Coordinating Care with the CCMM

Josep Ramon Llopart
Chief of General Surgery

Badalona Serveis Assistencials

Setember 2017

Main idea: "e-" doesn't exist

# The order matters

Strategy
Clinical process
ITs

CCMM

Continuity of Care Maturity Model

- **Build and improve critical capabilities** needed for coordinated patient care, including health information exchange, patient engagement and advanced analytics

- **Identify and align actions from three critical stakeholder groups**:
  - 1) Governance/Administrative leaders
  - 2) Clinical leaders
  - 3) Information Technology (IT) leaders

- **Gauge your performance** in each of the stakeholder groups across each care setting in the care community to measure and enhance coordinated care
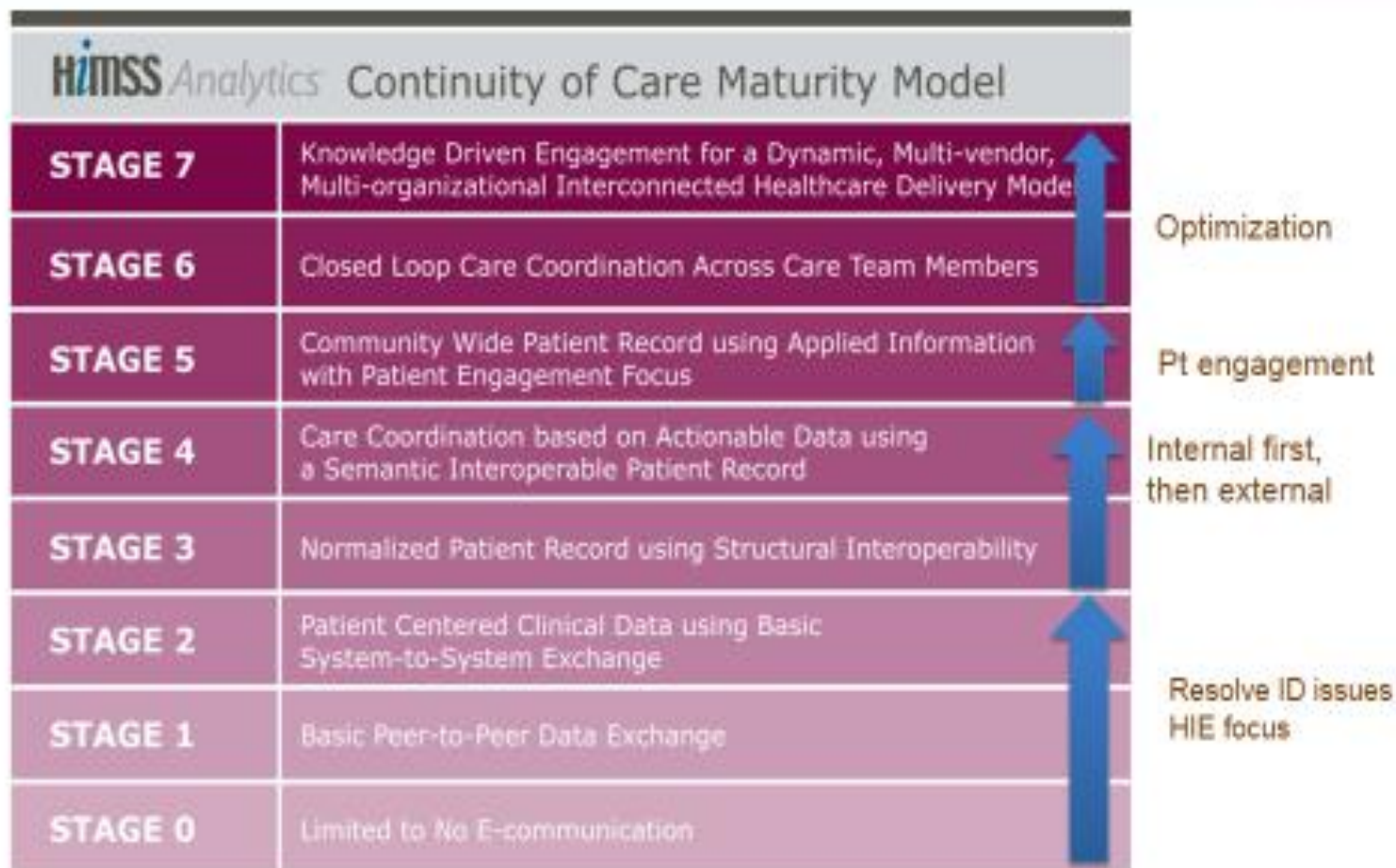
HIMSS *Analytics*®

