed.ncbi.nlm.nih.gov/29747651/>
- Telemedicine provides a novel method of coordinating care that will continue to improve in coming years. <https://pubmed.ncbi.nlm.nih.gov/27128779/>
- Health information technologies, especially electronic medical records, lack interoperability of processes and communication methods, leading to greater inefficiency in care. <https://pubmed.ncbi.nlm.nih.gov/27106509/>
- Share the Care' team-based models reallocate clinical and patient management responsibilities among clinicians and non-clinicians, allowing for greater efficiency in coordination. <https://pubmed.ncbi.nlm.nih.gov/22621625/>

Questions for Group Consideration at the Starfield Summit:

- How are changes in health information technology, especially with regard to electronic medical records, changing the way we coordinate care?
- What stakeholders beyond PCPs and specialists must be brought into discussion in order to begin creating more robust protocols for coordination?
- How do models of care coordination and team-based practice reshape goals and responsibilities of trainees?
- How can we train residents to utilize health information technology to effectively coordinate care?
- In the new era of COVID, how should our conceptions/training on care coordination change to account for asynchronous and distanced connections?
- Effective coordination was a central promise of the digital age, yet large care coordination projects designed by payors and technologists continue to fall short of their expected outcomes. What does effective primary care coordination look like in 2020 and beyond, and how does it empower and enable primary care trainees and teammates to achieve patient and population health?
- What does the RRC need to require of programs and their trainees to ensure that they are effective coordinators of care in the future?
- How can we balance the need to train residents' abilities to operate as capable, independent primary care professionals with the need to train them on how to effectively work in team-based, integrated care environments?
- What measures of care coordination are most rigorous and beneficial for evaluation?
- How can we organize vertical networks of hospital medical departments to improve and streamline collaboration on care?
- How should training curricula be revised to balance education on team-based care as well as individual clinical performance and skill?
- What alternative health information technologies can improve efforts at care coordination?