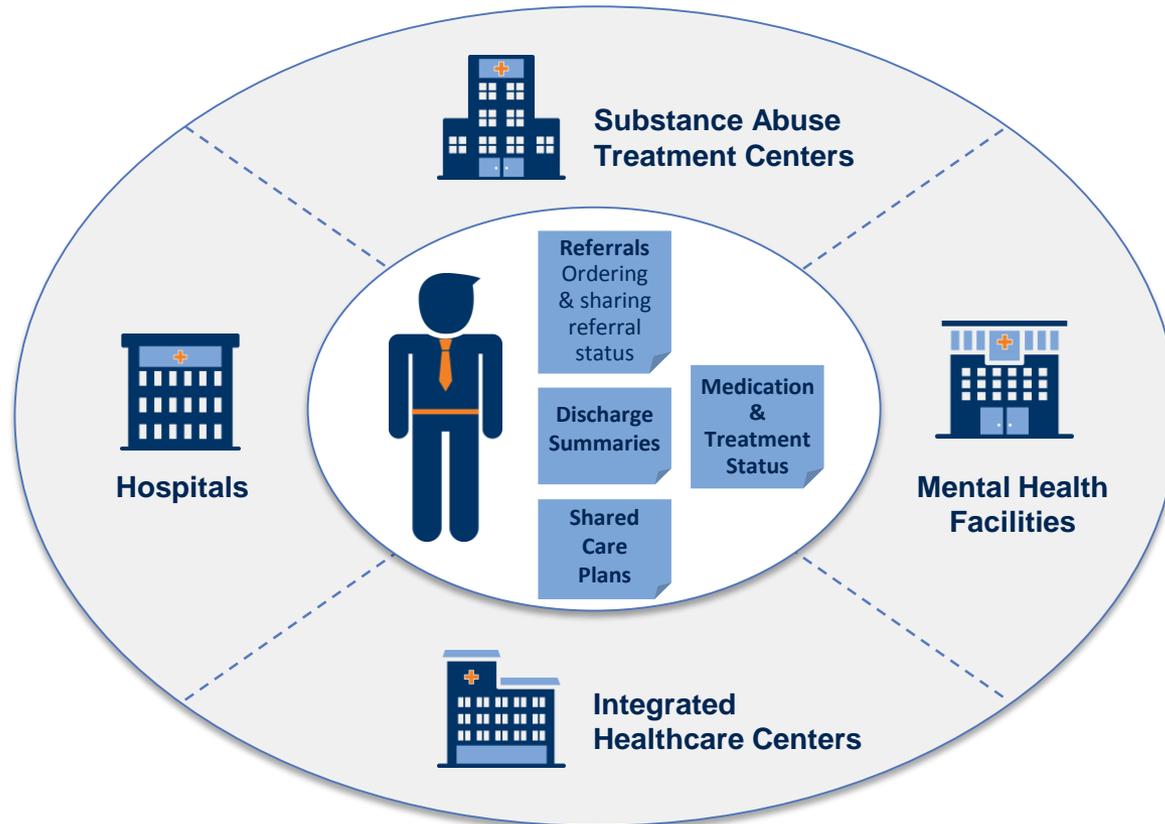


CARE COORDINATION USE CASE

CARE COORDINATION FOR SUBSTANCE USE DISORDER PATIENTS



GOALS

Developing workflows at each provider

Consistent referral and privacy protocols between providers

Content, data set and formatting standards

Developing technical infrastructure to support

Some facilities will be building connections to the MA Hlway

CARE COORDINATION USE CASE

CARE COORDINATION FOR SUBSTANCE USE DISORDER PATIENTS

ORGANIZATION

Federally Qualified Community Health Center.

GOAL

Better coordination of care for patients with substance use disorder, sharing eReferrals, treatment and medication status, discharge summaries and care plans in order to attain better patient outcomes and reduce costly readmissions.

TRADING PARTNERS AND SYSTEMS

- Hospital;
- Substance Abuse Treatment Centers;
- Mental Health Facilities.

DATA TO EXCHANGE

Referrals, medication and treatment status, care plans, discharge summaries, consents.

STORY

Joe is struggling with opioid abuse issues and he is facing a healthcare system that is **not well coordinated** between primary care, hospitals and behavioral health providers. Yet, Joe is a **very high risk patient, who is complex to manage**. Joe and others with **SUD are the most frequent patients to visit the ER. Tight coordination between treatment providers is essential** in order for Joe to attain a successful patient outcomes. Care for Joe will be more tightly coordinated across the care continuum which **will prevent relapses and hospital re-admissions**. **Avoiding relapses** is a critical goals since many deaths **due to drug overdoses** occur immediately after relapses.

No matter where the patient presents, trading partners can easily refer the patient to be treated at the most appropriate provider. Patient consents, medication and treatment information will be shared across providers to provide for a tighter, more inclusive care continuum with no gaps.