CCMM Achievement

Stakeholder Results

Continuity of care engages multiple stakeholders across many organizations and progress can only be achieved in a team effort. High level CCMM results by stakeholder group reveal the following:

- **Information Technology stakeholders achieved Stage 4** with continuously decreasing capabilities from Stage 1 to 6. Obviously Stage 7 achievements are high gaps in Stage 5 and Stage 6 require further development to reach higher stages.

- **Clinical stakeholder achievement is 65%** and trails behind the overall results for the region. Better collaboration with the Sub-Acute & Acute-Care settings would help improve overall achievement although the capabilities in all clinical care settings are on a comparable level.

- **Governance stakeholders have the most advanced achievement.** They achieve Stage 6 of the CCMM and fulfill 93% of requirements. Between Stage 1 and Stage 6 the capabilities are relatively consistent and gently dipping on Stage 7.

	OVERALL	CLINICAL	GOVERNANCE	INFO TECH
Stage	4	3	6	4
Total Achievement	76%	65%	93%	81%
Stage 7	46%	38%	63%	75%
Stage 6	59%	51%	89%	38%
Stage 5	64%	62%	80%	59%
Stage 4	71%	50%	100%	85%
Stage 3	83%	77%	90%	90%
Stage 2	85%	75%	98%	94%
Stage 1	91%	77%	100%	100%

Badalona Serveis Assistencials

H1MSS *Analytics*

Care Setting Results

1.200 professionals meet the challenge to provide Continuity of Care for more than 200.000 citizens and each care setting might have made different progress. Looking at the CCMM results by care setting reveals the following:

- **Primary Care and Social/Home Care are very similar in their CCMM compliance.** Both settings achieve Stage 4 of the CCMM and meet 76% to 77% of all requirements. Gaps exist in the area of patient portal capabilities and advanced analytics.

- **Intermediate Care remains on Stage 4 of the model** due to further development potentialities in the area of patient engagement & empowerment, but fulfills already capabilities to achieve Stage 7.

- **Sub-Acute and Acute-Care achieved 72% and Stage 3 on the CCMM.** Higher stages can be achieved through an increasing health information exchange efficiency, advanced analytics and the functional range of patient portals as well as advanced analytics.

	Overall	Primary Care	(Sub-) Acute Care	Intermediate Care	Social/Home Care
Stage	4	4	3	4	4
Total Achievement	76%	76%	72%	80%	77%
Stage 7	46%	35%	40%	75%	35%
Stage 6	59%	51%	55%	76%	55%
Stage 5	64%	63%	60%	67%	67%
Stage 4	71%	71%	68%	74%	73%
Stage 3	83%	86%	75%	84%	86%
Stage 2	85%	90%	82%	84%	86%
Stage 1	91%	92%	88%	91%	92%

About BSA

1.200 professionals · 67 M € budget
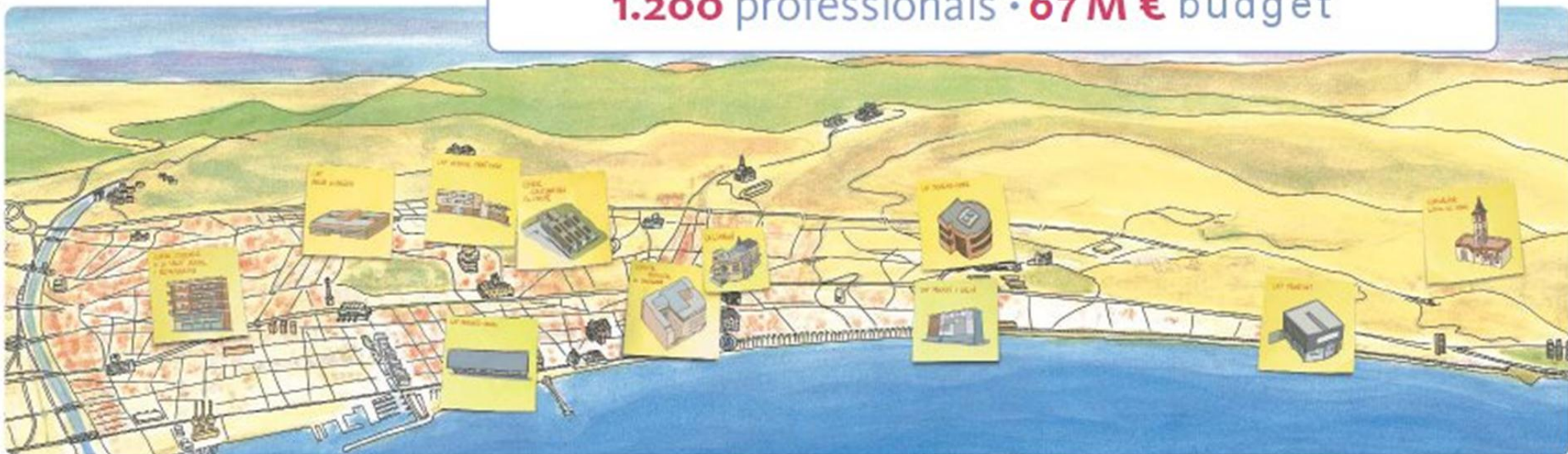
Hospital Municipal de Badalona

