



BEST PRACTICES

A Collection of Best Practices for:

Healthcare Management

Includes Detailed Best Practices for:

- Healthcare Facility Management
- Pharmaceutical Distribution Services
- Healthcare Technology Services
- Healthcare Consulting Services



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Care Management

Healthcare Management

Healthcare Facility Management

• **Care Management**

• Healthcare Facility Administration

• Patient Data Management

• Patient Relations

Pharmaceutical Distribution Services

Healthcare Technology Services

Healthcare Consulting Services

The Care Management function ensures that patients are properly cared for by coordinating with healthcare providers (physicians, nurses, etc.), insurance providers and other healthcare facility staff members to produce a cost effective care plan to increase the patient's wellness and comfort. Care management is patient-specific and involves activities that are designed to manage medical/social/mental health conditions more effectively. Such activities include: population management (identification and data management), patient engagement, planning, condition assessment, care coordination, office activity management and service implementation.

Care Management

Healthcare Management Best Practices


Best Practice 1-A

Use Integrated Information Systems and Care Coordinators to Provide Optimal Care to Patients Across Providers

Develop and integrate patient surveys within comprehensive screening and assessment activities to gather information critical to understanding patient needs. Place such information in an integrated information system (i.e., an integrated electronic health record that can be accessed by all providers and institutions associated with the system) to allow quick and easy access to information by other providers and assign (based on the patient's needs) a single person, or care coordinator, to be accountable to the needs of a patient. Integrate financial incentives (e.g., bonuses designed to promote self-management support, etc.) with care management activity performance to ensure top quality service.

Typical Practice (the Status Quo): Ensure that all patients answer questions (typically from a standardized questionnaire) focused on their medical history and current needs before visiting every new provider. Patients are responsible for describing every detail they feel is important to provide doctors and the hospital staff insight into how best fulfill their needs.

Benefits of this Best Practice: Integrating patient surveys with comprehensive screening and assessment activities not only allows hospitals to gather precise details concerning the patient's medical history and needs, but by placing such information in an integrated information system (i.e., an integrated electronic health record that can be accessed by all providers and institutions associated with the system), multiple providers and payers are granted quick and easy access. This reduces patient frustration, avoids duplication of service, and prevents poor treatment outcomes typically attributed to poor information transfer (e.g., medication interactions, contradictions in care, etc.). Assigning a care coordinator to a patient accentuates such information sharing by promoting accountability and ensuring that patients will be aided in navigating the healthcare system while also ensuring continuity in care plan implementation. Care coordinators, in essence, develop relationships with patients while organizing and coordinating services and the providers engaged in implementing the patient's care plan over time. Integrating financial incentives (e.g., bonuses designed to promote self-management support, etc.) with care management activity performance, furthermore, ensures that hospital employees keep the needs of patients in mind when determining which care plan to go with. Such care management activities ensures that the patient's needs and preferences are known and communicated at the right time to the right people, and that such information is used to guide the delivery of safe, appropriate, and effective care.

 **Related KPIs:** Average Patient Length of Stay, Percentage of Patients with Documented Care Plan, Change in Cost of Care (Post-Plan vs. Pre-Plan)

Care Management

Healthcare Management Best Practices

Best Practice 1-B

Monitor Vendor Expenses and Perform Periodic Vendor Audits to Balance Vendor Costs and Service Quality

Monitor hospital vendor costs closely and conduct periodic vendor audits with clearly defined performance metrics to ensure that the vendor used is performing at an acceptable level. Moreover, ensure that performance incentives are built into vendor contracts to further incentivize them to perform high quality services. This not only keeps track of vendor performance and avoids duplicate efforts, but it also ensures that the quality of vendor services stays top notch. Should any discrepancies in quality be found (low services quality, high error rates, etc.), or if vendor costs are becoming higher than expected, work with the vendor to identify corrective actions to be implemented within a certain period of time. Schedule a future vendor audit to ensure that any and all identified corrective actions have been successfully implemented.

Typical Practice (the Status Quo): Review vendors only from a cost perspective and ensure that cheaper vendors are preferred when determining which one to use. Once hired, contact them only once the quality of services rendered are noticeably lower (i.e., if there is an uptick in customer complaints, if errors are found, etc.), or if costs have become unmanageable. If the root cause of the discrepancy isn't immediately corrected, searching for replacement vendor should be initiated immediately, as it may yield higher quality services (e.g., equipment pricing, billing services, etc.).

Benefits of this Best Practice: Once a relationship with a hospital vendor has begun, hospitals should use clear, objective and quantifiable metrics to evaluate and track the performance of their services and costs. A program of continuous monitoring

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