7 Primary Care Centres

El Carme (Intermediate care Hospital)

CASSIR

SAID (Home care Service)

Activity, personnel, budget

- NUMBER OF BEDS:

	HMB	CSS
	127	210

- ALTAS:

HMB	CSS	SAID	TOTAL
9.664	617	345	**10.626**

- OUTPATIENT VISITS :

AP	HMB	CASSIR	CSS	TOTAL
537.270	158.136	7.911	847	**704.164**

- SURGICAL INTERVENTIONS: 5.466

- EMERGENCIES: 59.860

- PROFESSIONALS: 1.200 (PERSONNEL EQUAL TO 778)

- GLOBAL EXPENDITURE BUDGET: 55.905.970,78 €

New organization model: previous situation

- ↘ Health care organization model, based on lines of activity.

- ↘ Good positioning of BSA as health care group in the field: health care results, computerized and technological development …

- ↘ Consolidation of the experts integration model.

- ↘ Decentralization model of management.

- ↘ Model of professional motivation.

New organization model: previous situation
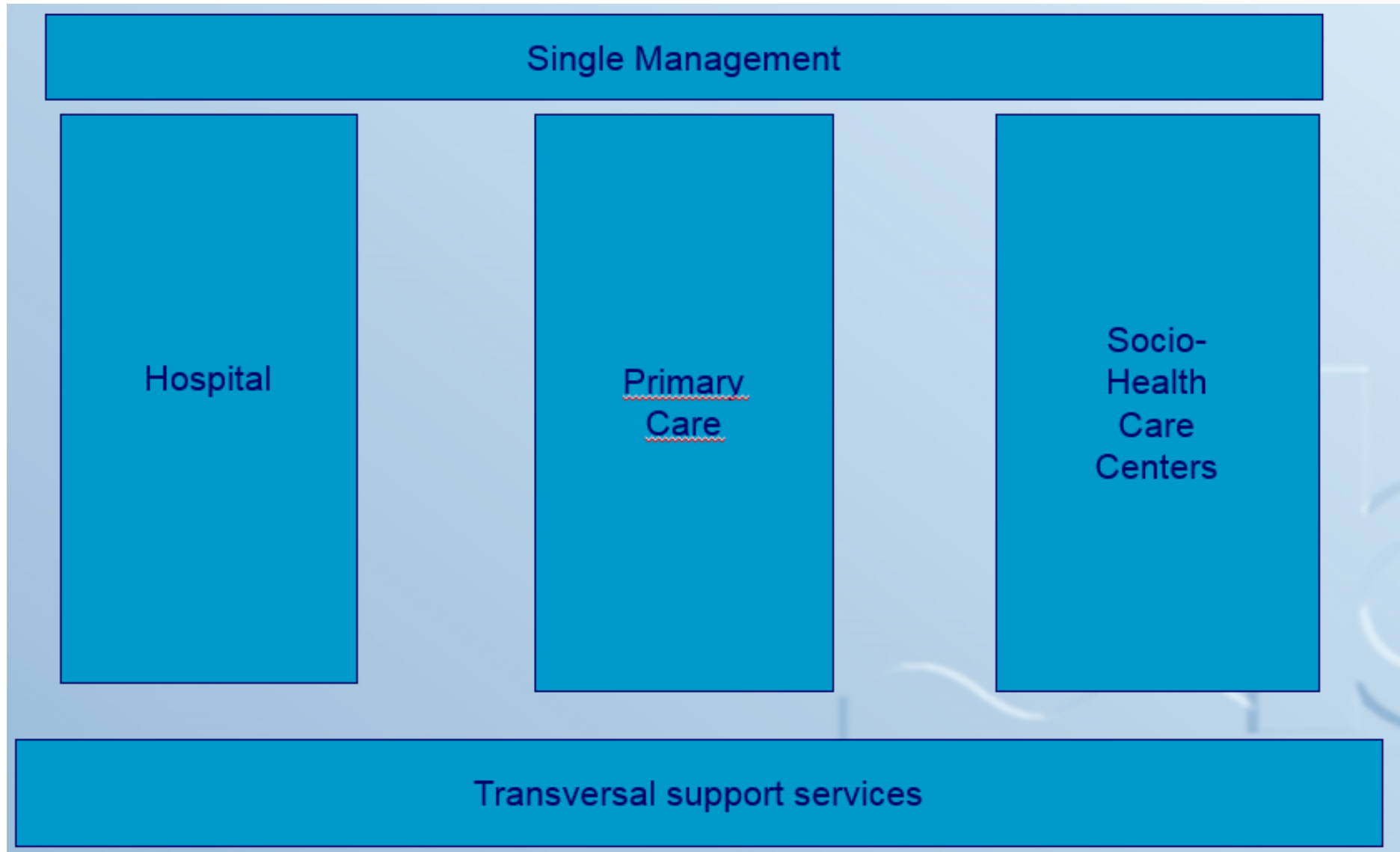
New organization model: organization chart
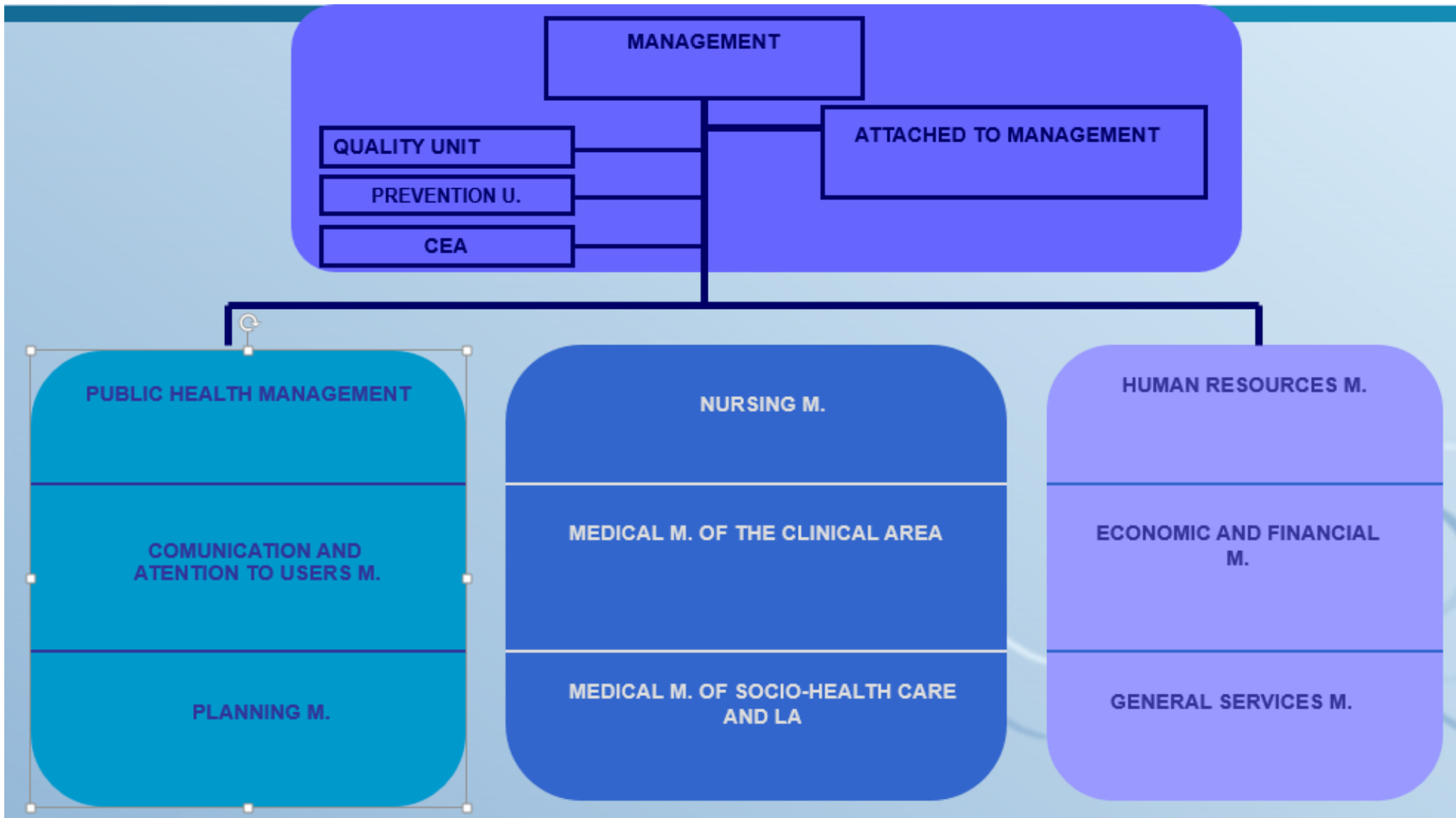
New organization model: aims of changes
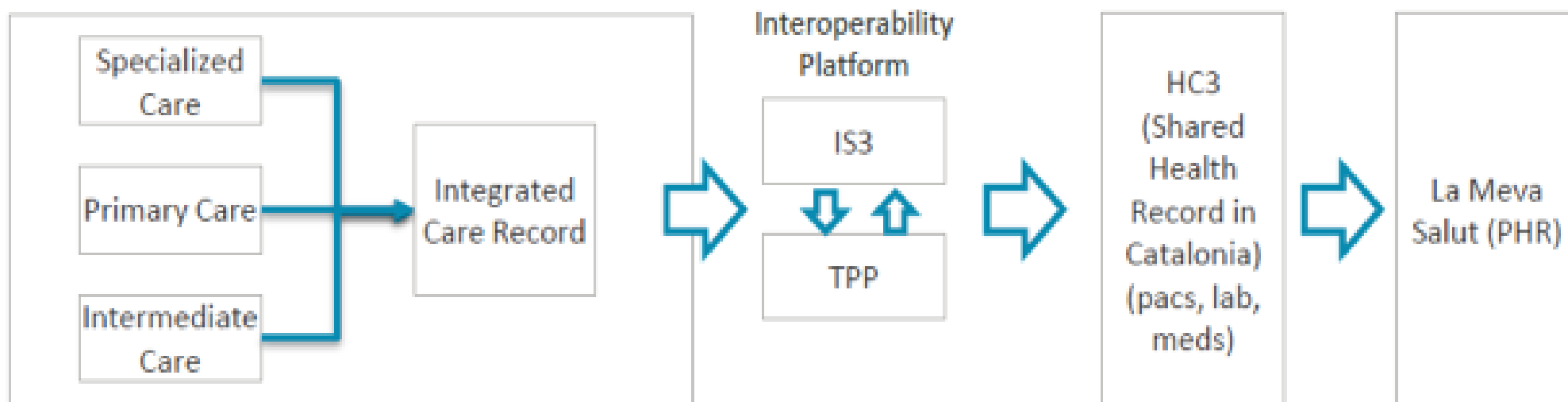
- **Patient engagement should be a critical focus area**. Improve the patient portal capabilities to allow patients to manage their demographic information
- Consider a program to **increase** the level of utilization and **usage of patient provided medical data** from tele monitoring devices, personal devices, biometrics etc…
- **Drive analytics** during order entry based interactions through the use of decision support functions (e.g. alerts, notifications and reminders)
- Consider **using Natural Language Processing** not only in your traumatology, but also other departments **to create discrete structured outputs** from speaking clinician notes

CONCLUSIONS

- ITs by themselves don't offer integration

- IT without strategy = desintegration

- Evaluation = methodology

- Evaluation allows to check the progress

- The more integration = the less margin of decision

- Integration = change of role

Thank you for your attention

www.bsa.cat